

## Management of Complaints Policy

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## Version Control Sheet

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5.1	25/05/2023	Marty McAuley	FINAL	Document updated following legal advice regarding vexatious complainants. Section 8.9 is the new addition. Policy also reordered to flow differently and minor typographical and style changes.

				Review date revised to August 2023
5.2				Amendments approved by Quality Assurance and Patient Safety Committee
6				Document and version control updated. Request upload to intranet
6.1	24/07/2023	Ann-Marie Anderson	DRAFT	<p>Document reviewed and updated with extensive changes. Incorporating a new Complaints Process which meets the new NHS Complaints Standards.</p> <p>New complaints process flowchart and process, including more realistic timescales for handling complaints</p> <p>Many new sections added to meet the requirements of the new NHS Standards and to clarify the process for all staff</p> <p>All changes highlighted in yellow</p>
6.2	26/08/23	Marty Mcauley	DRAFT	Policy approved at Quality Assurance and Patient Safety Committee – launch plan to be developed
6.3	21/09/23	Lois Pape	DRAFT	Additional appendices added to policy
7	26/09/23	Lois Pape	FINAL	Document and version control updated. Request upload to intranet.

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## Policy

Spectrum Community Health CIC provides quality healthcare interventions for people in vulnerable circumstances. We work in partnership to provide primary care, substance misuse and sexual health services, in the community and in secure environments including prisons, hospitals and immigration centres. As a not-for-profit social business, we are committed to addressing health inequalities and investing in the health and wellbeing of the communities we serve.

Spectrum is a company based on the philosophy of commitment to consistent and continuous service improvement. Spectrum delivers enhanced primary care services within the Yorkshire & Humber, North-West, North-East Regions.

## Aims of the Policy

- There is a standardised complaints process providing any staff member asked to investigate a complaint with a clear process to support their investigation.
- Roles and responsibilities for managing complaints are clearly defined .
- Organisational vision, mission and values are adhered to by all staff representing Spectrum when managing complaints . <https://spectrumhealth.org.uk/about/our-vision-mission-values>
- The organisation embeds best practice guidance from the PHSO complaints standards framework into its daily handling of complaints.
- Staff fully involve the person raising the feedback in how their complaint will be managed , agreeing how their issues will be dealt with, the timescales and the format of their response.
- Lessons are learned from the experiences and feedback provided by service users and used for continuous improvement
- All staff who are subject of complaints are treated fairly and supported through the process.
- The Spectrum complaints process promotes and values patient and staff feedback
- Complaints are valued as opportunities for learning

## Objectives of the Policy

- The objective of the policy is to ensure that the organisation is open to feedback from anyone who comes into contact with staff and services and responds in an appropriate, and fair manner in accordance with all relevant regulations and best practice guidance with alignment to the PHSO Ombudsman NHS Complaints Standards.

## Equality Impact Assessment Summary

Assessment criteria	Outcome
What is the policy seeking to achieve?	A standardised complaints process which aligns with PHSO NHS Complaints Standards and good practice
Who will be affected by the policy and why?	All staff – introduction and embedding of new processes Patients/service users and their nominated representatives (family & carers) – positive impact of more robust complaints processes
Who has the policy been written with consideration to?	All Staff and Subcontractors

### Impact Analysis

Based on available information, an assessment of the current situation and the changes being proposed, is there a possibility of a different impact (positive or negative) on the groups listed:

Group	Yes / No	Group	Yes / No
Disability	Yes	Gender reassignment and transgender	Yes
Gender / Sex	Yes	Religion or beliefs	Yes
Race	Yes	Pregnancy and maternity	Yes
Age	Yes	Marriage and Civil Partnerships	Yes
Sexual Orientation	Yes	Carers	Yes

### Rationale

This new Policy will have a positive impact on all groups as it firmly embeds the new NHS Complaints Standards into Spectrum practice and will provide a fair, open and transparent process with the voice of the patient/service user at the centre of complaints as learning opportunities.

### Summary of actions planned as a result of this assessment

Implementation of this policy across Spectrum. Monitoring of its implementation and effectiveness.

### Assessment completed by

Name: Ann-Marie Anderson

Date: 24/07/2023

## 1. Introduction

Spectrum Community Health CIC (Spectrum) is committed to ensuring our service responds to patient feedback and the timely and efficient handling of complaints in accordance with required contracted and national standards, Spectrum's values, and commissioner expectations. Meeting the principles laid down by the respective regulators including the Parliamentary and Health Service Ombudsman (PHSO) and The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, Care Quality Commission Standards (CQC) and NHS England (NHSE).

This policy outlines the commitment from Spectrum to dealing with complaints and feedback about services the organisation provides. Spectrum is committed to ensuring that complaints are investigated thoroughly in a non-judgemental, transparent, timely and appropriate manner and that individuals will not be treated negatively as a result of raising a complaint. Lessons learnt from feedback together with other forms of patient experience, will be triangulated across the organisation to improve the quality and shape the care provided. Ensuring full compliance with Duty of Candour and Caldicott principles. Spectrum will ensure that the patient remains at the heart of our values

This policy provides guidance to managers and staff so that they understand their responsibilities when a patient, or their representative, makes a complaint about the care or service they have received.

The policy will help staff support patients and their representatives on how to register their concerns and dissatisfaction with the service or care provided via the complaints process and what further steps they may wish to take if they remain dissatisfied.

This policy meets the requirements of the following:

### a) The NHS Constitution

The main elements in the NHS Constitution are respect, dignity, compassion, and care. The NHS constitution sets out rights and responsibilities that patients, public and staff owe to one another to ensure that the NHS operates fairly and effectively. These rights and responsibilities are adhered to by Spectrum when managing complaints.

The NHS Complaint Standards (see below) will help bring greater consistency to the delivery of several important aspects of the NHS Constitution. In particular:

Article 1: NHS organisations provide a comprehensive service, available to all. The NHS has a duty to each and every individual that it serves, and it must respect their human rights. This also relates to providing a comprehensive complaint handling service.

Article 4: The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

Article 5: NHS organisations work in partnership with other organisations in the interest of patients, local communities and the wider population. This also relates to working across organisational boundaries to respond to complaint issues.



Article 7: The NHS is accountable to the public, communities and patients that it serves - this is seen clearly and consistently via its handling and response to learning from complaints.

### **b) NHS Complaints Standards**

The Spectrum Complaints Process is designed to meet the four core pillars of the NHS Complaints Standards which are at the heart of an effective complaint handling system.

- welcoming complaints in a positive way and recognising them as valuable insight for organisations
- supporting a thorough and fair approach that accurately reflects the experiences of everyone
- involved
- encouraging fair and accountable responses that provide open and honest answers as soon as possible
- promoting a learning culture by supporting organisations to see complaints as opportunities to improve services.

The NHS Complaints Standards support organisations to provide a quicker, simpler and more streamlined complaint handling service with a strong focus on:

- early resolution by empowered and well-trained people
- all staff, particularly senior staff, regularly reviewing what learning can be taken from complaints
- how all staff, particularly senior staff, should use this learning to improve services.

### **c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16**

- Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.
- The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.
- The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of:
  - complaints made under such complaints system,
  - responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and
  - any other relevant information in relation to such complaints as the Commission may request.

Spectrum aim to meet all of the above requirements via implementation of this Policy coupled with adherence to the Spectrum Complaint Charter (See section 4.4)

## **2. Scope**

This policy applies to all staff employed by or working for Spectrum including independent contractors and agency staff and those on temporary or honorary contracts, secondments, bank staff and students.

### **3. Responsibilities, accountabilities, and duties**

#### **3.1. Chief Executive**

Overall responsibility for quality, patient safety and risk management within Spectrum. As the 'Responsible Person' (as defined by the 2009 Regulations) the Chief Executive has overall responsibility and accountability for management of complaints.

#### **3.2. Director of Nursing and Quality Assurance and Caldicott Guardian**

Has the executive responsibility for the management of complaints within Spectrum, on behalf of the Chief Executive to ensure that the complaints are quality assured and appropriate application of the policy has been applied to ensure that the complaint standards have been met. As part of the Caldicott Guardian role confidentiality will be maintained and have the responsibility for safeguarding the confidentiality of patient information.

#### **3.3. The Directors of Operations**

Has the accountability to ensure complaints are responded to within the appropriate timeframes and that service provisions are modelled effectively. Has responsibility for safeguarding the confidentiality of patient information and ensuring that the Complaints Policy and associated procedures are in place and implemented accordingly within their sphere of responsibility. This will support the approach of a shared learning and continuous improvements in practice, through a regular review of themes and trends within services and sites. This responsibility may be met via delegation to the Cluster Managers.

#### **3.4. The Director of Finance**

Has the responsibility of the Senior Information Risk Owner (SIRO).

#### **3.5. Patient Safety Lead**

In conjunction with the Patient Experience Lead, provides analysis by considering links between complaints, Serious Incidents Requiring Investigation (SIRIs), incidents, litigation, audit, and clinical/non-clinical risk to promote an integrated cohesive approach to remedial action planning.

#### **3.6. Quality Manager**

Responsible for ensuring that appropriate policies and procedures are in place to respond to the requirements ensuring thematic reviews are available for discussions within regional forums and identifying any key themes which may facilitate wider learning or development/ training for staff.

Responsible for an oversight of the complaints system, ensuring effective and efficient performance reporting processes. Works in a partnership with colleagues from the Quality Assurance Team and Heads of Service to provide quality assurance of formal complaints. Develop educational material on complaints and patient experience issues and outcomes, as well as ensure this is up to date. Develop a "train the trainers" package on complaints processes and systems, responding etiquette and closing the feedback loop. Ensure the training package is reviewed and revised when necessary. Develop a two-way dialogue between service users and staff to support continuous improvement of the complaints processes.

Responsible for monitoring compliance of the Complaints Process in line with this policy and the escalation of non-compliance to relevant Cluster Managers and other senior manager as appropriate.

### **3.7. Information Governance Lead**

Responsible for providing advice and support for all staff regarding the accessing and sharing of confidential information to concerned parties.

### **3.8. Heads of Service/ CQC Registered Managers**

Ensure that all staff covered by the scope of this policy will investigate the complaints to a high standard, the policy is followed and fully applied and that lessons learnt are put into practice. Ensure that all complaints are quality assured and meet the time scale. Ensuring lessons learnt and recommended changes in practice are implemented and shared with all staff and service users and carers where appropriate, with improvements monitored at regular interval. Have an overall accountability to ensure the complaints standards are upheld as part of CQC regulatory duties. Ensure the Duty of Candour is always being maintained.

### **3.9. The Experience Team**

Is responsible for administrative co-ordination of formal complaints and ensuring they are actioned in line with the agreed processes.

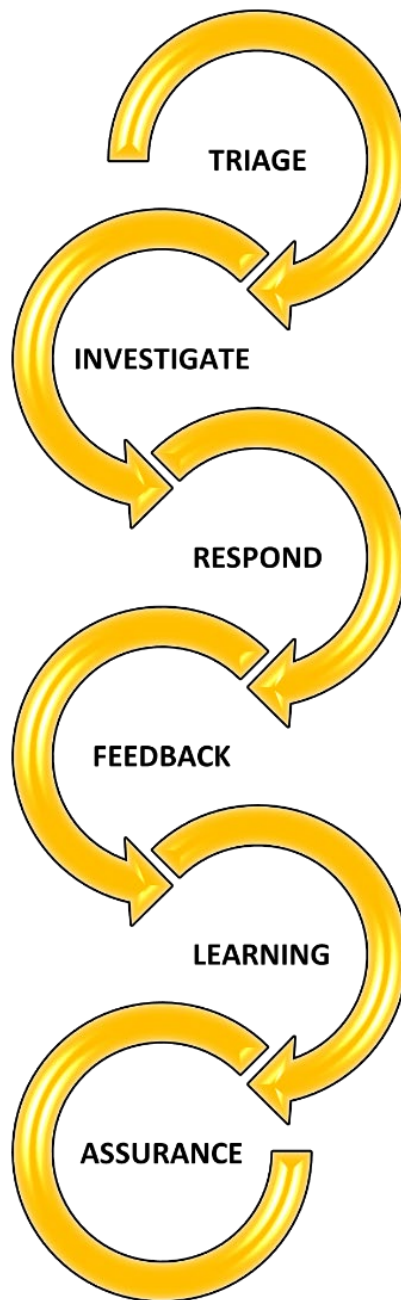
### **3.10. All Staff**

Must be aware of the contents of this policy and procedures and ensure that the processes outlined in this policy are adhered to.

## **4. Complaints Process**

### **4.1. Spectrum Complaints Chain**

There are 6 stages to the complaints chain for Spectrum which provide opportunity for patient engagement and the utilisation of complaints as learning opportunities:



*Decide on type and action required*

*NHS Standard: welcoming complaints in a positive way and recognising them as valuable insight*

*Look into what happened compared to what should have happened*

*NHS Standard: supporting a thorough and fair approach that accurately reflects the experiences of everyone involved*

*Response given to complainant*

*NHS Standard: encouraging fair and accountable responses that provide open and honest answers as soon as possible*

*Receive feedback from complainant and staff involved*

*NHS Standard: promoting a learning culture by supporting organisations to see complaints as opportunities to improve services*

*Implement learning and share across services*

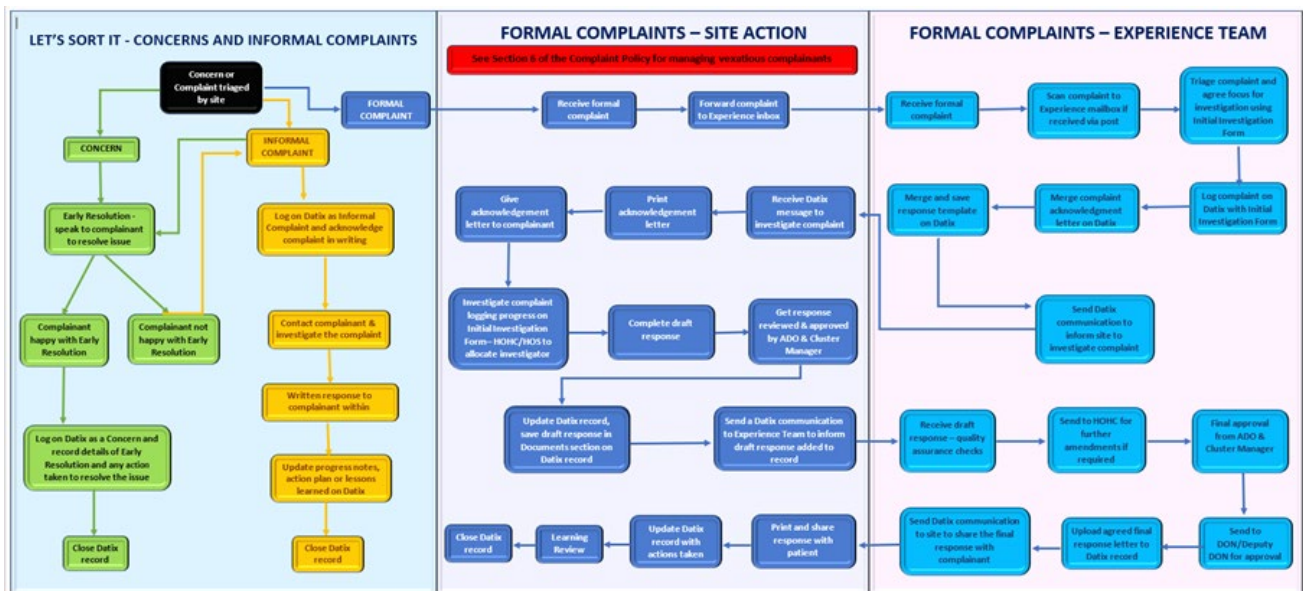
*NHS Standard: promoting a learning culture by supporting organisations to see complaints as opportunities to improve services*

*Has the learning been effectively embedded*

*NHS Standard: promoting a learning culture by supporting organisations to see complaints as opportunities to improve services*

## **Complaint Process Flowchart for Managing Concerns, Informal Complaints and Formal Complaints**

Staff must follow the flowchart pathways to respond appropriately to all concerns and complaints. A copy can be accessed on the Spectrum intranet for ease of access for all staff.



As shown in the Complaints Process flowchart, all complaints and concerns will be categorised into one of three types and handled and responded to accordingly within the specified timeframe. These categories are concerns, informal complaints and formal complaints. (See section 4.5 for more details)

#### 4.2. Complaint Handling Timeframes

The timeframes for completing the process must be adhered to as set out here:

	CONCERN	INFORMAL COMPLAINT	FORMAL COMPLAINT
Log on Datix	By next working day	By next working day	By next working day
Early resolution meeting and verbal response with complainant	3 working days	-	-
Meet face to face or on telephone with complainant to discuss complaint	-	3 working days	As required within formal complaint timescale
Letter of acknowledgement given to complainant	-	3 working days	3 working days
Written response on complaint investigation outcome given to complainant	-	20 working days	40 working days

NB: The day the complaint arrives is classed as Day Zero. If the complaint arrives on a weekend/Bank Holiday, the next working day will be classed as Day Zero instead.

Any required extension to the timeframes for either Informal or Formal Complaints must be approved by the Director of Nursing in advance of the due response date, with a clear rationale for this extension request being provided by the Head of Healthcare/Service. For example, where there has been, or is anticipated there will be, a delay in obtaining information from another organisation.

Any such approved extension must be recorded on the Datix complaint record, including the rationale for the delay in response. A delay in response must be communicated to the complainant in writing when any delay is anticipated.

### **4.3. Raising a Complaint**

Complaints can be made to us:

- in person
- by telephone
- in a letter
- by email
- by the Patient Feedback form

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.

We will acknowledge a complaint within three working days of receiving it. For Formal Complaints, this acknowledgement will always be in writing. Verbal responses may be used for Concerns or Informal Complaints.

We may receive an anonymous or general complaint that would not meet the criteria for who can complain (see below). In this case, we would take a closer look into the matter to identify if there is any learning for our organisation unless there is a reason not to.

### **4.4. Who Can Make a Complaint**

As set out in the 2009 Regulations, any person may make a complaint to us if they have received or are receiving care and services from our organisation. A person may also complain to us if they are not in direct receipt of our care or services but are affected, or likely to be affected by any action, inaction or decision by our organisation.

If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their consent for their representative to raise and discuss the complaint with us and to see their personal information (including any relevant medical records). See Consent Template at Appendix 1.

If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, a representative may make the complaint on their behalf. There is no restriction on who may act as representative but there may be restrictions on the type of

information we may be able to share with them. We will explain this when we first look at the complaint.

If a complaint is brought on behalf of a child, we will need to be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If we are not satisfied, we will share our reasons with the representative in writing.

If at any time we see that a representative is not acting in the best interests of the person affected we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such circumstances we will advise the representative that they may complain to the Parliamentary and Health Service Ombudsman if they are unhappy with our decision.

#### **4.5. Timescales for Making a Complaint**

Complaints must be made to Spectrum within 12 months of the date the incident being complained about happened or the date the person raising the complaint found out about it, whichever is the later date.

If a complaint is made to us after that 12-month deadline, we will consider it if:

- we believe there were good reasons for not making the complaint before the deadline, and
- it is still possible to properly consider the complaint.

If we do not see a good reason for the delay or we think it is not possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

#### **4.6. Types of Complaints and Appropriate Process**

All concerns and complaints will be managed and resolved as quickly as possible and within the required timeframes (see Timeframes grid at the top of section 4). The type of complaint will determine the required process and timeframe allowed for the final response.

All concerns and complaints will be triaged when received to appropriately allocate the type of complaint and best course of action to resolve this.

Complaints will fall into one of three categories: Concern; Informal Complaint; Formal Complaint.

##### **4.6.1. Concern – Early Resolution**

Our frontline staff often handle complaints that can be resolved quickly at the time they are raised, or very soon after. We encourage our staff to do this as much as possible so that people get a quick and effective answer to their issues. We call this an Early Resolution.

When our staff believe that an early resolution may be possible, they are authorised to take action to address and resolve the issues raised and put things right for the person raising them. This may mean giving a quick explanation or apology themselves or making sure a colleague who is more informed of the issues undertakes this. Our staff will resolve complaints in person or by telephone wherever possible.

Concerns that can be resolved by Early Resolution may be made verbally or in writing. Informal Complaints that are managed by the site at a local level, may also be resolved via the Early Resolution process.

A concern must be logged on the Datix Feedback module as such within 24 hours of receiving the concern.

The complainant must have a face-to-face discussion with a member of staff (delegated by the Head of Healthcare/Service) within 3 days of the concern being communicated, to discuss and resolve the issue. During this meeting, the member of staff will inform the complainant of the action they are going to take and the timescale for completing this action. If the patient communicates that they are happy with this Early Resolution, the meeting must be captured on Datix, with details of what was discussed and the actions required and when these were completed. Once all has been actioned, the concern then be closed on Datix. There is no requirement to respond in writing to the patient when an Early Resolution has been reached.

Examples of concerns which may require Early Resolution: re-scheduling of missed appointments; patient queries regarding alternative medication; patient queries re support equipment; patient requests for referral to mental health.

The Early Resolutions Framework poster (see Appendix 2) must be referred to by staff when undertaking Early Resolution to concerns and complaints.

#### **4.6.2. Informal Complaint**

Informal Complaints are managed locally at site by the Head of Healthcare/Service, who may delegate complaint handling and investigating to a suitable member of staff. Informal complaints must be logged on Datix within 24 hours and then triaged and acknowledged by the relevant site/service within 3 working days of receipt of complaint.

Where appropriate, the Head of Healthcare/Service may wish to adopt the Early Resolution process to handle Informal Complaints. Where this is not possible or has not resolved the issue, the site must follow the pathway for handling and Informal Complaint as outlined on the Complaints Process flowchart at the top of Section 4 of this policy.

For all Informal Complaints, a written response is sent to the complainant within 28 days from receipt of complaint. The response letter must specify next steps should the complainant be dissatisfied with the outcome of the complaint.

Handling of Informal Complaints will also adhere to the following:

- The relevant site or service will investigate the complaint thoroughly in a non-judgemental, transparent, timely and appropriate manner.
- Staff who are directly involved in the complaint will be required to provide a statement in response to the complaint.
- The Outcome code must be recorded on Datix following the Investigation confirming whether the complaint has been upheld, partially upheld or not upheld.



- The Head of Healthcare or Head of Service will oversee the quality and timeliness of the investigation, and validate the conclusions, outcome and actions agreed for inclusion in the complaint response.
- The Director of Nursing and Quality Assurance has the executive responsibility for the management of complaints on behalf of the Chief Executive, in ensuring that complaints are quality assured, the policy has been appropriately applied and complaint standards have been met.
- The Head of Healthcare/Service has the responsibility for signing off all informal complaints.

#### **4.6.3. Formal Complaint**

Formal Complaints may be submitted directly from patients and service users if they are unhappy with the resolution following a local Informal Complaint.

Complaints received from other external organisations such as NHS England, PHSO, CQC, MP, or legal representatives and those received at Spectrum Headquarters are logged as formal complaints.

All complaints received directly to the central Experience Team are triaged and logged by them and they will compose the acknowledgement letter. The letter of acknowledgement will be sent to the local site for giving to the patient and the appropriate site/service will commence the investigation.

If any Formal Complaints are received by any other route, they should be immediately forwarded to the Experience inbox for triage and logging by the Experience Team.

For Formal Complaints:

- The relevant site or service will investigate the complaint thoroughly in a non-judgemental, transparent, timely and appropriate manner.
- Staff who are directly involved in the complaint will be required to provide a statement in response to the complaint.
- The Outcome code must be recorded on Datix following the Investigation confirming whether the complaint has been upheld, partially upheld or not upheld.
- On completion of the investigation, a draft response must be uploaded onto Datix and the Complaints manager notified. The Complaints Manager will review the draft to ensure that the complaint has been thoroughly investigated, the response addresses all the issues raised by the complainant and that the language and tone of the response is both respectful and empathic.
- The Director of Nursing has the responsibility for signing off all formal complaints. However, they may delegate this to the Deputy Director of Nursing and Quality Assurance or another very Senior Manager.
- All vexatious complaints will be signed off by Executive Committee and the Chief Executive.
- Complainants who write directly to the Chief Executive (CEO) to raise a concern or complaint will receive a signed response or email directly from the CEO. In some

instances, this responsibility is delegated by the CEO to the Director of Nursing or their representative.

Where a complaint is received from any other person, other than the patient, the formal acknowledgement letter to complainant should state that written consent must be obtained from patient before a full investigation is conducted. Staff on site must make arrangements to obtain written consent from patient using the Consent template (See Appendix 1) and inform the Central Experience Team when this has been received. This does not apply to complaints made by a person acting as a representative on behalf of the patient who is unable to make the complaint themselves, for instance, if the patient has died, or is unable to make the complaint due to physical incapacity or a lack of capacity within the meaning of the Mental Capacity Act 2005. Staff are to refer to the additional guidance at section 5.1 with regards to complaints made on behalf of persons without capacity.

#### **4.7. Logging and Documenting a Complaint**

All complaints received must be properly logged on the Feedback Module on the DATIX system. This must be done within 3 working days of receipt of the complaint.

The Datix complaint entry must be updated contemporaneously as and when required during progress on the complaint process by the site's Head of Healthcare/Service or their delegated investigator/admin.

All drafts and final letters of response must be uploaded to the Documents section of the complaint record on Datix.

All mandatory sections of the complaint record must be completed.

The Head of Healthcare/Service must close the complaint record once the final response has been issued to the complainant.

All learning from the complaint must be recorded on Datix.

All internal communications regarding a complaint must be made using the Datix message facility within the complaint record.

Training and support for completing Datix complaints records will be provided to all relevant staff by the Datix Manager.

#### **4.8. Complaint Triage**

All concerns and Informal Complaints will be triaged locally at the site. The Head of Healthcare/Service has responsibility for this, but may delegate to an appropriate member of their staff. Wherever feasible, the site should employ the Early Resolution process in order to resolve issues quickly. Where Early Resolution is not applicable or has not worked, the Head of Healthcare/Service must assign the investigation of complaint to an appropriate member of staff.

Formal Complaints which are submitted to the central Experience Team, will be triaged by the Quality Manager to ensure that they have first been through the Informal Complaint process locally. If they have not, they will be re-directed back to site for an Informal Complaint response. Exceptions to this will be where a complaint has not already been dealt with locally at site, but the

issues within the complaint are serious enough to escalate directly to the Formal Complaint process.

#### **4.9. Acknowledging a Formal or Informal Complaint**

We will meet all of the requirements of the NHS Complaints Standards in our acknowledgement of complaints by adhering to the following:

- Acknowledge the complaint in 3 working days;
- If a verbal acknowledgement has been given, this will then be produced in written and shared with complainant for all Informal and Formal Complaints;
- Complainant will be given the opportunity to discuss their complaint during a face-to-face meeting wherever feasible;
- We will inform the complainant of the manner in which the complaint will be handled and how long it is likely to take;
- We will give the complainant a realistic indication of how long the investigation is likely to take (refer to the Timeframes grid) – and make it clear that this is an estimate, as complexities may occur during investigation;
- Make complainant aware they can access free support during the process, e.g. support from an advocate;
- Make sure our complaints process is accessible and make suitable adjustments where required. We will consider all reasonable requests to aid accessibility.

The Spectrum standard acknowledgement letter templates must be used for all complaint acknowledgements. A Letter of Acknowledgement template example can be found in Appendix 3.

#### **4.10. Good Practice in Complaints Investigations**

Not every complaint can be resolved quickly and sometimes we will require a longer period of time to carry out a closer look into the issues and conduct an investigation. In these cases, we will make sure the complaint is allocated to an appropriate member of staff (or Complaint Handler), who will take a closer look into the issues raised. This will always involve taking a detailed and fair review of the issues to determine what happened and what should have happened.

Where possible, complaints will be looked at by someone who was not directly involved in the matters complained about. If this is not possible, we will explain to the person making the complaint the reasons why it was assigned to that person. This should address any perceived conflict of interest.

The staff member (or Complaint Handler) dealing with the complaint will:

- engage with the person raising the complaint (preferably in a face-to-face meeting or by telephone) to make sure they fully understand and agree:
  - the key issues to be looked at;
  - how the person has been affected;
  - the outcomes they seek.
- signpost the person to support and advice services, including independent advocacy services, at an early stage

- make sure that any staff members specifically complained about are made aware at the earliest opportunity (see ‘Support for staff’ below)
- share a realistic timescale for how long the investigation is likely to take with the person raising the complaint, depending on:
  - the content and complexity of the complaint
  - the work that is likely to be involved
- agree how they will keep the person (and any staff specifically complained about) regularly informed and engaged throughout
- explain how they will carry out the closer look into the complaint, including:
  - what evidence they will seek out and consider
  - who they will speak to
  - how they will decide if something has gone wrong or not
  - who will be responsible for the final response
  - how the response will be communicated.

Staff who carry out investigations will give a clear and balanced explanation of what happened and what should have happened. They will reference relevant legislation, standards, policies, procedures and guidance to clearly identify if something has gone wrong.

They will make sure the investigation clearly addresses all the issues raised. This includes obtaining evidence from the person raising the complaint and from any staff involved or specifically complained about.

If the complaint raises clinical issues, they will obtain a clinical view from someone who is suitably qualified. Ideally, they should not have been directly involved in providing the care or service that has been complained about.

We will aim to complete our investigation within the timescale shared with the person making the complaint at the start of the investigation. Should circumstances change we will:

- notify the person raising the complaint (and any staff involved) immediately;
- explain the reasons for the delay;
- provide a new target timescale for completion.

Staff are provided with an Initial Investigation Planning form to shape and focus their investigation of the complaint. This can be found at Appendix 4.

#### **4.11. The Complaint Response**

As soon as practical after the investigation is finished, the person carrying out the investigation will co-ordinate a written response. This will be checked and approved by the relevant senior staff as directed on the Complaints Policy flowchart at the start of Section 4. Final written responses will always be signed by the Head of Healthcare/Service, unless the complaint has been directly responded to by a more senior member of staff dependent on the nature of the issues. They will send this to the person raising the complaint and any other interested parties. The response will include:

- a reminder of the issues investigated and the outcome sought;

- an explanation of how we investigated the complaint;
- the relevant evidence we considered;
- what the outcome is;
- an explanation of whether or not something went wrong that sets out what happened compared to what should have happened, with reference to relevant legislation, standards, policies, procedures and guidance;
- if something went wrong, an explanation of the impact it had;
- an explanation of how that impact will be remedied for the individual;
- a meaningful apology for any failings;
- an explanation of any wider learning we have acted on/will act on to improve our service for other users;
- an explanation of how we will keep the person raising the complaint involved and updated on how we are taking forward all systemic learning or improvements relevant to their complaint ;
- confirmation that we have reached the end of our complaint procedure;
- details of how to contact the Parliamentary and Health Service Ombudsman if the individual is not satisfied with our final response;
- a reminder of where to obtain independent advice or advocacy.

#### **4.12. Providing a Remedy**

Following the investigation, if the person investigating the complaint identifies that something has gone wrong, they will seek to establish what impact the failing has had on the individual concerned.

The aim of any remedy to a complaint is to put the person back into the position they would have been in if the failing had never occurred.

Where possible they will put that right for the individual and any other people who have been similarly affected via personal and/or systemic remedies. If it is not possible to put the matter right, they will decide, in discussion with the individual concerned and relevant staff, what action can be taken to remedy the impact.

In order to put things right, the following remedies may be appropriate:

- an acknowledgement, explanation and a meaningful apology for the error;
- reconsideration of a previous decision;
- expediting an action;
- compensatory financial remedy;
- making service improvements;
- changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

This policy does not relate to clinical negligent claims for compensation which will be dealt with through the Claims team in conjunction with NHS Resolutions.

#### **4.13. Reopening a formal complaint**

- Once a response has been sent to the complainant, any further or outstanding issues should be raised within twelve months from receipt of the response. In such cases, the complaint file is reopened, and further investigation will take place to ensure that all of the issues raised have been thoroughly investigated and a further response is sent to the individual with the findings.
- In cases where no new evidence is provided and there is nothing further to add, the complainant is advised to contact the PHSO for an independent review.
- Where new concerns are raised in the follow up complaint, these will be logged as a new complaint.

#### **4.14. Complaints which overlap with other investigations or reviews**

Complaints are triaged to identify when other investigations or reviews would be appropriate. These would then be escalated to the appropriate manager to action. We also make sure staff who deal with complaints are properly supported and trained to identify when it may not be possible to achieve a relevant outcome through the complaint process on its own. When this happens, the staff member dealing with the complaint will inform the person making the complaint and give them information about any other process that may help address the issues and has the potential to provide the outcomes sought.

This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- trigger a patient safety investigation;
- trigger our safeguarding procedure;
- involve a coroner investigation or inquest;
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals;
- involve a relevant legal issue that requires specialist advice or guidance.

When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint. We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

This will not prevent us from continuing to investigate the complaint. We will make sure that the person raising the complaint gets a complete and holistic response to all the issues raised. This includes any relevant outcomes where appropriate. The staff member dealing with the complaint will engage with other staff or organisations who can provide advice and support on the best way to do this.

If an individual is already taking part or chooses to take part in another process but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if:

- the individual requests or agrees to a delay;
- there is a formal request for a pause in the complaint process from the police, a coroner or a judge.

In such cases the complaint investigation will be put on hold until those processes conclude.

If we consider that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, we will advise the person raising the complaint. We will share as much information with them as we can while complying with data protection legislation. If the person raising the complaint chooses to refer the matter to a health professional regulator themselves, or if they subsequently choose to, it will not affect the way that their complaint is investigated and responded to. We will also signpost to sources of independent advice on raising health professional fitness to practise concerns.

If the person dealing with the complaint identifies at any time that anyone involved in the complaint may have experienced, or be at risk of experiencing, harm or abuse then they will discuss the matter with relevant colleagues and initiate our safeguarding procedure.

#### **4.15. What to do when a prisoner has been released**

When someone leaves prison before their investigation is concluded, the complaint process still needs to be followed according to Spectrum Complaints Policy. Where the complainant has left a forwarding address, the response is posted to their new address. Where a forwarding address has not been provided, response letter is left on their Datix file record and the complaint is closed.

## **5. Confidentiality & Consent**

Confidentiality must be maintained throughout the processes and Spectrum will ensure that information disclosed is based on the Caldicott Principles. (See Appendix 5) Concern and complaint documentation relating to investigations must be kept separate from health records, subject to the need to record information which is strictly relevant to the patient's health. Spectrum's Information Governance Lead will provide advisory support for confidentiality issues regarding access to information. The Caldicott Guardian (Director of Nursing) is to be made aware of any information requests for oversight and ensuring adherence to the Caldicott principles.

In compliance with GDPR, when the complainant is not the patient affected, the patient's consent must be obtained before any details are discussed with, or any information disclosed to, any other party. Consent must be provided in writing and only in exceptional circumstances will verbal consent be accepted, and details of conversation recorded on Datix.

This will not apply in situations where the patient has died or is considered to lack capacity within the meaning of the Mental Capacity Act 2005. Staff are to refer to the guidance below regarding complaints made on behalf of patients who lack capacity.

Complaint outcomes may be anonymised and shared within our organisation and may be published on our website and in marketing material to promote service improvement, where written permission is obtained from the complainant.

### **5.1. Mental Capacity**

Should a patient be unable to give consent due to lack of mental capacity, consideration needs to be given to any instructions the patient may have made when they had capacity with regards to disclosure of information.

Complaints can be made by representatives acting on behalf of a patient in circumstances where the patient is considered to lack capacity within the meaning of the Mental Capacity Act 2005. Where this occurs, the complaint request will always be approved by the Caldicott Guardian and information shared will be done so under the guidance of Spectrum's Information Governance Lead.

In the event a complaint is made by a representative on behalf of a person who is considered to lack capacity, the complaint will be processed in accordance with this policy, unless Spectrum are not satisfied that the representative is conducting the complaint in the best interests of the person.

## **5.2. Requesting Copies of a Health Record in relation to a Complaint about Healthcare**

Where a patient requires copies of their Health Records in relation to a complaint about Healthcare treatment, then only the information specific to the complaint will be disclosed as default. All other unrelated information contained within the Health Record can be provided separately if indicated and requested as required on the Subject Access Request form.

## **6. Habitual, Vexatious and/or Unreasonably Persistent Complaints**

When working to resolve a complaint in line with the procedures as outlined in this policy, a complainant's contact may be identified as vexatious and/or unreasonably persistent. Spectrum will treat all complaints seriously and aims to respond to all reasonable complaints promptly and efficiently in accordance with this policy. However, in order to ensure that resources are used effectively, and that a disproportionate amount of resource is not used in dealing with unreasonable complaints, a clear process must be in place for staff to follow.

The aim of this provision is to define possible situations where a complainant may be considered as habitual, vexatious or unreasonably persistent, and to provide a framework for managing these complainants, including when Spectrum may impose restrictions to manage the complaint and/or cease all contact with the complainant regarding their complaint.

In addition, Spectrum operates a zero-tolerance policy with regards to any abuse of its staff as outlined in section 8.26 below. In the event a complainant uses threatening, discriminatory and/or abusive language at any time during the complaints process, staff are required to follow the process as outlined below.

### **6.1. Identifying habitual, vexatious, and unreasonably persistent contact**

There is no one single feature of unreasonable behaviour. A complainant may be habitual, vexatious, or unreasonably persistent, individually or in combination, with these terms not mutually exclusive.

Contact from a complainant that may be considered unreasonable (i.e., habitual, vexatious and/or unreasonably persistent) include, but are not limited to:

- Changing the substance of the complaint, continually repeating the same issues, or raising new issues, or seeking to prolong contact by continually raising further concerns or questions whilst the complaint is being addressed



- Being unwilling to accept documented evidence (i.e., health records) as being factual
- Persistently approaching various organisations about the same issue(s) in the hope of eliciting different responses
- Refusing to co-operate with the organisational complaints process and refusing to accept that certain issues are not within the scope of Spectrum and its complaints process.
- Persisting in pursuing a complaint where the complaints procedure has been fully and properly implemented and exhausted, including refusing to accept the outcome of the complaint
- Repeatedly making the same complaint(s) even after complaint has been fully addressed by Spectrum and/or the Parliamentary Health Service Ombudsman.
- Continuously seeking unrealistic compensation, and/or making unreasonable demands, failing to accept that they may be unreasonable, including demands for staff dismissal, or providing a penalty for non-compliance with their wishes
- Making unnecessarily excessive demands on the time and resources of staff whilst a complaint is being looked into, by for example excessive telephoning or sending emails to numerous staff, writing lengthy complex letters every few days and expecting immediate responses.
- The Complaints Manager, in consultation with the Director of Nursing, will determine the point at which a specific complainant is being unreasonable. Consideration will only be given to imposing restrictions as outlined at [insert ref] below and/or suspending all communication with regards to the complaint, after the following steps have been taken:
  - Ensuring the individual is aware of the complaints policy and has been given ample opportunity to comply
  - Ensuring the individual's complaint is being, or has been dealt with appropriately, and that reasonable actions have or will be implemented;
  - Ensuring the individual has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable;
  - Ensuring that new concerns which amount to a separate complaint are not being raised;
  - Ensuring that there has been due consideration for the individual's circumstances, bearing in mind that physical or mental health conditions may explain behaviour, including consideration as to whether an advocate may be appropriate in the circumstances
  - Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff

Consideration must also be given to whether the communication could be managed by agreeing "ground rules" with the complainant. Such ground rules may include, but are not limited to:

- Setting time limits on telephone conversations or face to face contacts.

- Restricting the number of calls, emails, letters, complaint forms that will be taken or agreeing a timetable for contacting the service.
- Requiring contact to be made with a named member of staff and agreeing when this contact should be.
- Requiring contact via a third party (i.e. an advocate, if appropriate)
- Limiting the complainant to one form of contact (i.e. correspondence only)
- Informing the complainant that response timescales and frequency of responses will be managed outside the scope of Spectrums' complaint Policy and will be agreed by the HOH following consultation with the Director of Nursing.
- Agreeing a communication plan (which may include the measures as outlined already) to be signed by both parties. (Guidance on warning letters and other written communications is provided by the Central Experience Team)
- Advising the complainant that any communication regarding complaints investigated and concluded by Spectrum and/or the PHSO will be read and filed but not acknowledged, investigated or responded to

## **6.2. Imposing restrictions to manage habitual, vexatious and unreasonably persistent contact**

In the event of the following:

- a) The complainant refuses to agree to ground rules that have been suggested as a way to manage the complaint effectively;
- b) It is determined that any agreement would not be appropriate in the individual circumstances (e.g., the complainant has already expressed their unwillingness to agree with any proposals),
- c) The complainant fails to comply with ground rules previously agreed as a way to manage the complaint effectively;

The Chief Executive will write to the complainant informing them that their contact has been determined to be unreasonable with supporting rationale. The complainant will then be informed how their complaint will be managed, including:

- a) Details of any restrictions that are to be imposed on contact, including why these restrictions are necessary and proportionate to manage the complaint
- b) Details as to how long any restrictions will be imposed
- c) That any correspondence covered by the restrictions may not be acknowledged, responded to, and may be returned.
- d) That any telephone calls covered by the restrictions may be terminated.
- e) That all contact regarding the complaint may be temporarily suspended whilst legal advice or guidance is sought from the parliamentary and health service ombudsman, or other relevant agencies, including the local police service
- f) That all contact regarding the complaint may be permanently suspended

- g) That they are entitled to contact the parliamentary and health service ombudsman for an independent review

### **6.3. Abusive, threatening and/or discriminatory contact**

In the event a complainant uses abusive, threatening and/or discriminatory language, the complainant will be advised that this contact or correspondence will not be accepted. The complainant will be advised to provide an acceptable version of the correspondence, or to make contact through a third party (including an advocate, if appropriate) to raise their concerns appropriately before Spectrum will respond to the complaint in accordance with this policy. The complainant will also be advised that the police service may be contacted in the event this is considered necessary.

## **7. Referral to the Parliamentary Health Service Ombudsman (PHSO)**

In our response on every complaint we will clearly inform the person raising the complaint that if they are not happy with the outcome of our investigation, they can take their complaint to the Parliamentary and Health Service Ombudsman.

When complainants remain unsatisfied with the outcome of their complaint following a formal investigation, the PHSO are the final stage for unresolved complaints. PHSO expect individuals to complain to the organisation first and to have completed the organisation's complaints process. This is so that we have an opportunity to look into concerns raised and, where needed, put things right. For further information on the PHSO please visit <https://www.ombudsman.org.uk/making-complaint/before-you-come-to-us>

The PHSO can be contacted at They can be contacted through their Complaints Helpline on 0345 015 4033 or in writing to: ***The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London SW1P 4QP.***

Once the PHSO have decided to investigate a case raised with them, they will require the organisation to provide any letters, emails or complaints forms submitted for the complaint. These must be submitted to the PHSO Central Experience team via Egress secure mail.

## **8. Feedback on the Complaints Process**

To measure delivery of the NHS Complaints Standards we will capture feedback from those who make a complaint and capture feedback from colleagues involved. We will use this feedback to improve our Complaints processes and implement any necessary changes.

Feedback on the complaints process will be collected using the Feedback on Complaints forms.

Feedback data received for complaints will be presented in the annual report.

## **9. Learning from Complaints**

Spectrum recognise the value of complaints as learning opportunities. Learning from complaints is important for the following reasons:

- To identify trends and patterns early
- So we don't repeat the same mistakes

- To improve reputation as we demonstrate that we listen and learn
- To make service and care improvements
- To make improvements to policies and procedures, ensuring they are fit for purpose
- To avoid something more serious happening
- To help all staff improve by sharing any learning from complaints

Heads of Healthcare/Service will use learning from complaints in case reviews and share this learning wider via the production of case studies.

Lessons learned from complaints will be used in training for all staff.

Lessons learned from complaints are shared to all staff in the Quality Bulletins and on the Spectrum Intranet.

Lessons learned from complaints and improvements made in response to these are shared with patients and service user on the Spectrum website and on patient bulletins.

Learning from complaints will be presented and discussed at the Patient Experience and Engagement Group (PEEG) and the Patient Safety Action Group (PSAG).

Spectrum Complaints process embodies the NHS Just and Learning Culture Charter (See Links to Associated Documents section) and supports staff to implement all aspects of the charter in their handling of complaints.

## **10. What cannot be dealt with under the Complaints Procedure**

- Complaints that have already been investigated and concluded by the organisation with no new evidence provided.
- Complaints that have been investigated and concluded by NHSE or PHSO
- A complaint made by a member of staff relating to their employment or any other HR issues – these will be managed under HR processes.
- Complaints made by members of staff about other members of staff. These will be managed under HR processes and reported on Datix under the Incident module.
- Complaints about organisations which are not part of Spectrum Community Health CIC including prison services . These will be signposted to the relevant organisation
- Allegations made anonymously will be reviewed, but outside of the complaints process and may fall under the Whistleblowing policy or Freedom to Speak up guardian. Clear direction must be provided should this occur.
- All allegations made against staff are handled under the “Allegations Against Staff” policy

## **11. Support for staff who are the subject of a complaint**

This policy should be read in conjunction with Allegations Against Staff Policy.

The investigation must be fair, timely and should not apportion blame although the organisation and those working within it will be held appropriately accountable.

We will make sure staff specifically complained about are made aware of the complaint and we will give them advice on how they can get support from within our organisation, and externally if required.

We will make sure staff who are complained about have the opportunity to give their views on the events and respond to emerging information. Our staff will act openly and transparently and with empathy when discussing these issues.

The person carrying out the investigation will keep any staff complained about updated.

Once the investigation concludes staff should be informed of the outcome by their manager.

## **12. Zero Tolerance**

Spectrum does not expect staff to tolerate any form of abuse from service users or others during the complaint investigation. Staff are not expected to put themselves in situations where they feel they may be at risk when dealing with complaints. Staff will not be expected to meet patients on their own if they feel themselves to be at risk. Staff safety is paramount, and staff are expected to complete an incident form where a risk has been identified. If staff experience any form of abuse, violence or harassment from a service user or family member (physical or verbal), this should be raised to their Head of Healthcare for further advice and support and logged on Datix as an incident.

## **13. Multi – Organisation Complaints**

If we receive a complaint that involves other organisations, we will make sure that we investigate in collaboration with those organisations. The people handling the complaint for each organisation will agree who will be the 'lead organisation' responsible for overseeing and coordinating consideration of the complaint.

The person investigating the complaint for the lead organisation will be responsible for making sure the person who raised the complaint is kept involved and updated throughout. They will also make sure that the individual receives a single, joint response.

Where the lead organisation is Spectrum, the complaint will adhere to the processes and timeframes specified in this Policy.

## **14. Safeguarding**

Spectrum is committed to ensuring the wellbeing of all patients through adherence to the principles, duties and guidance concerned with safeguarding adults, children, and young people.

Where safeguarding issues or concerns are raised during the investigation of a complaint, these will be directed to the Spectrum Safeguarding team for specialist investigation and support.

## **15. Training implications**

Training implications for this policy include the following:

1. Launch of updated policy and process for complaints – to be coordinated by the Quality Manager with support from the Comms/Marketing team.

2. Recording and updating a concern or complaint on the Datix system for site administration staff. (See Complaints Administration training grid below)
3. Training all relevant staff in the new NHSE Standards for recognising, recording, managing, investigating and responding to complaints. (See PHSO Complaints Training grid below)

Training will need to be provided to new staff joining Spectrum as part of their induction and as and when Services are procured. Ongoing support will be provided as requested by the Experience Team.

<b>Course Title</b>	<b>Complaints Training for Administration Staff</b>
<b>Staff groups requiring training</b>	Secure Estates, Community Services and the Corporate Quality Team
<b>Is the training role specific</b>	All administration staff across all service sites and within the central quality team whose roles include the logging of complaints on the Datix system
<b>Description of training</b>	An overview of the NHS Standards to give understanding of requirements. Practical training and support on recording complaints on Datix and how to upload documents and update the records.
<b>Existing course available</b>	
<b>Name of training provider</b>	In-House Spectrum training package to be developed and delivered by the Quality Manager and the Datix Manager.
<b>Frequency of training</b>	Roll out of training dates TBC – all relevant staff to undergo training before the end of 2023.
<b>Length of training</b>	90 minutes
<b>Delivery method</b>	Delivered online via Teams
<b>Key references / legislation</b>	PHSO: NHS Complaints Standards
<b>Location of training records:</b>	List of attendees logged by the Quality Manager

<b>Course Title</b>	<b>PHSO Complaints Training</b>
<b>Staff groups requiring training</b>	Staff in Secure Estates and Community Services
<b>Is the training role specific</b>	All Heads of Healthcare/Service; Cluster Managers; Quality Leads; all other staff who investigate and respond to complaints (e.g. Clinical Leads)
<b>Description of training</b>	PHSO Complaints Training – 3x session training package which covers all aspects of managing, investigating and responding to complaints and also learning from complaints. Training provided by PHSO Training Team to cohorts of 20 staff at a time.
<b>Existing course available</b>	PHSO Complaints Training
<b>Name of training provider</b>	Parliamentary Health Service Ombudsman (PHSO)
<b>Frequency of training</b>	Rolling programme of cohorts July 2023 – December 2023
<b>Length of training</b>	3x3 hour training modules
<b>Delivery method</b>	Delivered online via Teams
<b>Key references / legislation</b>	NHS Complaints Standards
<b>Location of training records:</b>	PHSO Training site online.  List of attendees for all cohorts logged by the Quality Manager

## 16. Monitoring Arrangements

Compliance with this Policy will be monitored locally by the Head of Healthcare/Service and Cluster Managers. All site relevant complaints data will be accessed on a local level via the Datix Dashboards. These will include information on open and overdue complaints for their service.

We expect all staff to identify what learning can be taken from complaints, regardless of whether mistakes are found or not.

Our Senior Managers take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users.

The Executive Board of Directors will receive assurance reports from the Complaints Manager on complaints, with regular reports on complaints being submitted to the Quality and Patient Safety committee.

Area for Monitoring	How	Who by	Reported to	Frequency
Compliance to the complaints process (timeframes, documenting on Datix, learning shared)	DIP Sample of complaints	Quality Manager	Patient Safety Action Group	Monthly
Themes and trends of complaints – learning opportunities created and actioned	Data collation to identify themes and trends in types of complaints	Quality Manager	Patient Safety Action Group (PSAG) - overview of themes & trends  Patience Experience & Engagement Group (PEEG) – learning outcomes to improve patient experience	Monthly  Quarterly
Compliance with the Complaints Policy by staff on site involved in the process	Use of Complaints Dashboard to monitor complaint progress	Head of Healthcare/ Service	Sharing with local and escalating 1 to 1 with cluster managers	Monthly
That learning from complaints is being actioned and shared	Conducting complaints case reviews and the development of case studies for wider learning	Head of Healthcare/ Service	Sharing with local and escalating 1 to 1 with cluster managers	Monthly
The quality of formal complaints responses	Oversight of all formal complaints responses and responsibility of final approval	Director of Nursing/Deputy Director of Nursing	Feedback to local sites and themes and learning fed into PSAG/PEEG as appropriate	As and when required



Area for Monitoring	How	Who by	Reported to	Frequency
Vexatious complaints	Oversight of all vexatious complaints whilst in process and final approval of their responses	Chief Executive	QAPS Dashboard	As and when required
Patient experience of the complaints process	Collation of data from the Complainant Feedback form  Patient Forums	Quality Manager  Patient Experience Lead	Patient Experience and Engagement Group (PEEG)	Quarterly
Staff experience of the complaints process	Collation of data from the Staff Feedback form	Quality Manager	Patient Safety Action Group	Quarterly

The Quality Manager will produce thematic reports providing trends analysis and highlighting any trends/themes that can be shared on intranet and with services directly.

We maintain a record of:

- each complaint we receive;
- the subject matter;
- the outcome;
- whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation.

To measure our overall timescales for completing consideration of all complaints and our delivery of the NHS Complaint Standards, we seek feedback on our service from:

- people who have made a complaint and any representatives they may have;
- staff who have been specifically complained about;
- staff who carried out the investigation.

We monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed.

In keeping with the 2009 Regulations section 18, as soon as practical after the end of each financial year, we will produce and publish a report on our complaint handling. This will include how complaints have led to a change and improvement in our services, policies or procedures.

## 17. Links to any Associated Documents

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009 \(legislation.gov.uk\)](#)
- CQC Essential Standards of Quality and Safety (January 2010) [The fundamental standards - Care Quality Commission \(cqc.org.uk\)](#)
- Clwyd/Hart Report recommendations (November 2013) Putting Patients Back in the Picture [A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture \(publishing.service.gov.uk\)](#)
- Listening, Responding, Improving a guide to better customer care (February 2009) [A guide to better customer care \(iriss.org.uk\)](#)
- NHS England Complaints policy (2021) [nhs-england-complaints-policy-amended.pdf](#)
- NHS UK. How to complain to the NHS. [NHS England » How do I feedback or make a complaint about an NHS service?](#)
- Report of Mid Staffordshire NHS Foundation Trust Public Inquiry, by Robert Francis QC, Executive Summary (February 2013) [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: executive summary HC 947, Session 2012-2013 \(publishing.service.gov.uk\)](#)
- Duty of Candour CQC Guidance for Providers [The duty of candour: guidance for providers \(cqc.org.uk\)](#)

## 18. Appendices

This Appendices contains the following documents:

- Appendix 1 – Consent Letter Template
- Appendix 2 – Early Resolutions Framework Poster
- Appendix 3 – Acknowledgement Letter
- Appendix 4 – Initial Investigation Form Template
- Appendix 5 – Caldicott Principles
- Appendix 6 – Feedback on Complaints Form for Patients
- Appendix 7 – Feedback on Complaints Form for Staff

## Appendix 1 – Consent Letter Template



Spectrum Community Health CIC

Head Office: One Navigation Walk  
Hebble Wharf, Wakefield WF1 5RH

01924 311400

[pr@spectrum-cic.nhs.uk](mailto:pr@spectrum-cic.nhs.uk)

[www.spectrum-cic.org.uk](http://www.spectrum-cic.org.uk)

Name: [add patient name](#)

Site: [add service location](#)

Date: [add date](#)

Ref: [add datix number](#)

### Medical In confidence

Dear [add name of patient](#)

### RE: Complaint Information Release Consent

I am writing to inform you that we have received a complaint from [[Name](#)] on your behalf regarding your healthcare at [[site](#)].

To enable us to progress this complaint, please can you confirm that you agree to your medical information being accessed and shared with [[Name](#)] on your behalf, by completing the enclosed Information Release Consent Form.

Please complete and return the Information Release Consent Form enclosed to the Healthcare team on site.

Yours sincerely

*Ann-Marie Anderson*

Compliance & Complaints Manager  
Complaints Team  
Spectrum Community Health CIC



**Consent to Access Medical Records Related to My Health**

This could include letters and reports which are saved in my medical records.

<b>NAME</b>	
<b>ADDRESS</b>	
<b>DOB</b>	

I **\*do/ do not** give consent for Spectrum Community Healthcare CIC to access my medical records to investigate a complaint/concern relating to the care and treatment provided by Spectrum Community Health CIC which has been made by my family/legal representative.

<b>SIGNATURE</b>	
<b>DATE</b>	

I **\*do/ do not** give consent for Spectrum Community Health CIC to share the findings and outcome of the investigation with my family and/or legal representative relating to the complaint/concern they raised about my care and treatment provided by Spectrum Community Health CIC.

Please list the people that information can be shared with for this related to your medical records and the complaint/concern:


<b>SIGNATURE</b>	
<b>DATE</b>	

\*delete as applicable



# Six Simple Steps In Early Resolution

We show Compassion & Kindness in our Interactions

## 1 Talk

- » When someone makes a complaint, the most important thing is to speak to them either face to face or by telephone
- » This initial engagement is a good way to understand the issue, acknowledge the complaint and gain their confidence

- » Listen to ensure you understand the issues being raised

## Listen 2

## 3 Empathise

- » Focus on the individual
- » Understand and respect their thoughts and feelings in a situation
- » Give a meaningful apology if appropriate

- » Ask about the impact this is having and how this feels
- » Ask what they would like to happen to put things right

## Ask Open Questions 4

## 5 Discuss Options

- » Discuss what happened and what should have happened
- » Agree mutual expectations
- » Discuss what actions you are going to take and how long you think it will take

- » Carry out actions to put things right if you can or with the support of others
- » Capture any learning to share with colleagues and improve service for others

## Carry out agreed actions 6

## Appendix 3 – Acknowledgement Letter



Spectrum Community Health CIC

Head Office: One Navigation Walk

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[pr@spectrum-cic.nhs.uk](mailto:pr@spectrum-cic.nhs.uk)

[www.spectrum-cic.org.uk](http://www.spectrum-cic.org.uk)

Site: [enter location](#)

Date: [enter date](#)

RE: Acknowledgement of Informal Complaint received [enter date received](#)

Our Ref: [enter datix number](#)

Dear [enter complainant name](#)

We would like to let you know that we received your letter of complaint on [enter date received](#).

Thank you for taking the time to submit your feedback. Spectrum Community Health is committed to providing the best possible care for its service users and takes complaints about its staff and the services provided extremely seriously.

In response to your complaint, the investigator will look into the following issues that you raise:

1. [Enter numbered list of issues from the complaint letter](#)

Your complaint will be passed to a member of staff to investigate the matters you have raised. As part of the investigation, they will speak to any witnesses and refer to Spectrum policies and national guidance if required. This allows us to use the most up to date guidance to fully respond to your complaint.

We aim to respond to your complaint within 20 working days of receiving your complaint. We will let you know if something happens which may cause a delay in responding to you within this time.

Yours sincerely

*Enter signature*

[Enter name](#)

Head of Healthcare at [enter name of service](#)

Appendix 4 – Initial Investigation Form



Initial Investigation plan to assist discussion with person making the complaint

Person making complaint:

Contact details:

Case Reference:

Lead Investigator:

Contact details:

Date Complaint received:

Date complaint acknowledged (in writing or verbally):

You must:

- Offer to discuss the complaint and procedure for how it will be handled/investigated
- Share the likely timescale for completion (see below)
- Offer assistance to understand the procedure and/or signpost to local NHS advocacy services
- Consider any request for reasonable adjustments
- Obtain appropriate consent

Est time needed for completion .....

Details .....

Details .....

You should also:

- Provide details of single point of contact
- Agree preferred method of communication
- Agree when and how often updates will be provided

Details .....

Details .....

Details .....

Notes:



## Initial investigation planning

	Complaint Issue (point of complaint)	Information we will <b>need</b> about what happened	Information we will <b>need</b> about what should have happened	Estimated time required	Comments
1		<i>eg complainant's medical records, colleague's account, incident reports etc</i>	<i>eg organisation's policies and procedures, NICE guidance, clinical view etc</i>	<i>Estimated time for completion</i>	
2					
3					
4					
5					
6					
<b>Additional actions and time that may be required</b>		<i>eg for sharing initial thinking, for sign off, agreement to remedy</i>			
<b>Estimated time needed for completion to share with person making complaint</b>			Inc target completion if possible		



# The Eight Caldicott Principles

Good information sharing is essential for providing safe and effective care. There are also important uses of information for purposes other than individual care, which contribute to the overall delivery of health and social care or serve wider public interests.

These principles apply to the use of confidential information within health and social care organisations and when such information is shared with other organisations and between individuals, both for individual care and for other purposes.

The principles are intended to apply to all data collected for the provision of health and social care services where patients and service users can be identified and would expect that it will be kept private. This may include for instance, details about symptoms, diagnosis, treatment, names and addresses. In some instances, the principles should also be applied to the processing of staff information.

They are primarily intended to guide organisations and their staff, but it should be remembered that patients, service users and/or their representatives should be included as active partners in the use of confidential information.

Where a novel and/or difficult judgment or decision is required, it is advisable to involve a Caldicott Guardian.

### **Principle 1: Justify the purpose(s) for using confidential information**

Every proposed use or transfer of confidential information should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed by an appropriate guardian.

### **Principle 2: Use confidential information only when it is necessary**

Confidential information should not be included unless it is necessary for the specified purpose(s) for which the information is used or accessed. The need to identify individuals should be considered at each stage of satisfying the purpose(s) and alternatives used where possible.

### **Principle 3: Use the minimum necessary confidential information**

Where use of confidential information is considered to be necessary, each item of information must be justified so that only the minimum amount of confidential information is included as necessary for a given function.

**Principle 4: Access to confidential information should be on a strict need-to-know basis** Only those who need access to confidential information should have access to it, and then only to the items that they need to see. This may mean introducing access controls or splitting information flows where one flow is used for several purposes.

**Principle 5: Everyone with access to confidential information should be aware of their responsibilities** Action should be taken to ensure that all those handling confidential information understand their responsibilities and obligations to respect the confidentiality of patient and service users.

**Principle 6: Comply with the law** Every use of confidential information must be lawful. All those handling confidential information are responsible for ensuring that their use of and access to that information complies with legal requirements set out in statute and under the common law.

**Principle 7: The duty to share information for individual care is as important as the duty to protect patient confidentiality** Health and social care professionals should have the confidence to share confidential information in the best interests of patients and service users within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

**Principle 8: Inform patients and service users about how their confidential information is used** A range of steps should be taken to ensure no surprises for patients and service users, so they can have clear expectations about how and why their confidential information is used, and what choices they have about this. These steps will vary depending on the use: as a minimum, this should include providing accessible, relevant and appropriate information - in some cases, greater engagement will be required.

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**Appendix 6 – Feedback on Complaints Form for Patients**

To follow

**Appendix 7 – Feedback on Complaints Form for Staff**

To follow

## 15. Definition of Terms

**Concern:** An issue or problem raised by a patient or their representative to a member or staff or service (usually verbal) and that can be resolved locally within 3 days. This is recorded as a Concern on Datix.

**Early Resolution:** early intervention and problem solving to achieve quick resolution of a concern, issue, or complaint, to the satisfaction of the person raising it.

**Informal Complaint:** An informal complaint is a complaint made directly into the service either verbally or written with an aim of the local service listening to and resolving the complaint locally.

**Formal Complaint:** A formal complaint is an expression of dissatisfaction requiring a detailed investigation and a written response. Formal complaints fall under the scope of Local Authority Social Care and NHS (England) 2009 Complaint Regulations.

**Compliments:** positive or appreciative statement about Spectrum staff, services or facilities based on a service users experience. Compliments include expressions of praise, admiration, or congratulations and can be received either verbally or in writing.

**Duty of Candour** refers to the statutory and professional responsibilities as well as a regulatory framework for Providers to be open and honest about failings in care under certain circumstances.

**Redress** - Following a complaint investigation redress is considering fully and seriously all forms of remedy (such as an apology, an explanation, remedial action, or financial compensation). The redress provided should be proportionate to the nature of the complaint.

### **Persistent or unreasonable complainants**

“Unreasonable and unreasonably persistent complainants are those complainants who, because of the frequency or nature of their contacts with the healthcare, hinder the organisations consideration of their, or other people’s, complaints.