

CONSENT TO INVESTIGATE**I /WE GIVE OUR CONSENT FOR**

Please circle

Somerset Clinical Commissioning Group to investigate our/my issues with all with all parties concerned.

YES

NO

NB: this may mean sharing your comments with those parties.

Somerset Clinical Commissioning Group to access any medical records that they feel are relevant to these issues.

YES

NO

Other Clinicians or services that provide advice and healthcare on the management of our/my issues.

YES

NO

PERSON RAISING THE ISSUE

Relationship to Patient:

Name:

Address:

..... Daytime contact number:

Date of Birth

Signature Date

PATIENT DETAILS [if not person raising the issue]

Name:

Address:

.....

Date of Birth

Signature Date

I give my consent for the person named above to act on my behalf and I understand that this may involve disclosure of my medical history and treatment. If there are any matters you wish to exempt from disclosure, please complete the box below.

Please return this form to:

Complaints, FREEPOST – RRKL- XKSC – ACSG, Somerset Clinical Commissioning Group,
Wynford House, Lufton Way, Yeovil, BA22 8HR

The information contained is **confidential** and intended to be read by the addressees only. If you are **not** the intended recipient, please note that any review, comment, dissemination or copying of this consent form is **prohibited**.

If you have received this form in error, please notify the Somerset Clinical Commissioning Group immediately by telephone on 0800 0851 067. Thank you.

PROTOCOL FOR JOINT WORKING ON PALS/COMPLAINTS

An agreement between:

Taunton and Somerset Hospitals NHS Foundation Trust
Yeovil District Hospital NHS Foundation Trust
Somerset County Council
Somerset Partnership NHS Foundation Trust
South Western Ambulance Service NHS Foundation Trust
Somerset Doctors Urgent Care

**Version 2
June 2016**

PROTOCOL FOR JOINT WORKING ON PALS/COMPLAINTS

1 INTRODUCTION

1.1 If a complaint is made about care delivered by more than one organisation named in this protocol, it is important to provide a single point of contact and a single response to the enquirer/complainant.

1.2 This document is an agreed protocol for handling such enquiries or complaints. The aim of this protocol is to:

- help to avoid confusion for the enquirer/complainant
- provide clarity about the responsibilities of each organisation
- encourage regular communication
- help to ensure that the relevant organisations learn from the incident, and provide jointly agreed timescales for resolution

1.3 This document includes:

- confirmation of the signatory organisations
- a flow chart showing how joint PALS/complaints will be handled

2 PURPOSE

2.1 Dealing with a wide range of health and social care organisations can be confusing for people. This protocol aims to address this, by bringing together the various organisations to provide a unified, responsive and effective service for enquirers/complainants.

2.2 This protocol provides a framework for collaboration in handling enquiries and complaints, to ensure:

- a single consistent and agreed contact point for all contacts
- regular and effective liaison and communication between PALS/Complaints Managers and contacts, and
- that learning points arising from enquiries/complaints covering more than one body are identified and addressed by each organisation involved in that case

3 THE ROLE OF THE COMPLAINTS MANAGERS

3.1 The designated PALS/Complaints/Customer Experience Manager in each organisation that signs up to this protocol is responsible for:

- co-ordinating whatever actions are required within jointly agreed timescales

- co-operating with other managers and agreeing who will take the lead role in joint cases
- ensuring that there is someone else to whom any requests for collaboration can be addressed when they are absent

4 IDENTIFYING THE LEAD ORGANISATION

4.1 When determining which organisation will take the lead role in a joint enquiry/complaint, the following will be taken into account:

- which organisation manages integrated services
- which organisation is care managing the individual patient / client
- which organisation is responsible for the most significant element of the enquiry/complaint
- which organisation does the larger number of issues in the enquiry/complaint relates to
- which organisation originally received the complaint (if the seriousness and number of complaints are about the same for each one)
- whether the complainant has a clear preference for which organisation takes the lead

4.2 At the outset of the enquiry / complaint, the lead organisation should clarify with the complainant the outcome the complainant is seeking and re-visit this, during the process, as appropriate.

5 PROCESS

5.1 The enquirer/complainant should receive one single, co-ordinated response by the method agreed by the lead organisation.

5.2 PALS/Complaints managers will need to co-operate closely, with the agreement and involvement of the enquirer/complainant where appropriate.

5.3 The lead organisation should ensure that the draft response is circulated for comment and agreement before it is sent to the enquirer/complainant as part of the quality assurance for the PALS/complaints process.

5.4 Timescales for due process will be agreed between all organisations and the enquirer/complainant.

6 COMPLAINTS ABOUT ONE ORGANISATION THAT ARE ADDRESSED TO ANOTHER ORGANISATION

6.1 On occasions, a complaint that is concerned in its entirety with one provider's services is sent to another provider or Trust. The Complaints Manager of the organisation receiving such a complaint should:

- contact the complainant within three working days

- advise them that the complaint has been addressed to the wrong organisation
- ask if they want it to be forwarded to the other organisation on their behalf

6.2 Provided that the complainant agrees, the complaint should be sent to the other organisation immediately and a written acknowledgement should be sent to the complainant, detailing where/to whom the letter has been sent, including the contact details.

7 ENQUIRER'S/COMPLAINANT'S CONSENT ABOUT SHARING INFORMATION BETWEEN ORGANISATIONS

7.1 By law, all organisations have to ensure that information relating to individual service users and patients is protected, in line with the requirements of the Data Protection Act, Caldicott 2 principles and the confidentiality policies of that organisation.

7.2 The enquirer/complainant must give their consent before information relating to the concern/complaint is passed between organisations. Wherever possible, this should be in written form, but otherwise verbal consent should be recorded and logged. The enquirer/complainant is entitled to a full explanation of why their consent is being sought.

7.3 If the enquirer/complainant does not agree to the concern/complaint being passed to the other organisation, the PALS/complaints manager of the receiving organisation should:

- advise the complainant that elements of their complaint involves other organisation(s) and this is essential if they are seeking resolution of those particular elements
- seek to resolve any issues or concerns with the complainant about remit and responsibility
- offer any liaison that could contribute to resolving the matter
- remind the complainant of their entitlement to contact the other organisation directly

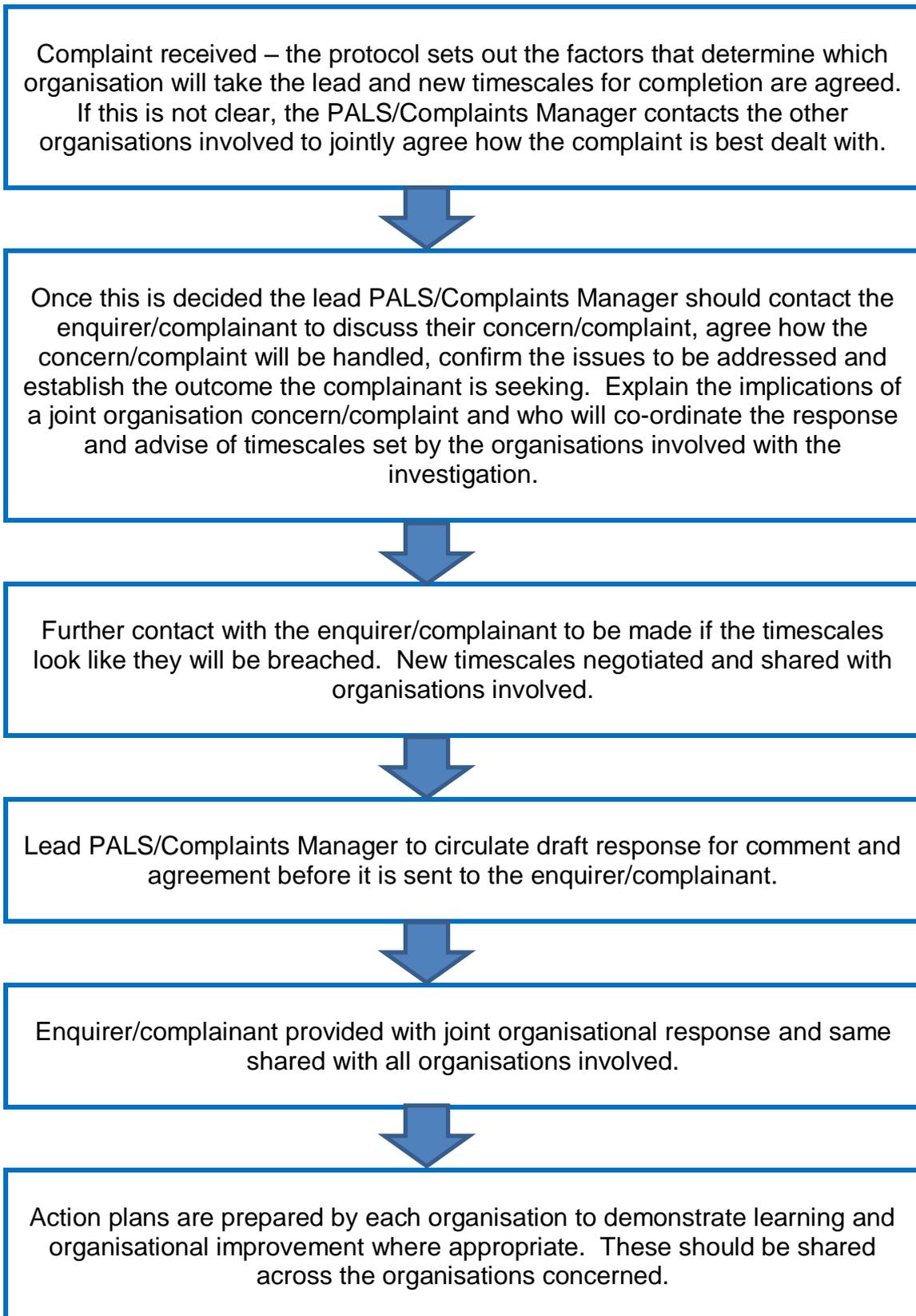
7.4 The Data Protection Act requires informed and explicit consent for the sharing of sensitive personal information such as Medical and Social Care records. However, there are a number of exemptions detailed in the Act. The most likely to be encountered is the need to share in accordance with Safeguarding Children or Protection of Vulnerable Adults procedures or other service user safety issues. In such cases, the organisation should refer to their own individual safeguarding procedures and advice.

- 7.5 It will be the responsibility of the lead organisation to obtain valid consent from the patient or their representative. If there is any doubt as to the veracity of the consent, then an identity check will be sought.
- 7.6 It is essential for the effective continuity of care and the successful resolution of the complaint, that information is exchanged where appropriate and both NHS and Social Care should do all they can to facilitate the process for the benefit of patients and clients. Close co-operation between PALS/complaints managers is crucial to ensure that confidential case file information is shared appropriately, and that the necessary safeguards are put in place.
- 7.7 Information exchanged under this protocol can be used only for the purpose for which it was obtained.

8 LEARNING FROM COMPLAINTS

- 8.1 It is vital to identify communication, procedural, operational or strategic issues within and across each organisation. It may be necessary to share information with other organisations when serious concerns are raised about a health or social care worker.
- 8.2 If matters come to attention regarding competency and fitness to practice these must be raised through the employing organisation's HR procedures.
- 8.3 Enquirers and complainants may be kept updated of learning outcomes following resolution if the complainant has requested this information.
- 8.4 Learning from individual complaints should be collated by the lead organisation and be included in the joint response letter. It should also be fed back to the other organisations involved in the complaint. There is an expectation that this learning is then taken forward by each individual organisation through their own processes/procedures.
- 8.5 The protocol will be adopted by each participating organisation by inclusion in their individual complaints policy and approved by each organisation through their usual governance procedures.
- 8.6 The Duty of Candour will need to be considered. In general, each organisation must discharge their own obligation for Duty of Candour. Where the Duty is shared, or is not clear, then agreement must be reached between relevant organisations about who will take responsibility.

FLOW CHART FOR HANDLING JOINT ORGANISATION COMPLAINTS



ROLES AND RESPONSIBILITIES

1 ROLES AND RESPONSIBILITIES

CCG Governing Body

1.1 The role of the Governing Body is to ensure it is assured around the quality of commissioned services and holds providers to account in relation to the management of complaints and all associated actions and learning. The Governing Body will:

- designate a the Director of Quality and Patient Safety as the Executive Lead for Complaints with the responsibility of ensuring compliance with national regulations
- receive regular information on Complaints/Patient Advice and Liaison Service (PALS) as part of its patient experience reports
- receive an annual report on Complaints/PALS

The Chair

1.2 The Chair is ultimately accountable for the quality of care commissioned by Somerset CCG. The Chair is accountable for responding in writing to all complaints whether they have been made verbally, electronically or in writing and:

- at times of absence, will appoint a deputy to sign complaint responses
- with the Executive Lead for Complaints, will be responsible for determining any necessary action in the case of 'unreasonable or persistent' complaints, as identified in Somerset CCG Handling Unreasonable or Persistent Complainants (appendix 3)
- will give assurance that Somerset CCG is receptive to comments or suggestions whether critical or positive

Director of Quality, Safety and Governance

1.3 The Director of Quality, Safety and Governance:

- is the designated Executive Lead for Complaints and PALS, to ensure compliance with the complaint regulations and what action is taken from the outcome of any investigation
- will advise the Chairman and Managing Director on complaints that refer to clinical issues

CCG Patient Safety and Quality Assurance Committee

1.4 The role of the committee is to work to ensure that commissioned services are being delivered in a high quality and safe manner, ensuring quality sits at the heart of everything the CCG does.

1.5 The committee takes an active role in reviewing and advising on all patient experience issues and reviewing themes, trends and learning from complaints. The Patient Safety and Quality Assurance Committee regularly triangulates information from Complaints with other intelligence to inform the wider quality agenda.

Senior Management

1.6 All Directors are responsible for ensuring that the CCG's Complaints Policy and Procedure is implemented across their Directorates and complaints are:

- investigated in accordance with this policy;
- to ensure satisfactory resolution of complaints, including the implementation of any lessons learned.

1.7 Directors, Service Heads and Leads are responsible for disseminating the Complaints Policy and Procedure and ensuring that staff understands the procedure.

Patient Safety Team

1.8 The Patient Safety Team will:

- be readily accessible to the public and members of staff providing advice on any aspect of complaints resolution
- contact the complainant and negotiate how the complaint will be investigated, agree timescales and desired outcomes
- obtain consent to disclose information if the complainant is not the patient
- distribute complaint letter/details to appropriate staff within working three working days
- co-ordinate the complaints investigation
- be the central point of contact for all provider organisations with regards to complaints and maintain contact with the Investigator to ensure good progress of the complaint
- maintain an oversight of investigations and quality assurance of all responses ensuring all areas have been addressed and responses detail appropriate apology, as well as actions taken

- ensure extended investigating periods are negotiated where appropriate
- ensure robust investigations are undertaken
- attend meetings with the complainant, where direct involvement will assist resolution
- organise and/or provide alternative dispute resolution where appropriate
- provide advice to the investigating officer in the formulation of the draft response letter
- ensure all the complainant's questions have been answered
- send the draft response to the Chairman or designated deputy, for sign off within 25 working days wherever possible
- ensure learning is shared with appropriate services and individual members of the organisation
- review themes and trends
- facilitate learning across the health system and maintain a record of all action plans and changes in practice resulting from complaints
- provide training and advice to staff on complaints handling
- ensure all complaints are recorded on DATIX and an electronic complaints file is established and held securely
- ensure the complaints files are accessible to the complainant under the Access to Health Records Policy
- ensure records management is in line with the Data Protection Act 1998
- prepare quarterly reports on performance and issues raised through complaints
- prepare an annual report on performance themes and learning for review by the Governing Body
- ensure that actions identified to improve services are implemented within appropriate timescales
- provide all relevant information to the PHSO on request and ensure recommendations made by the PHSO are carried out and completed

- inform all relevant staff within the CCG, such as Contract Leads and Quality Leads, of emerging themes to assist with commissioning decisions and service improvements

Investigating Officer

1.9 The Investigating Officer will:

- investigate the circumstances of the complaint within the set time scale
- retain copies of staff statements, relevant extracts of medical records and any other relevant documentation in the complaints file
- in handling complaints the role of investigating officer will often be shared between officers in provider services, who will retain these records as part of their own complaints file. Where appropriate, they may be shared with the Somerset CCG officer handling the complaint, to support the drafting of the response to the complainant.
- attend meetings with the complainant, where direct involvement will help resolution of the complaint
- ensure that, in the event of a delay in completing the investigation, the Patient Safety Team is notified of the reason for the delay so that they may contact the complainant to ask for an extension of the investigation period
- prepare a draft letter of response, integrating responses from other services where appropriate
- carry out a risk assessment of the situation and draw up an action plan
- identify lessons learned and communicate these with stakeholders involved

PALS CONTACTS

SOMERSET CLINICAL COMMISSIONING GROUP

PALS Tel No: 0800 0851 067

Email: pals@somersetccg.nhs.uk

By post: Quality, Safety and Governance
FREEPORT-RRKL-XKSC-ACSG
Somerset Clinical Commissioning Group
Wynford House, Lufton way
YEOVIL BA22 8HR

SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

PALS Tel No: 01278 432022

Email: pals@sompar.nhs.uk

By post: Freepost RSXK-USUL-SUHY

Somerset Partnership NHS Foundation Trust
Patient Advice and Liaison Service (PALS)
Mallard Court, Express Park
Bristol Road
BRIDGWATER TA6 4RN

YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST

PALS Tel No: 01935 384706

Email: pals@ydh.nhs.uk

By post: Yeovil District Hospital NHS Foundation Trust
Patient Advice and Liaison Service (PALS)
Level 3, Higher Kingston
YEOVIL BA21 4AT

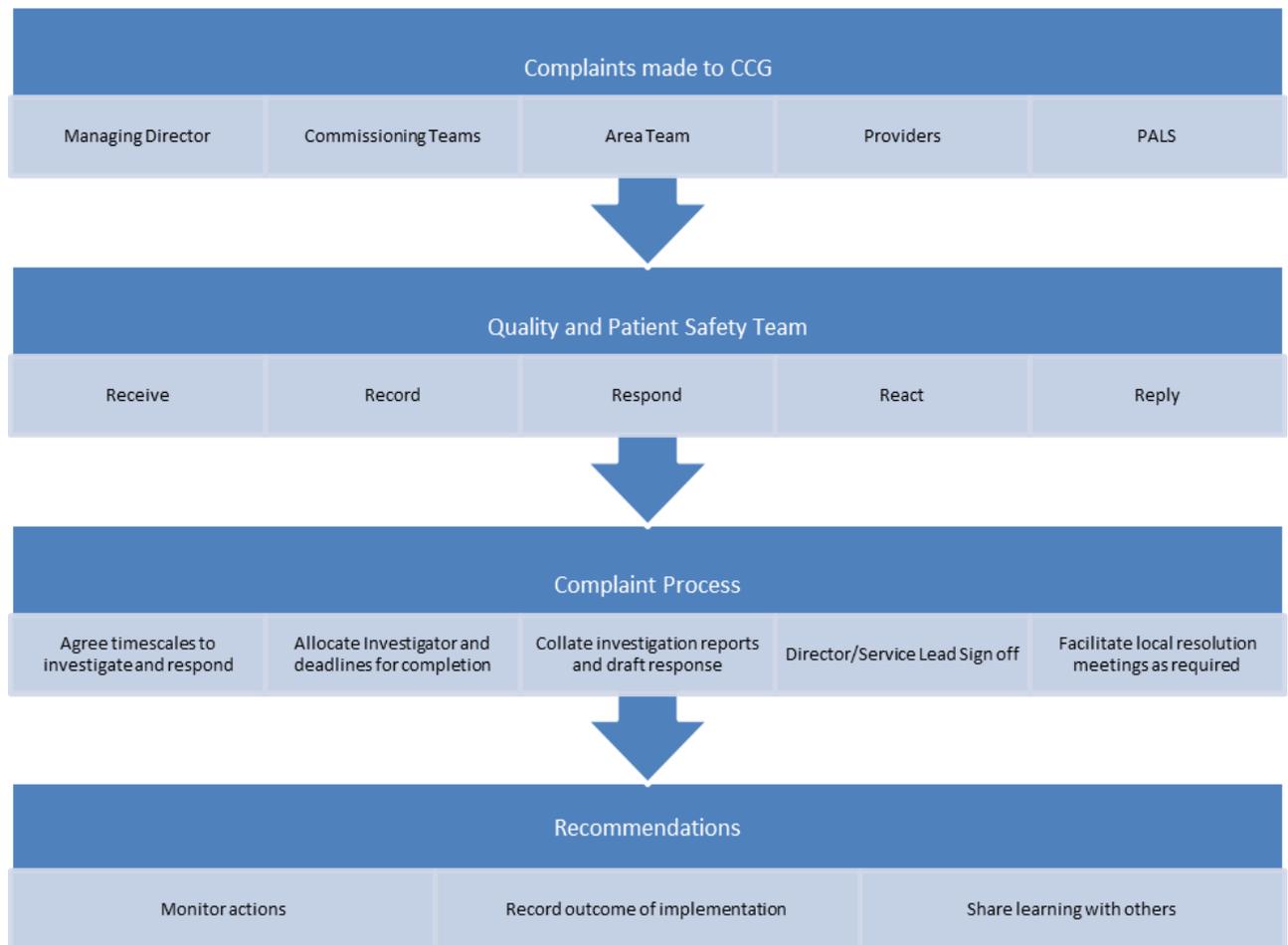
MUSGROVE PARK HOSPITAL

PALS Tel No: 01823 343536

Email: pals@tst.nhs.uk

By post: Musgrove Park Hospital
Patient Advice & Liaison Service (PALS)
Old Building
Musgrove Park Hospital
TAUNTON TA1 5DA

SOMERSET CLINICAL COMMISSIONING GROUP COMPLAINTS



Appendix 6

Somerset CCG is committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare. There are some guidance notes on the next page. **Details below relate to the patient. Responding to these questions is entirely voluntary and any information provided will remain anonymous.**

What is your age? please write in the box below	<input type="checkbox"/> Prefer not to state
What is your gender?	<input type="checkbox"/> Prefer not to state
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Do you/have you ever identified yourself as trans or transgender?	<input type="checkbox"/> Prefer not to state
<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your status?	<input type="checkbox"/> Prefer not to state
<input type="checkbox"/> Single <input type="checkbox"/> Married/Civil partnership <input type="checkbox"/> Widow(er) <input type="checkbox"/> With partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/Dissolved	
Are you a carer? for a relative or friend	<input type="checkbox"/> Prefer not to state
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you pregnant or have you had a baby in the last six months?	<input type="checkbox"/> Prefer not to state
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Which of the following best describes how you think of yourself?	<input type="checkbox"/> Prefer not to state
<input type="checkbox"/> Heterosexual (attracted to the opposite sex) <input type="checkbox"/> Bisexual (attracted to both sexes) <input type="checkbox"/> Lesbian/Gay (attracted to the same sex) <input type="checkbox"/> Other	
Do you consider that you have a disability?	<input type="checkbox"/> Prefer not to state
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
If yes, how would you describe your disability?	<input type="checkbox"/> Prefer not to state
<input type="checkbox"/> Sensory <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Other _____	
Do you have a religion or belief?	<input type="checkbox"/> Prefer not to state
<input type="checkbox"/> Buddhism <input type="checkbox"/> Islam <input type="checkbox"/> No Religion <input type="checkbox"/> Christianity <input type="checkbox"/> Judaism <input type="checkbox"/> Other Religion/Belief _____ <input type="checkbox"/> Hinduism <input type="checkbox"/> Sikhism	
What is your first language? please write in the box below	<input type="checkbox"/> Prefer not to state
Please tell us your ethnic group	<input type="checkbox"/> Prefer not to state
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy, Romany or other traveller heritage <input type="checkbox"/> Any other White background, please state _____	
Dual-Heritage <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> Any other Dual-Heritage, please state _____	
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background, please state _____	
Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background, please state _____	
Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background, please state _____	

Guidance notes to help you complete the form

If there is any information that you do not want to provide just tick the box **Prefer not to state**

Do you/have you ever identified yourself as trans or transgender?

The process of transitioning from one gender to another. A person who is transgender is someone who expresses themselves in a different gender to the gender they were assigned at birth. Although legislation covers gender reassignment, for the purposes of analysis we adopt the term 'trans' to encompass the wider community.

What is your status?

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

Are you a carer?

Carers provide care for anyone (such as a parent, child, other relative, an elderly person, friend or neighbour) who has any form of disability (sensory loss, physical, learning disability, mental health problem) long or terminal illness.

Which of the following best describes how you think of yourself?

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Do you consider that you have a disability?

The Equality Act 2010 says that a person has a disability if they have a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day to day activities. Physical or mental impairment includes sensory impairments such as those affecting sight or hearing.

Do you have a religion or belief?

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of believe (such as atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Please tell us your ethnic group

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship), ethnic or national origins.

VEXATIOUS / PERSISTENT COMPLAINTS**1 INTRODUCTION**

1.1 Persistent complainants are becoming an increasing problem for NHS staff. The difficulty in handling such complaints is placing a strain on time and resources and is causing undue stress for staff that may need support in difficult situations. NHS staff are trained to respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem. It is also recognised that a persistent complainant should be protected by ensuring that they receive a response to all genuine grievances and are provided with details of independent advocacy.

1.2 **It is emphasised that this policy should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS complaints procedures**, for example through local resolution, conciliation, and involvement of independent advocacy as appropriate.

1.3 There are exceptional circumstances where Somerset CCG can reasonably do nothing further to rectify a real or perceived problem from a complainant. Complainants (and/or anyone acting on their behalf) may be deemed to be vexatious or persistent complainants where previous or current contact with them shows that they meet two or more of the following criteria:

- they persist in pursuing a complaint where the complaints procedure has been fully and properly implemented and exhausted
- repeatedly change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions (care must be taken not to discard new issues which are significantly different from the original complaint)
- continue to pursue a complaint with the Somerset CCG after appropriate consent has been sought to forward the complaint to the provider for investigation
- are unwilling to accept documented evidence of treatment given as being factual (i.e. records) or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed
- are unwilling to accept documented evidence of treatment given as being factual e.g. drug records, GP records, nursing notes

- deny receipt of an adequate response despite evidence of correspondence specifically answering their questions
- do not clearly identify the precise issue which they wish to be investigated, despite reasonable efforts and/or where concerns identified are not within the remit of Somerset CCG to investigate
- focus on a matter to an extent which is out of proportion to its significant and continues to focus on this point (it is recognised that this can be subjective and careful judgements must be used)
- have in the course of addressing a complaint had an excessive number of contacts with the organisation placing unreasonable demands on staff (this can be by telephone, fax, email, letter or in person and discretion must be taken in determining “excessive”)
- are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties
- displayed unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice)
- used inappropriate verbal or written language against members of staff

2 PROCEDURE

2.1 The following procedure will be used in exceptional circumstances and as a last resort, after all reasonable measures have been taken via the complaints procedure.

Stage 1

2.2 Somerset CCG employees should refer the complainant to the Patient Safety Team. The Patient Safety Team will take action specifically targeted to try and help the complainant and staff involved, depending on the behaviour the complainant is displaying. This could include:

- explaining the complaints process
- informing a limit to the number of and duration of telephone conversations, emails and written letters

- where hand written correspondence is unclear, the complaint will be acknowledged and the opportunity provided to contact the Patient Safety Team to discuss the concerns. If this option is not taken the correspondence will be returned and the complainant signposted to the NHS Complaints Advocacy, in Somerset, SWAN Advocacy
- use of recorded delivery postage
- seeking help from SWAN Advocacy to contact and liaise with the complainant where appropriate
- the Patient Safety Team identified as the sole organisational contact point for the complainant
- informing the complainant that written communication will be the only communication between the CCG and the complainant
- the Patient Safety Team will contact all staff likely to receive contact from the complainant, advising them of action decided upon and provide a suitable script which staff should read to the complainant (and repeat up to 3 times) in the event of the complainant contacting them before calls are terminated. This will be regularly reviewed.

Stage 2

2.3 If Stage 1 is not effective and the situation deteriorates, then one or more of the following may be taken:

- the Patient Safety Team will write to the complainant informing them why their behaviour is preventing any possible resolution of the complaint, and include an 'agreement' setting out a code of behaviour for both parties listing grounds on which the complaint will be dealt with and which it will not
- if the individual has threatened or used actual physical violence towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. (All such incidents should be documented in line with the Managing Violence and Aggression towards Staff policy)
- have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this.) Staff should document all incidents of harassment in line with the Zero Tolerance Procedures, completing an incident form

Procedure for dealing with persistent Vexatious/Persistent complainants

- 2.4 Check to see if the complainant meets sufficient criteria to be classified as an habitual complainant.
- 2.5 Where there is an on-going investigation the Chairman should write to the complainant setting parameters for a code of behaviour and the lines of communication. If these terms are contravened consideration will then be given to implementing other action.
- 2.6 Where the investigation is complete, at an appropriate stage, the Managing Director or Chair should write a letter informing the complainant that Somerset CCG has responded fully to the points raised, and has tried to resolve the complaint, and there is nothing more that can be added, therefore, the correspondence is now at an end.
- 2.7 The organisation may wish to state that future letters will be acknowledged but not answered.
- 2.8 The Patient Safety Team will write to the complainant informing them that the points raised have been fully responded to and that to continue to contact us on this matter would serve no useful purpose. The letter will include advice on contacting the PHSO.
- 2.9 The Patient Safety Team will escalate the case to an Executive Director and agree a suitable course of action, which will be communicated to the complainant in writing.
- 2.10 If the action above does not have the desired effect, the Patient Safety Team will compile a report for the Chief Executive Officer detailing the issues and sequence of events. The Chief Executive Officer will then write to the complainant informing them of the CCG's actions.

Withdrawal of status

- 2.11 Once a complainant has been deemed as vexatious or habitual, the status will be withdrawn at a later date if, for example, the complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate. Discretion should be used in removing the status.