

# Complaints Policy

Bloomfield Health Limited

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**DO NOT AMEND THIS DOCUMENT**

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## INTRODUCTION

In an ideal world, the majority of complaints should be addressed when an expression of dissatisfaction is first raised in whatever setting care is delivered. Bloomfield Health Limited (the Company) recognises that complaints and suggestions can be invaluable aids for staff to learn and improve standards of care. This document sets out how the Company investigates, responds to, and learns lessons from complaints.

The Company has a complaints team which aims to:

- Listen to concerns, suggestions or questions from patients, their families and their representatives;
- Helps sort out problems quickly;
- Provides information
- Help patients find support and;
- Advise patients on how to complain about services.

Details on how patients can make a complaint are details below.

The Company aims to support the Independent Sector Complaints Adjudication Service framework:

- **Promoting a just and learning culture:** Seeing complaints as an opportunity to develop and improve services and people, acknowledging when mistakes occur or things go wrong and being held accountable for them, learning from complaints, and acting on lessons learned.
- **Welcoming complaints in a positive way:** Actively seeking and welcoming feedback, acting on concerns and complaints, recognising complaints as a positive way to improve services, encouraging and empowering staff to resolve concerns quickly to the satisfaction of all parties.
- **Being thorough and fair:** Conducting a thorough, fair and objective investigation without bias or discrimination, obtaining comments from all staff involved in complaints (including consultants with practising privileges), keeping complainants updated with progress, and giving an open and honest answer to complaints.
- **Giving fair and accountable responses:** Conducting a thorough, fair and objective investigation without bias or discrimination, obtaining comments from all staff involved in complaints (including consultants with practising privileges), keeping complainants updated with progress, and giving an open and honest answer to complaints.

This Policy is based on:

- The Code of Practice for Complaints Management (Independent Sector Complaints and Adjudication Service, January 2022: IASCAS).
  - The three stage process outlined by The ISCAS Code is outlined in Figure.I below.

Effective complaints management and learning from feedback are crucial for improving the quality of care and service in healthcare organisations. The ISCAS Code of Practice for Complaints Management provides standards for good practice in handling complaints, aligning with principles outlined by the Parliamentary and Health Services Ombudsman and the Scottish Public Services Ombudsman.

ISCAS, an independent not-for-profit organisation, is recognised by various regulators and bodies such as the Care Quality Commission and the Parliamentary and Health Services Ombudsman. It provides a framework for managing complaints about healthcare services provided by subscribing organisations.

The ISCAS Code sets out good practice standards for independent adjudication services, offering an impartial way of resolving disputes. Costs associated with independent adjudication are met by the subscribing organisation, not the complainant.

This policy also incorporates the guidance and principles of the following:

- NHS Constitution (Department of Health, 2009, amended March 2013)
- Hard Truths: the journey to putting patients first: Government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry (Department of Health, November 2013)
- A review of the NHS hospitals complaints system: putting patients back in the picture (Ann Clwyd MP and Professor Trisha Hart, October 2013)
- Designing good together: transforming hospital complaints handling (Parliamentary and Health Service Ombudsman, August 2013)
- The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman, April 2012)
- Principles of Good Administration (Parliamentary and Health Service Ombudsman, April 2012).
- Principles for Remedy' (Parliamentary and Health Service Ombudsman, April 2012)
- NHS Litigation Authority guidance on apologies and explanations (NHSLA, May 2009)
- Being open – communicating patient safety incidents with patients and their carers (NPSA, 2009);
- Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- NHS England Assurance of Good Complaints Handling – a toolkit for commissioners

**The ISCAS Code sets out a three-stage process for complaints handling.**

Each stage is underpinned by Standards:

Timescales for escalation:

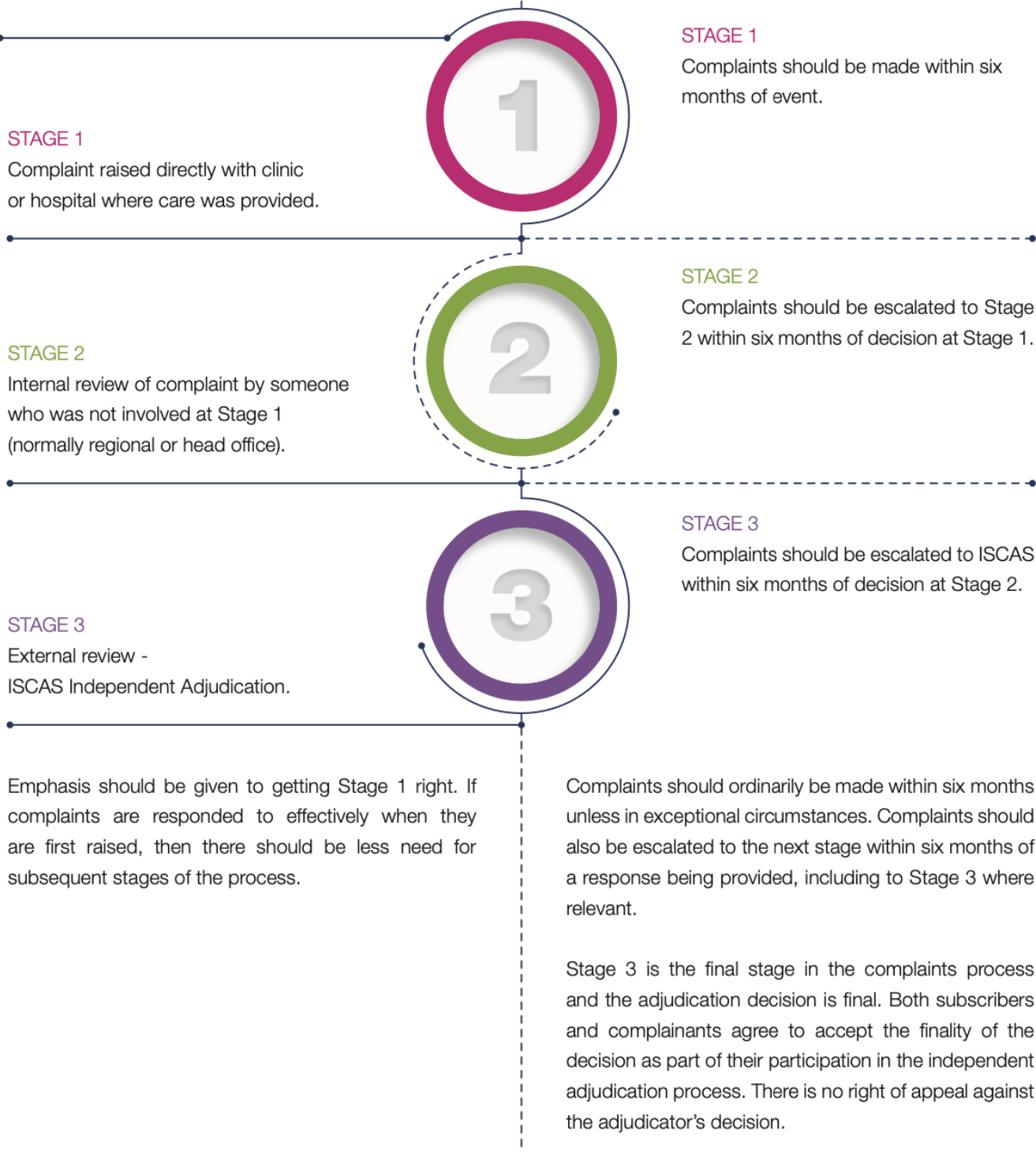


Figure 1 - ISCAS Code complaints process



## **Aims and objectives**

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- The aims and objectives of this policy are:
  - To ensure that complaints procedures are accessible, open, transparent and user friendly.
  - To ensure that when things go wrong, staff at all levels listen, respond and act to put things right immediately as far as it is possible.
  - To ensure that we as a company are complying with Stage I ISCAS Code in the complaints process, i.e., responding quickly and effectively to complaints meaning that complaints need infrequent escalation.
  - To ensure an effective complaints feedback processes whereby complaints are used as a mechanism to improve and reflect on company practices, re-integrating feedback to make the company better.
  - The purpose of this policy is not to blame people where things have gone wrong. It is to investigate complaints to the satisfaction of complainants (while being scrupulously fair to staff) and to learn any lessons for improvement in service delivery.

## **Scope of the policy**

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- This policy outlines Bloomfield Health's procedure for handling complaints. This document will ensure that our complaint's policy contains as a minimum requirement:
  - 
  - Definition of a complaint.
  - The scope of what is covered by our complaints protocol and any exclusions to this.
  - Our process and flow of handling complaints to ensure transparency.
  - A step-by-step guide in how to make a complaint and the process via which a complaint is handled (including timeframes).
  - Special arrangements to assist in vulnerable patients raising concerns (i.e., via a third party representative).
  - How to access information relating to complaints process (i.e., how we have ensured that the information in this policy document is freely and widely accessible).
  - Ensure that complainants (or their representatives) are not deterred from lodging complaints or disadvantaged by virtue of the way in which complaints are made and shall provide any reasonable assistance that complainants may require (for example, complainants whose first language is not English or who may have a disability).
  - That as a company, we are promoting a learning and improvement culture, seeking feedback, and providing fair and transparent complaints processes.
  - To describe our procedure if complainants behave in an unacceptable manner, including where they persist in pursuing their complaint in an unacceptable way despite all reasonable efforts having been made to investigate and resolve the complaint, which can cause disproportionate resource stress on the company (ISCAS guides for this can be found here: <https://iscas.cedr.com/resources/publications/>).
  - It is a requirement of staff to cooperate with external review or investigations.
  - This policy document outlines our confidentiality protocols ensuring patients know how we keep information confidential and also how we decide to disclosure information to relevant parties when required (i.e., gaining consent from patients via E-signatures via email before contacting third parties).

- This document will highlight how we received and investigate complaints.
  - 
  - We will also provide the following information and subsections within this document:
  -
1. **Create a Comprehensive Complaints Procedure:** Develop a detailed written procedure for handling complaints that aligns with the ISCAS Code. Make this procedure easily accessible on your website and update it regularly.
  2. **Include Essential Information in the Procedure:** Ensure the procedure includes the definition of a complaint, the scope of the procedure, the process for handling complaints, steps for investigating the complaint, and the expected timescales for resolving the complaint.
  3. **Make Information Accessible:** Ensure all users of your facilities can easily access information about the complaints process.
  4. **Assist Complainants:** Provide reasonable assistance to complainants who may need help lodging complaints, such as those whose first language is not English or who have a disability.
  5. **Follow Principles of Effective Complaints Handling:** Conduct the complaints process in accordance with the principles of promoting a learning and improvement culture, positively seeking feedback, being thorough and fair, and giving fair and accountable decisions.
  6. **Report Serious Professional Misconduct:** If there is a concern about a clinician's serious departure from professional standards, refer the matter to the relevant professional regulator and take immediate steps to protect patient safety.
  7. **Handle Unacceptable Behaviour:** Develop a policy for dealing with situations where complainants behave in an unacceptable manner, such as persistently pursuing their complaint in an unacceptable way.
  8. **Ensure Staff Compliance:** Remind staff that they are required to comply with the complaints process, including assisting with investigations and reviews.
  9. **Maintain Confidentiality:** Keep all details relating to the complaint and its investigation confidential. Obtain formal written consent from the patient if the complaint is being made by someone else or if the handling of the complaint requires the disclosure of confidential information to other parties.
  10. **Record Complaints:** Make a written record of the complaint and any subsequent expression of dissatisfaction from complainants.
  11. **Acknowledge Complaints:** Send an acknowledgement of the complaint within 3 working days of receipt of a complaint or a request for its escalation.
  12. **Investigate Complaints:** Conduct a robust and thorough investigation into the events giving rise to the complaint.
  13. **Provide a Full Response:** Provide a single, full, written response to the complaint that includes a summary of the agreed heads of complaint, a summary of the process of investigation, the findings of the investigation, the subscriber's response to the findings, details of how the subscriber has learned from the complaint, any actions taken as a result of the complaint, and any remedy that has been offered in response to the complaint.

14. Respond to Complainants: Provide the complainant with a full written response within 20 working days or, where the investigation or review is still ongoing, send a written update to the complainant explaining the reason for the delay at a minimum of every 20 working days.
15. Inform Complainants About Legal Advice: Inform complainants about their right to seek independent legal advice where any aspects of their complaint might give rise to a clinical negligence claim.

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The complaints arrangements described cannot be used by third parties (other than relatives) including health organisations or local authorities to make a complaint against the company. Similarly, staff working within the company cannot use the arrangements to complain about an employment issue. Also excluded from the arrangements will be complaints: a) that have already been investigated under the current or previous complaints regulations, b) arise from the alleged failure to comply with a data subject request under the Data Protection Act 1998.

## What is a complaint?

In the context of this policy a complaint is defined as any expression of dissatisfaction which needs a response. A complaint may be informal or formal. An informal complaint is one which is resolved by staff locally. A formal complaint is one which is investigated under the Regulations and receives a formal written response. When deciding whether a complaint is informal or formal, staff should always be guided by: a) the wishes of the person making the complaint, b) the seriousness of the issues raised.

## Responsibility for complaints management

The Managing Director is the Board member with overall responsibility for complaints handling issues. The Managing Director will be reliant on the relevant Directors to ensure that the complaint investigations and responses meet the guidance of this policy.

Name	Responsibility
Complainant (may be the Service user or their representative)	Initiating the complaints procedure (either verbally or in writing)
All staff	To be aware of the company policy and procedures for responding to complaints. To be committed to promptly resolving concerns raised at a local level wherever possible and to escalate appropriately where this is not possible.
	Recording and dealing with a complaint they have taken, which they are able to get resolved immediately
	Recording and dealing with a complaint they have taken, which they are unable to get resolved immediately and which they will pass on their supervisor.
	Have a duty to ensure that patients, their relatives and carers are not discriminated against or treated any less favourably as a consequence of raising a concern or making a complaint.

	To be aware of the value of complaints to the organisation as a tool for service improvement.
Clinical supervisors and Line Managers	Forward complaints to the Lead Nurse or a Director if they are not able to resolve informal complaints themselves.
	Investigating complaints and working collaboratively to meet response times and quality targets; Drafting responses to complaints; Informing governance committee of any service improvement as a result of lessons learned.
	Have a duty to ensure that patients, their relatives and carers are not discriminated against or treated any less favourably as a consequence of raising a concern or making a complaint.
	Managers should use the issues raised in individual complaints to explore and, where appropriate, initiate service improvements and working practices.
Directors	Coordinate investigations into formal complaints and liaise with the Lead Nurse to ensure that: <ul style="list-style-type: none"> <li>• complaint investigation is allocated appropriately to a member of staff</li> <li>• the response meets the response times;</li> <li>• compliance with the guidance detailed in this policy; and</li> <li>• they inform the Lead Nurse of any service improvement as a result of lessons learned.</li> </ul>
	Encourage a culture of openness and learning from complaints; ensure that: <ul style="list-style-type: none"> <li>• complaints rigorously investigated and facilitate the local resolution of complaints;</li> <li>• provide supervision and support to managers investigating complaints,</li> <li>• ensure that action plans are developed as a result of complaints investigations and that these actions are monitored and implemented;</li> <li>• provide support to staff who have had complaints made against them;</li> <li>• determine which staff will require complaints training and arrange complaints training and attendance for their staff</li> </ul>
	Review trends and lessons learned detailed in the company's analysis reports of complaints and share these with their wider teams.
	Have a duty to ensure that patients, their relatives and carers are not discriminated against or treated any less favourably as a consequence of raising a concern or making a complaint.
	Issues raised in individual complaints are addressed and initiate service improvement, where appropriate.
Complaints Manager	Responsible for ensuring that all complaints received are handled efficiently and effectively in line with the correct legal framework and best practice.
	Ensure that the Lead Nurse acknowledges all formal complaints within 3 working days.

Practice Manager	Ensure that the Lead Nurse inform complainants of their right and ability to approach advocacy.
	Ensure that the Lead Nurse liaise with the complainant and keep the complainant informed of the realistic timeline and progress for the resolution of the complaint at all stages.
	Ensure that the Lead Nurse review the draft responses to complaints.
	Continuously monitor the quality of service and make improvements to the complaints handling procedures
	Ensure that the Lead Nurse manages the process from receipt of complaint through to investigation, response (formal or otherwise) and feedback
	Ensure that complaints are investigated thoroughly, speedily and impartially and that a remedy is applied which is both appropriate and proportionate to the complaint and that action is taken in light of the outcome of any investigation.
	Ensure that, if the Company receives a complaint which contains issues relating to another organisation, the complaint is dealt in line with the Department of Health's recommended practice in respect of joint / partnership working.
	Maintain records and database of Company complaints and provide reports to the Quality Committee
	Design and deliver complaints training for staff who require the training.
	Ensure that each complaint handled by the Lead Nurse is assessed for its level of risk using this policy's Severity Rating Tool.
	Ensure that each complaint is investigated according to the level of risk determined according to the levels of investigation detailed in section 15 of this policy.
	Has responsibility for quality assuring the complaints process, ensuring that timely responses are received from those looking at the complaint and that all issues complained of are adequately addressed in the final response to the complainant.
	Ensure that the complaints policy is implemented and monitored for effectiveness, making changes as required or as a minimum on review every two years
	Ensure compliance with the complaints policy and that all appropriate action is taken in light of the outcome of an investigation into a complaint
	Ensure that Managers implement service improvements as a result of issues raised in a complaint, where appropriate.
	Inform the Quality Committee regarding trends and actions taken and impact of any legislative changes
Ensure that aggregated complaints data both qualitative and quantitative are reviewed and monitored on a quarterly basis in the Quality Committee to ensure trends and frequencies are identified and addressed	
Quality Assuring the formal complaint response letter and over viewing the complaint resolution / satisfaction of the complainant	

To refer to the Independent Sector Complaints Adjudication Service those cases where the complainant is not satisfied with the outcome of the complaint and wishes to take the matter further.
To provide guidance to staff on the local handling of complaints
To remind Directors and other managers of their responsibility to ensure those staff involved in an investigation are kept informed of the progress of the investigation, any outcomes and lessons learnt as a result of the complaint
Have a duty to ensure that patients, their relatives and carers are not discriminated against or treated any less favourably as a consequence of raising a concern or making a complaint.
To attend internal directorates' management meetings and external complaints networks with other health organisations to ensure learning from complaints and safety lessons are shared.

## **Who may complain?**

This policy relates to complaints by existing or former users of company services i.e. patients. It also covers complaints made by other people including carers and family members, where they are complaining on behalf of existing or former users. It also covers complaints by people who are affected by or likely to be affected by the action, omission or decision of the company, and complaints from carers about their own contact with company services.

Complaints that are not made by or on behalf of a service user or any person who is affected by or likely to be affected by the action, omission or decision of the company, and are not therefore covered by the procedures detailed in the body of this document. Appendix I describes the procedure to be adopted in such cases.

## **Time limit on initiating complaints**

Complaints should not be made later than six months after the event occurred or six months from the date that the complainant realised that they had reason to complain. These time limits can be extended if there are good reasons why the complaint could not be made any sooner and where it is still possible to investigate the facts of the case. Decisions about investigating complaints which fall outside the time limit will be taken on a case by case basis.

- **Involving other parties and procedures**

### *Complaints Which May Become Legal Claims*

Complaints can still be investigated where legal action is being taken, provided that it can be established that progressing the complaint might not prejudice subsequent legal or judicial action.

When a clinical negligence claim is made before a complaint has been resolved, the company will consider whether by dealing with the complaint it might prejudice the potential defence of the clinical negligence claim. Where there are any doubts about this, the company will seek legal advice. Where it is thought that dealing with the complaint might prejudice the legal action, resolution of the complaint will be delayed until after the legal action has concluded. The complainant will be informed why the complaints process has been put on hold.

When a complaint becomes a clinical negligence claim, the medical director must be notified.

The possibility of legal proceedings should not prevent investigations to uncover faults in procedures or making recommendations to prevent reoccurrence.

Where allegations are serious and may constitute a criminal offence, the Managing Director, (or another Director in their absence) should be informed and the police must be notified immediately.

### *Criminal Procedures*

If the investigation of a complaint indicates that an offence may have been committed which requires referral to the police, then the matter shall be referred back to the Managing Director, who will act on this information. If the matter is referred to the police, the matter can still be investigated, provided it can be established that progressing the complaint will not prejudice any subsequent police investigation.

### *Disciplinary Action*

A case for considering disciplinary action against a member of staff can be suggested at any point during the complaints procedure, but consideration of whether disciplinary action is warranted is a separate matter to be managed outside the complaints procedure, and must be subject to a separate process of investigation.

Complaints can be investigated if disciplinary action is being considered or taken against a member of staff, provided that the organisation has regard to good practice around restrictions in providing confidential or personal information to the complainant. Although the complaints handling arrangements operate alongside the disciplinary arrangements, the two processes will remain separate.

### *Professional Bodies*

If the investigation of a complaint indicates that there may have been a breach of professional conduct, it may be appropriate for the complaint investigation to proceed to its conclusion before involving the professional body. If, however, immediate referral to a professional body is indicated, then the matter shall be referred to the Managing Director, who will act on this information. If the matter is referred immediately to a body prior to the conclusion of the complaints procedure, the complaints procedure will be stopped pending a decision by that body on whether or not to investigate and the complainant will be informed of the reasons for this delay.

### *Safeguarding*

If a complaint raises concerns that a child or vulnerable adult is at risk of abuse, neglect or exploitation, the Lead Nurse will report this matter to the Company's Safeguarding Lead. It is also the responsibility of Directors and all staff who have been delegated to investigate complaints to report any safeguarding concerns to the Safeguarding Lead.

The response to the complaint may need to be postponed while the Company waits for the outcome of a safeguarding investigation to be completed. Should the investigation be delayed for any reason, it is essential that the complainant is kept informed.

### *Serious Incidents*

The procedure for investigating serious incidents is separate from the procedure for investigating complaints. If a complaint is received relating to a serious incident, the complainant will be informed that their complaint is being investigated under the Management of Serious Incident policy. Complaints which relate to the incident but are not about the incident itself will be responded to once the investigation is complete. The complainant should be kept informed about the status of all investigations.

## **Information and Advice**

The Lead Nurse will also provide information and advice about the Company's services and signpost to other health related organisations. This may be in the form of providing information or directing service users and carers towards other sources of help/support.

## **Concerns, Suggestions, Compliments**

Service users, their families and their representative can also raise concerns and suggestions with the Lead Nurse without having to make a formal complaint.



Service users, their families and their representatives can also provide the Lead Nurse with positive feedback or compliments about company staff and its services.

### **Site visits.**

The Lead Nurse will visit company sites and teams on a regular basis. The purpose of these visits is to engage with service users accessing these services and address any concerns or complaints they might have.

### **Information**

#### *Leaflets and Notices*

A leaflet is available for service users and their representatives to inform them how to make a complaint and how complaints are handled. Leaflets providing information about how and where to complain or comment must be displayed on the company website.

#### *Guidance for Staff*

Detailed guidance is available for members of staff on the key aspects of the complaints procedure, their role in relation to the procedure, and the reporting mechanisms. The document *Guidance for Staff who are Investigating and Responding to Complaints* is reproduced in Appendix 6.

#### *Advice for Complainants*

Prior to making a complaint, service users or their representatives may find it helpful to discuss the issue with a Director who can provide advice about how a complaint can be resolved.

### **Procedures for Local Resolution**

When things go wrong, staff at all levels should listen, respond and act to put things right immediately as far as this is possible. The majority of complaints can be resolved locally. Local resolution includes both the resolution of complaints by front line staff (informal complaints), and the resolution of complaints through local investigation and a response handled by the Lead Nurse (formal complaints). When establishing whether a complaint should be responded to informally or formally, staff should always be guided by the wishes of the person raising the concerns, and should explain to them the options available as set out in sections 14 and 15 below.

### **How to complain**

- Information on how to make a complaint is clearly displayed in all sites, and should be drawn to the attention of any person who may wish to make a complaint or who does not appear satisfied with the outcome of frontline staff trying to resolve an informal complaint.

## **INFORMAL COMPLAINTS**

Informal complaints are classified as any expression of dissatisfaction provision of services by any patient / user, and as such should be dealt with in adherence to following guidelines:

- Treat any expression of dissatisfaction as an informal complaint, even if it's not a formal written complaint.
- Staff interacting directly with service users are most likely to receive informal complaints.
- Upon receiving a complaint, first ensure the immediate care needs of the complainant or service user are met. Address the complaint promptly and sensitively.
- If a complaint can't be resolved immediately, report it to the local team manager for resolution.
- Record all complaints, regardless of their immediate resolution.
- If the local manager can't adequately investigate the complaint or provide the desired assurances, they should seek advice from the Complaints Team.
- Consider the seriousness of the complaint and the need for independent investigation when deciding whether to escalate it to the Complaints Team.
- If the complainant requests escalation, record their complaint in detail and forward it to the Lead Nurse for formal complaint processing.
- Ensure any response involving clinical judgement is agreed upon by the relevant clinician.
- Staff must report any informal complaints concerning service user safety to the Complaints Team.
- Aim to resolve most complaints on the spot or within two working days. If not possible, acknowledge the complaint in writing within two working days and provide a full response within five working days.

Log all informal complaints and their resolutions for learning and identifying recurrent issues. Send details of resolved concerns to the Lead Nurse for central recording and reporting.

## **FORMAL COMPLAINTS – STAGE I**

Bloomfield Health has comprehensive written procedure for handling complaints that accords with the ISCAS Code and gives clear information about the process to inform complainants' expectations, detailed below. This will be easily accessible to patients (or their representatives) on our website and will be updated annually.

### **I. Definition of a formal complaint**

Any expression of complaint (e.g. "I want to make a complaint") and/or any communication involving goods or a service that requires an investigation and formal response must be treated as a formal complaint.

#### *Scope and exclusions*

All staff shall ensure that complainants (or their representatives) are not deterred from lodging complaints or disadvantaged by virtue of the way in which complaints are made and shall provide any reasonable assistance that complainants may require (for example, complainants whose first language is not English or who may have a disability).

### **Process for handling Formal Complaints including clinical governance arrangements for investigating complaints**

Users of company services have the right to formally complain if informal resolution is not possible.

Staff should handle complaints following four principles: promoting a learning culture, seeking feedback, being thorough and fair, and providing fair and accountable decisions. The process should be customer-focused, using clear language and avoiding jargon.

If there's a concern about a clinician's serious departure from professional standards, the matter will be referred to the relevant professional regulator and immediate steps will be taken to protect patient safety.

All staff, including consultants, locum workers, and contract or agency staff, are required to comply with the complaints process, assist with investigations and reviews, and provide written statements and feedback as needed. This obligation is part of their contractual arrangements with the company.

### **Receiving complaints**

Formal complaints can be made by emailing [complaints@bloomfieldhealth.com](mailto:complaints@bloomfieldhealth.com). Complaints can also be made verbally to any Company staff. If a complaint is made verbally or in person or through sign language and is going to be referred to the Lead Nurse, the member of staff should record a detailed account of the complaint and notify the Practice Manager. Contact details for making a complaint to the Company are set out in Appendix 3. Vulnerable patients wishing to raise concerns must be offered assistance to raise concerns. Where is needed, guidance should be sought from relevant line managers or a director.

Staff should forward all formal complaints to the Lead Nurse without delay. This is important because the response timeframe begins from the date that the complaint is received in the Company.

The Lead Nurse or their delegate should write to the complainant acknowledging their complaint within 3 working days of receipt of a formal complaint. The initial acknowledgement should include an apology that the individual has felt the need to complain.

Staff receiving complaints shall make a written record of the complaint and any subsequent expression of dissatisfaction from complainants regarding the care or service provided and any associated discussions. Upon receiving a complaint, the lead nurse shall send an acknowledgement of the complaint within 3 working days of receipt of a complaint or a request for its escalation. This acknowledgement should contain:

- a. The name of the person responsible for managing that stage of the complaint and their contact details.
- b. A brief summary of the actions to be taken at that stage of the complaint.
- c. An assurance that either a full response or a progress update will be sent to the complainant within 20 working days.
- d. An assurance that the aim is to complete each stage of the complaints process as swiftly as possible and, in any event, within three months.

The lead nurse will notify the accounts department for any outstanding amounts due from the complainant to be put on hold during the complaints process and ensure that there is no referral to debt collection agencies while the complaints process is ongoing. The company may seek to recover any outstanding amounts that remain due at the end of the three-stage complaints process. The Lead Nurse shall respond to any substantive correspondence relating to a complaint within 5 working days of receipt.

## **STAGE I - INVESTIGATION**

The Lead Nurse will decide how the complaint will be handled by assessing how serious the complaint is through using the complaints severity rating tool. See Appendix 5.

Complaints that are received directly by the Lead Nurse which have been resolved informally will not have to follow this procedure.

The standard timeframe for response for formal complaints will be 20 working days. Where there is a delay the complainant must receive regular updates every 20 working days.

On occasions complaints may take longer to investigate and resolve. This could be for example, because a complaint is particularly complex, or because it raises a number of different issues or if the issues raised involve a number of different services. If this is likely to be the case, a longer timeframe may be agreed with the complainant.

The timeframe to respond to a complaint may be extended, if there are delays caused as a result of arranging a meeting with the complainant or if the complainant subsequently adds a significant amount of extra information to their complaint, or for other reasons when the relevant Director considers it reasonable to extend the deadline. Other such examples may include difficulties in interviewing staff due to their absence on leave or sickness absence of the investigator. In these cases the Lead Nurse will consider that these complaints were responded to within the deadline as the extension required was considered reasonable. The Lead Nurse will inform the complainant in writing of any delays in responding to the complaint and keep them informed of when they are likely to receive the response. Investigators are expected to keep the Lead Nurse informed of their progress and to bring any issues

causing delay to their attention at the earliest opportunity. If an investigator wishes to request an extension they must do so by contacting the relevant Director who will inform the Lead Nurse whether the extension is granted or not.

All formal complaints will be investigated and responded to by an investigation manager nominated by the relevant Director or their equivalent. The response to the complaint will be signed off by the Managing Director.

## **I. Investigating formal complaints**

In the event of a formal complaint, the following protocol will be adhered to by staff, primarily the lead nurse:

- Acknowledge it in writing within 3 working days, informing the complainant of their single point of contact.
- Arrange a meeting to clarify the complaint's nature, issues, questions, complainant's goals, and desired outcomes.
- Create a detailed note of the meeting to summarize the complaint and form the basis of the complaints plan.
- Devise a complaints plan, including a summary of the complaint, how it will be handled, and who will be involved.
- Nominate an investigation manager to coordinate a thorough investigation.
- Ensure transparency and openness in the investigation, discuss the need for an independent investigation or clinical opinion if necessary, and implement appropriate responses including an apology, corrective actions, sharing learning points, and offering a financial gesture of goodwill if appropriate.
- Provide a written summary of the initial meeting within 5 working days.
- Make a written record of all subsequent meetings and obtain written statements from all relevant parties.
- Conduct a robust investigation into the events, including a review of all correspondence, clinical records, meeting records, and statements.
- Provide a full written response to the complaint, including a summary of the complaint, the investigation process, findings, company's response, learning points, actions taken, any remedy offered, and details on how to escalate the complaint to Stage 2.
- Ensure confidentiality, non-discrimination, and safeguarding of service users throughout the investigation.
- Keep the complainant informed of any delays or safeguarding investigations.

All costs related to the investigation or independent clinical opinion will be borne by Bloomfield Health. Any goodwill payments should be paid in full and not offset against any outstanding amounts owed on complainants' accounts, unless agreed with the complainant.

## Responding to formal complaints

- Bloomfield Health shall provide the complainant with a full written response (sent either via post or email) within 20 working days or, where the investigation or review is still ongoing, send a written update to the complainant explaining the reason for the delay at a minimum of every 20 working days.
- Bloomfield Health shall complete each stage of the complaints process within three months, unless in exceptional circumstances, and provide complainants with an explanation regarding the need for a longer timescale.
- In the response letter, Bloomfield health will signpost complainants to the next stage of the complaints process if they remain dissatisfied. This means providing an explanation of the option to proceed to the next stage, details of how to do so, and advising complainants that the escalation request must be made in writing within six months of the final response to their complaint, unless there are exceptional circumstances.
- When an investigation manager has finished their inquiry they should draft a response to the complainant using the response template (see appendix documents) and send it to their Director, along with the complete complaint investigation file. The letter should detail the outcome of the investigation, with information about any action taken to prevent a similar situation occurring. Where the investigation manager is making recommendations for action to prevent recurrence or improve services, they should also complete the action plan template (see Appendix).
- The response should address the complaint directly and accurately, including details of lessons learnt and any action(s) that the Company will subsequently take to ensure improvements are made to Company services as a result of the complaint. It should include a personalised and clear apology, if the complaint was found to be justified, and the offer of an opportunity to discuss the contents of the letter further with the investigation manager should the complainant wish to do so.
- Following approval by the Director, Complaints Manager and Lead Nurse, the response will be forwarded to the Managing Director for signature.
- Bloomfield Health shall inform complainants about their right to seek independent legal advice where any aspects of their complaint might give rise to a clinical negligence claim.
- The complaint file sent by the investigation manager to the Lead Nurse and a copy of the signed response letter will be kept in a central filing system and used for monitoring complaints trends and for compiling reports. The Lead Nurse should also ensure that the manager(s) of the team(s) involved receive a copy of the final response and that they are requested to share the outcome within their team clinical governance meetings.

## Confidentiality and consent to disclose confidential information

Bloomfield Health will maintain confidentiality throughout the complaint process. Formal written consent will be obtained from the patient if the complaint is made by someone else or if the complaint's handling requires disclosing confidential information. Consent is also required to share any data or clinical information about the complainant. If consent cannot be provided, decisions will be made on a case-by-case basis, with outcomes and actions documented. Information disclosed will be limited to what is relevant for the investigation and only shared with those involved in the investigation. Complaint records will be kept separate from clinical records, managed by the investigation manager during the investigation and by the Lead Nurse post-investigation.

**No records pertaining to complaints should be entered on the Company electronic patient record system or filed within patient clinical records. This is to help ensure that service users are not treated less favourably as the result of making a complaint.**

- **Third person complaints** - when a complaint is received from a family member, carer or other person about the care or treatment of a service user, the written consent of the service user is required before personal information about them is disclosed to another person. It is the responsibility of the complainant to provide the Lead Nurse with their written consent. This written consent will be sought by the Lead Nurse on the standard form which makes it clear that information disclosed will be confined to that which is necessary to address the issues raised.
- **When consent to disclose information to another person is not available** - the complaint should still be investigated, and a report on the outcome of the investigation and any action taken should be provided to the Advice and Complaints Service. The complainant should be informed that an investigation has taken place.
- **Where a service user lacks capacity** - in circumstances where a service user lacks capacity, the Lead Nurse will liaise with the clinical team to establish whether the person making the complaint should be provided with confidential information regarding the service user in any response. In making a decision, the clinical team should refer to MHA12 Staff guidance on the Application of the Mental Capacity Act 2005. Advice on capacity may also be sought via the Board of Directors.
- **Where the service user has died** - next of kin (as designated in the medical records) are usually able to act on behalf of the patient however where there is uncertainty it will be necessary for the complainant to request permission from the deceased's legal representative together with copies of documentary proof of their identity (identified on the will). The Complaints Manager can use their discretion when requesting consent.

## **Supporting staff**

Incidents (including serious incident), complaints and claims can affect members of staff, causing physical and psychological harm. The Company takes its responsibilities seriously for supporting staff in these circumstances. Managers are responsible for providing support to members of staff following an incident, complaint or claim; Associate Divisional Directors must ensure that appropriate support is in place.

### *Immediate support*

After an incident has occurred, the manager in charge at the time must ensure that staff who are involved in the incident are appropriately supported. This may include relieving staff of their immediate responsibilities, supporting them to seek medical or occupational health advice or accompanying them to give information to the police.

If at all possible, incident forms and initial statements about the incident should be completed before the member of staff goes off duty.

## Ongoing support

At a suitable time, staff should be given the opportunity to talk through the incident with their manager or another senior member of staff.

Managers should consider holding a debriefing session for the team or group of staff most closely connected with the incident. If a debriefing session is held, it should be well planned and facilitated by a senior member of staff.

In the longer-term, staff should be supported in general terms by their line manager and formally through their supervision.

If staff are asked to participate in an investigation into an incident, complaint, or claim, they should be provided with appropriate information about the process and what is required of them. Information about investigation processes, both internal and external, will be available from the investigating manager, the Local Security Management Specialist and/or the Governance Team.

***Any staff involved in an incident, complaint or claim which is subject to an investigation must be informed about the outcome of that investigation and any recommendations made. This is of fundamental importance to ensure that any lessons learnt as a result of the complaint drives continuous service improvement. Managers are responsible for ensuring this happens.***

## Further action

If members of staff experience difficulties associated with the incident, complaint or claim, they may refer themselves or be referred by their manager at any point to Employee Assistance Programme and/or Occupational Health. Managers are responsible for supporting staff through this process.

## Being Open and Duty of Candor

The Company has a Being Open and Duty of Candour policy and follows the guidance detailed in those policies when investigating incidents, complaints and claims. The Company encourages open communication with teams, other healthcare organisations, staff, service users and carers when reporting, investigating and responding to incidents, complaints and claims.

Service users and/or their carers have a right to expect openness in their care. When things go wrong, it is important that staff at all levels listen, respond and act to put things right immediately as far as this is possible. Where this has not been possible and a complaint needs to be escalated, staff should invite service users and/or their carers to take part in any investigation (as detailed in above) and seek to reassure them that any lessons learnt or recommendations made will aim to prevent any reoccurrence of the circumstances which led to the complaint.

Staff need to ensure that service users and/or their carers who have been involved in an incident, complaint or claim are provided with support to cope with the physical and psychological consequences of what happened.



## Care Quality Commission

The Care Quality Commission can assist service users by providing advice and assistance about making a complaint against a health service. They can also monitor the handling of a complaint and make sure that services are fully meeting the requirements of the Mental Health Act. Service users and those acting on their behalf can contact the Care Quality Commission to ask them to do this. Contact details of the Care Quality Commission are given in Appendix 4.

## Learning from complaints

The Company is committed to learning from complaints to enhance services. When a complaint identifies a learning opportunity, an action plan is created and monitored by the Directors and the Lead Nurse. This plan is reviewed by divisional quality forums to ensure implementation and sharing of lessons across relevant teams.

Quarterly performance reports, including complaint analysis, are presented to the Quality Committee and the Board. All complaints are recorded and regularly reviewed by the Directors to identify trends. The Lead Nurse is responsible for analysing this data and producing reports for the Quality Committee.

The Complaints Manager reports learning from complaints to the Quality Committee, ensures action plan follow-ups, and shares lessons in internal and external meetings. If ongoing risks are identified, they are reported to the Quality Committee and potentially included on the Risk Register. Finally, a satisfaction survey is sent to complainants post-resolution to improve the Company's complaint handling process.

## Dealing with situations where complainant behave in an unacceptable manner, including persistent and Unreasonable complaints

We have in place a policy for dealing with situations where complainants behave in an unacceptable manner, including where they persist in pursuing their complaint in an unacceptable way despite all reasonable efforts having been made to investigate and resolve the complaint, which can cause disproportionate resource issues. (Examples of unacceptable behaviour include: leaving an excessive number of voicemails, letters or emails, making an excessive number of telephone calls, making unreasonable demands on staff, subjecting staff to behaviour or language that is offensive, unreasonably demanding or aggressive, or being verbally abusive or harassing towards staff). The policy sets out the criteria we will use to determine whether a complainant is behaving persistently in a way that is unacceptable and how the subscriber will respond in those circumstances.

That policy is based on ISCAS guidance for managing unacceptable behaviour by complainants can be found here: <https://iscas.cedr.com/resources/publications>

The Company has a Persistent and Unreasonable Complaints Procedure that details how the Company will handle persistent and unreasonable complaints. This procedure is provided in the Appendix.

## **STAGE 2 - FORMAL UNRESOLVED COMPLAINTS**

Bloomfield Health staff shall ask complainants who wish to escalate their complaint to Stage 2 to provide a summary of the matters that remain outstanding and that they wish to be investigated.

Timeframes for Stage 2:

- a. Complaint should be acknowledged within 3 working days of receipt.
- b. Full response to complaint within 20 working days, or an update on progress every 20 working days.
- c. Complaint should be concluded within 3 months (unless there is a good reason to explain longer timeframe).

Bloomfield Health staff shall invite complainants to attend a meeting at the start of Stage 2 to clarify the matters that remain outstanding in the complaint and obtain a greater understanding of what the complainant hopes to achieve by escalating the complaint. This meeting may be face-to-face or via telephone or videoconferencing/online if the complainant prefers.

The reviewing member of staff must be a senior member of staff who has not been involved in the matters that led to the complaint or the handling of the complaint at Stage 1.

Bloomfield Health staff shall conduct an objective review of the investigation into the complaint and the response that was provided at Stage 1. The review should include:

- a. Consideration of the Stage 1 response provided to the complainant.
- b. Consideration of the agreed outstanding complaint and the matters that remain unresolved.
- c. Consideration of the findings of the investigation and the information on which the findings were based.
- d. Consideration of the comments made by the complainant regarding the response at Stage 1.
- e. Where appropriate, seeking further responses from the individuals involved in the complaint or the handling of it.
- f. Consideration of any further questions raised by the complainant in the escalation request (including by involving those who responded to Stage 1 if necessary).
- g. Consideration of how effectively the complaint was handled at Stage 1.
- h. Consideration of the extent to which the Standards at Stage 1 were met.

Bloomfield Health staff shall provide a single, full, written response to the complaint that includes:

- a. A summary of the agreed outstanding heads of complaint and the matters that remain unresolved.
- b. A summary of the process of review.
- c. The findings of the review, including (where appropriate) a summary of the statements or responses provided by the clinicians and staff members involved. It is not appropriate for Bloomfield Health staff to send copies of the statements in lieu of a comprehensive response.
- d. The response to the review, including whether the heads of complaint have been upheld, any actions taken as a result of the complaint, and any remedy being offered.

e. Detailed signposting to the next stage of the complaints process, including an explanation of how to escalate the complaint via ISCAS and confirmation that this must be done in writing within six months of the final response at Stage 2.

Bloomfield Health staff shall inform complainants that any new concerns that have been raised in the escalation request constitute new complaints and inform them that it may be appropriate for such matters to be investigated at Stage 1 (if they are within the timescale for investigation). Bloomfield Health staff have discretion to choose to respond to the new matters at Stage 2 where it is appropriate to do so, for example if the matter is incidental to the current complaint or is of minor impact.

Bloomfield Health staff shall inform complainants that any remedies or goodwill payments that have been offered will be rescinded if they choose to proceed to Stage 3.\

### **Requirements for escalation to stage 3 for unresolved complaints:**

In Stage 2 of the complaint process, complainants are asked to outline the unresolved issues from Stage 1. The complaint is acknowledged within three working days, and a full response is expected within 20 working days. If the complaint cannot be resolved within this timeframe, updates should be provided every 20 working days, with the aim to conclude the complaint within three months.

A meeting is arranged at the start of Stage 2 to clarify the outstanding issues and understand the complainant's expectations. This meeting can be conducted face-to-face, over the phone, or via videoconferencing, based on the complainant's preference. The meeting is conducted by a senior staff member who was not involved in the initial complaint or its Stage 1 handling.

The review process in Stage 2 is comprehensive. It includes considering the response provided at Stage 1, the unresolved issues, the findings of the initial investigation, the complainant's comments on the Stage 1 response, and the effectiveness of the Stage 1 complaint handling. If necessary, further responses from the individuals involved in the complaint or its handling may be sought.

The findings of the Stage 2 review are then communicated to the complainant in a single, detailed written response. This response includes a summary of the unresolved issues, the process of review, the findings of the review, the company's response to the review findings, any actions taken as a result of the complaint, any remedy being offered, and guidance on how to escalate the complaint to Stage 3 if the complainant is still unsatisfied.

If new concerns are raised during the Stage 2 process, these are typically treated as new complaints and may be investigated at Stage 1. However, if these new concerns are minor or incidental to the current complaint, they may be addressed at Stage 2.

Bloomfield Health will provide detailed signposting to the next stage of the complaints process, including an explanation of how to escalate the complaint via ISCAS and confirmation that this must be done in writing within six months of the final response at Stage 2.

## **STAGE 3 – INDEPENDENT EXTERNAL ADJUDICATION**

In partnership with the Centre for Effective Dispute Resolution (CEDR), ISCAS offers mediation as a method of dispute resolution for complaints where both parties agree that this approach may be more appropriate than ISCAS adjudication. For complaints that are still not resolved and required to be escalated again, this will involve integrating ISCAS into the complaints process.

The external independent adjudication process is aimed at bringing about a final resolution of the complaint for both parties. Complaints will only be accepted for consideration at Stage 3 after the subscriber has confirmed that Stages 1 and 2 have been completed.

Bloomfield Health shall:

- a. Respond to requests from ISCAS within 10 working days and confirm whether Stages 1 and 2 have been completed.
- b. Securely send to ISCAS files that include all correspondence exchanged between the parties, all clinical records pertaining to the complaint (including a copy of any consultants' notes and radiological imaging such as X-rays or scans where relevant), a record of any meetings held with the complainant, statements provided by clinicians and staff involved in the complaint, and a summary of actions to be taken and learning points arising from the complaint. Files should also contain an index of the documents that have been submitted. Subscribers should respond to this request for information within 15 working days of the request being sent and should inform ISCAS if additional time is required to compile this information.
- c. Respond to any subsequent requests for additional information within 10 working days of the request being made and inform ISCAS if additional time is required to provide this information.

The Independent Adjudicator does not have authority to direct Bloomfield Health to offer a refund (a return of money where patients are not satisfied with goods or services they have purchased) or compensation (a monetary award in recognition of loss, suffering or injury). They do, however, have authority to award a goodwill payment in recognition of shortfalls in the service provided.

The Independent Adjudicator has a remit to recommend apologies where shortcomings have been identified that have had an impact on complainants. It also has a remit to make recommendations for changes in practice.

### **I. Adjudication decisions**

The Independent Adjudicator shall exercise their discretion to award a goodwill payment in recognition of shortfalls in service or in the complaint handling process or in recognition of any inconvenience, distress arising from the complaint up to a limit of £5,000 in accordance with the ISCAS Goodwill Payments Guide.

Bloomfield Health will pay any goodwill award to the complainant within 20 working days of the date of the adjudication decision letter.

Bloomfield Health will confirm in writing to ISCAS that any learning points have been acted upon and any matters for action have been implemented.

## **Self assessment and monitoring**

Bloomfield Health shall undertake an annual self-assessment of compliance against the Standards in the ISCAS Code using the approach agreed with ISCAS and share this assessment with ISCAS at the time of annual renewal of subscription.

Where Bloomfield Health finds that it is not meeting the Standards in the Code, it should share with ISCAS an action plan that demonstrates how compliance will be achieved. The submission of this self-assessment (and, where appropriate, action plan) will be a condition of successful renewal of subscription with ISCAS.

Bloomfield Health will respond to requests from ISCAS to address areas of non-compliance with the Code raised through the adjudication process, annual self-assessment, or performance review meetings.

## **ADJUDICATION PROCEDURE**

### **I. Alternative Dispute Resolution**

Mediation is a flexible process that is conducted confidentially in which a neutral person appointed by CEDR actively assists parties in working towards a negotiated agreement of a dispute or difference, with the parties in ultimate control of the decision to settle the complaint and the terms of resolution.

Mediation may be offered to the complainant and the subscriber on a voluntary basis (both parties must consent). However, this will not prevent the complainant from using the ISCAS service if mediation is not considered suitable or ultimately proves to be unsuccessful.

### **Complaints About ISCAS Or The Independent Adjudicator**

ISCAS is owned by the Centre for Effective Dispute Resolution (CEDR) which is a registered charity.

CEDR will manage any complaints that are made about the way ISCAS has managed a complaint at Stage 3. This provision relates to administrative matters and the level of customer care provided. It does not relate to the adjudicator's decision, or the approach taken by the adjudicator. There is no appeal against the adjudicator's decision, which is final.

Further information on the complaints process can be found at: <http://iscas.cedr.com/about/complaints-about-iscas/>

### **Complaints Made To The Company Relating To Third Parties**

When the Company receives a complaint that relates only to the services provided by a third party it should, within five working days of receipt of the complaint, inform the complainant that the matter must be raised directly by them with the third party.

#### *Dissemination and Implementation arrangements*

This document will be circulated to all supervisors in the Company. All supervisors will be required to cascade the information to members of their teams.

The policy will be available on the intranet to all staff. Directors and supervisors should ensure that all staff are briefed on its contents and on what it means for them.

This document will also be made available to other stakeholders and to service users or members of the public on request.

### *Training Requirements*

For training requirements please refer to the Mandatory Training Policy and the Learning and Development Guide on the company intranet.

An overview of the procedure for handling complaints will be delivered to all staff as part of the Company's Corporate Induction programme.

Supervisors will ensure that all staff within their department or team are familiar with this procedure and have been given guidance on the process for reporting complaints.

Managers will ensure that temporary or agency staff are given guidance on the need to report complaints and the procedure for doing so, as part of their local induction.

Managers will ensure that any person whom they may delegate to take charge of the Team or Department is familiar with the requirements within this policy.

### *Monitoring and audit arrangements*

Detail about how this policy will be monitored can be found in the monitoring table in Appendix.

### *Review of Policy*

The Advice and Complaints Policy will be reviewed annually or earlier if there is any change to regulation or national directive or internal review.

## **REFERENCES**

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

[http://www.opsi.gov.uk/si/si2009/uksi\\_20090309\\_en\\_1](http://www.opsi.gov.uk/si/si2009/uksi_20090309_en_1)

Crown Prosecution Service. Achieving Best Evidence in Criminal Proceedings Guidance on interviewing victims and witnesses, and guidance on using special measures, March 2011

<http://www.justice.gov.uk/guidance/docs/achieving-best-evidence-criminal-proceedings.pdf>

National Patient Safety Agency. *Communicating patient safety incidents with patients and their carers*. (National Patient Safety Agency, London, 2009).

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=65077>.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accessed 11 September 2015. <http://www.legislation.gov.uk/ukdsi/2014/978011117613/contents>

**ISCAS Code of Practice for Complaints Management 2022**

<https://iscas.cedr.com/download/code-of-practice-for-complaints-management/?wpdmdl=4184&refresh=64c793fda26061690801149>

## **APPENDIX**



## Appendix I Contact details

Contact details of Company staff mentioned in the Company Complaints Procedure.

<b>Name</b>	<b>Job Title</b>	<b>Email</b>
Fernando Bristot	Practice Manager	Fernando.bristot@bloomfieldhealth.com
Jack Turner	Lead Nurse	<a href="mailto:jack.turner@bloomfieldhealth.com">jack.turner@bloomfieldhealth.com</a>
Michael Bloomfield	Medical Director	<a href="mailto:Michael.bloomfield@bloomfieldhealth.com">Michael.bloomfield@bloomfieldhealth.com</a>
Michael Bloomfield	Managing Director	<a href="mailto:Michael.bloomfield@bloomfieldhealth.com">Michael.bloomfield@bloomfieldhealth.com</a>

## **Appendix 2 Contact details: register a complaint**

### **Contact details for making a complaint**

#### **E-mail address for e-mail complaints:**

complaints@bloomfieldhealth.com

#### **Telephone number for phone complaints**

020 7458 4640

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### **Appendix 3 Contact Details of Related Organisations**

Care Quality Commission  
Edgeley House  
Riverside Business Park  
Tottle Road  
Nottingham  
NG2 1RT  
Tel. 03000 616161

## Appendix 4 Complaint severity rating

### Guidance for Rating Severity of Complaints

This grading guidance is taken from the National Patient Safety Agency document 'A Matrix for Risk Managers' (2008).

#### **STEP ONE: Severity** - How severe are the consequences?

Table 1: Severity / Impact Categories

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
New complaints Procedure	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care.  Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.  Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth	Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest / inquiry  Gross failure to meet national standards

				investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.	
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**STEP 2: Likelihood** – How likely is it that the risk event will occur / reoccur?

Likelihood may need to be assessed in a different manner depending on the nature of risk. For example, the likelihood that a particular incident will occur in a particular team is best suited to a likelihood measure that is based on 'frequency' (Table 2). If, however, we look at the risks associated with visiting a service user at home, it is sensible to focus on the 'probability' that the risk will be actualised given existing controls that are in place (Table 3). It is for this reason that the measure of likelihood has been split into two tables, either of which may be used as appropriate. The company has decided to follow examples of good practice by using the two scales as below.

Table 2: Likelihood / Frequency Scale

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency	Not expected to occur for years.	Expected to occur at least annually.	Expected to occur at least monthly.	Expected to occur at least weekly	Expected to occur at least daily

**STEP 3: The Risk Matrix (Likelihood x Consequence)** - In order to calculate the risk score, the 'likelihood' is multiplied by the 'severity/impact' using the matrix in Table 4.

Table 3: The Risk Matrix

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

STEP 4: Risk Treatment – Decide on a course of action which is relative to the level of risk.

Risk Rating	Degree of Risk	Action required to reduce the risk
(1-3)	Low	A risk at this level may be acceptable. If not acceptable, existing controls should be monitored or adjusted. No further action or additional controls are required.
(4-6)	Moderate	Not normally acceptable. Efforts should be made to reduce the risk, provided this is not disproportionate. Establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.
(8-12)	Significant	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Where the risk involves work in progress urgent action should be taken.
(15 - 25)	High	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have the effect

		of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.
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## Appendix 5 Guidance for staff

### • GUIDANCE FOR STAFF WHO ARE INVESTIGATING AND RESPONDING TO COMPLAINTS

#### **CHECKLIST FOR USE BY INVESTIGATION MANAGER**

<b>Initial Action</b>	<b>• Tick</b>
• Is any urgent action required to safeguard the service user or to meet their immediate needs?	
• Does the complaint relate to other services within or outside the Company? If this is the case contact the Lead Nurse ASAP.	
• Is legal advice needed?	
• If the investigation manager is closely associated with the service or individual complained about, will this compromise the complaint? If this is the case inform the Lead Nurse ASAP.	
• Will the timescales be met?	
• Investigation	
• Has a root cause analysis been undertaken?	
• Is the investigation honest and open?	
• Have all the relevant staff been interviewed/provided statements including staff who have left the organisation, if this is possible and appropriate?(please contact the Advice and Complaints team for guidance on this if required)	
• Has the investigation manager met with the complainant?	
• Has the complainant been contacted if issues need to be clarified?	
• Has all the relevant information in the complaint been reviewed and have other organisations been contacted if appropriate?	
• Has confidentiality been maintained?	
• Have conclusions about the complaint been established by the facts presented in the investigation?	
• Have you ensured that the complaint has not harmed or prejudiced the care that the service user is given?	
• Response	
• Have you drafted the response in the form of a formal letter?	
• Is the style and tone of the response open and honest and not defensive?	



• Has the response included the outcome of the investigation and have all the issues been addressed?	
• Is the response easy to understand without using jargon or acronyms?	
• Have the names/titles of staff involved been included?	
• Does the response include the lessons that have been learnt as a result of the complaint and the actions that have been taken to improve the service?	
• Has an apology (if appropriate) been included?	
• Is it appropriate to include condolences?	
• If disciplinary action will be taken, does the response state this?	
• Has the investigation manager included their telephone number in the response?	
• Has clinical advice been sought?	
• Has the response been shared with the staff involved?	
• Has additional information relevant to the complaint been forwarded to the Practice Manager and/or Board?	

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- **Detailed Guidance**

- **If you are given the responsibility of investigating and responding to a complaint you should follow this guidance to ensure that a full investigation into the complaint has taken place and that the response will fully address the complaint.**

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- **You should take the following initial action after receiving a complaint**

- You should ensure that the service user's immediate needs are being met. You may need to take urgent action before any matters relating to the complaint are investigated.
- You should identify more serious risks and issues quickly, such as those involving abuse and unsafe practice, which should be dealt with according to the appropriate legislation e.g. POVA and Child Protection.
- You should inform the Lead Nurse immediately if aspects of the complaint relate to another service within or outside the Company, so we can provide a coordinated response.
- If legal advice is required, contact the Board of Directors.
- When the complaint is about staff attitude, you should consider whether a more independent investigation manager may be appropriate.

- You should consider whether another type of investigation might be more appropriate (e.g. disciplinary)
- **Investigation**
  - Your investigation should identify the direct and contributory causes which led to the situation about the issues in the complaint, and any changes which could prevent such a situation arising again in the future. You are encouraged to adopt the root cause analysis approach in undertaking this investigation, as described in the Company's *Serious Incident Policy*. Training in root cause analysis is available: Please see Training Guide.
  - It is essential that your investigation operates from a position of integrity by being honest and open with both service users and their families.
  - You should inform any staff member complained about of the complaint and you should interview them as soon as possible. They should be interviewed in a fair and open way that does not seek to assign blame. Staff should be encouraged to be open and willing to admit mistakes. You should make detailed notes when interviewing staff. Where significant allegations have been made about staff, the staff concerned will be required to complete a written statement detailing what happened and their involvement in it.
  - You should offer to meet with the complainant (and their representative) as anecdotal evidence suggests that complainants are more likely to be satisfied with local resolution if a meeting takes place and this is encouraged as best practice. If a meeting does take place you should offer advocacy and take detailed notes. You should give explanations and apologies if appropriate during the meeting.
  - If you need to clarify the issues raised by the complainant you should contact the complainant directly.
  - You may consider obtaining any information relevant to the investigation, e.g. statements or reports from the staff and service user notes. You should contact other departments/directorates, or agencies (such as Police, Social Services, Care Quality Commission, other healthcare bodies) if they can provide further information or clarification. The company confidentiality policy must be followed at all times. You must ensure that any information disclosed about the service user is confined to that which is relevant to the investigation of the complaint and is only disclosed to those people who have a need to know for the purpose of investigating the complaint.
  - Your investigation should draw on all relevant records related to the complaint, and information provided by all staff that were involved.
  - You should ensure that confidentiality is maintained throughout the complaints investigation.
  - You may have to contact staff who have now left the Company to ask for their help with the investigation.
  - You should evaluate all the evidence collected thoroughly, testing the evidence as needed so that conclusions can be properly based on an analysis of the facts and what can reasonably be established from them.
  - You should compare evidence about the care or service complained about with the established standards for care or service provision in reaching a conclusion to the investigation.
  - You should ensure that making a complaint will not harm or prejudice the care that the service user is given.
  - You should ensure that complaints or information relating to the investigation is not filed in care records as instead they should be filed separately.
  - You should make sure that you complete the investigation and the response within the timescales required.
  - The Lead Nurse are always available for advice on the investigation.

- **Response**

- With the findings from the investigation, you should draw up a draft response using the response template. You can obtain copies of examples of model responses from the Complaints Team.
  - Your response should include a step-by-step explanation of what has happened and you should deliver this in an open and honest way. The tone you use should be conciliatory and not defensive.
  - Your response must clearly address all issues raised by the complaint. If not, the Lead Nurse will return the draft to you to clarify any outstanding issues, which can lead to unnecessary delays.
  - Do not use jargon or acronyms: use clear, straightforward language.
  - Your draft response needs to detail the outcome of the investigation and, where appropriate, any action recommended or implemented as a result of the complaint.
  - Your draft response should conclude with the details of the learning identified by the company as a result of the complainant's experience that ensures that others will have a better outcome in the future. You should include how the service will be adjusted as a result of the complaint in order to improve the care in the future.
  - You should give a clear description of any action that will be taken and its intended effect, together with the timescale for action and the name of the person accountable for making sure it is taken.
  - You should give apologies as appropriate and they should be a sincere expression of sorrow or regret about the incident. Expressing regret is not an admission of liability.
  - You should give condolences if appropriate eg: for deaths.
  - Your draft response should also provide your company telephone number so the complainant can contact you if they are unhappy with the response to their complaint.
  - Where a draft response refers to matters of clinical judgement, you need to agree this with the clinicians concerned and, in the case of medical care, by the consultant responsible for the care of the service user.
  - You should share the response to the complaint and action arising from it with the staff involved.
  - You should forward any relevant information relating to the complaint to the Lead Nurse e.g.: witness statements, notes of interviews, etc
- **What happens if the complainant is dissatisfied with the response to their complaint?**
- The Lead Nurse will add to the response details of the action the complainant can take if they are unhappy with the response to their complaint.
  - Complainants are encouraged to telephone the investigation manager if they are dissatisfied with the response to their complaint or need clarification about the response. A local resolution meeting can be offered, supported by the Lead Nurse and attended by relevant staff, to try to resolve any remaining areas of dissatisfaction.
  - If there is nothing more that the Company can do to resolve the complaint, the complainant can refer the matter to the Independent Sector Complaints Adjudication Service .

## **Appendix 6 Policy for dealing with persistent complainants**

- **Bloomfield Health Limited**
- **Policy For Dealing With Persistent And Unreasonable Complainants**

### **Guidance for Managing Unacceptable Behaviour by Complainants**

The vast majority of people who complain about an independent healthcare provider (IHP) that subscribes to the Independent Sector Complaints Adjudication Service (ISCAS) act entirely reasonably. Occasionally, complainants may act inappropriately towards the staff involved in the investigation of a complaint for several reasons. To assist subscribing IHPs in managing unacceptable behaviour by complainants, the following is a guide that subscribing IHPs can adopt to develop their complaints management policy. ISCAS acknowledges Priory Healthcare for sharing its organisational policy in the publishing of this ISCAS guide.

Services will, from time to time, encounter a small number of complainants who absorb a disproportionate amount of staff resource in dealing with their complaint. It is important to identify those situations in which a complainant might be behaving unacceptably and to suggest ways of responding to those situations which are fair to both staff and complainant.

1. The IHP should make clear its expectations of complainants in terms of behaviours, which should help to avoid any complainant behaving in a way that is not acceptable.
2. Handling unacceptable behaviour by complainants places a great strain on time and resources and causes undue stress for the complainant and staff who may need extra support. A complainant who behaves in a way that is unacceptable should be provided with a response to all their genuine grievances and be given details of independent organisations that can assist them, e.g., Citizens Advice Bureau, Patient Organisation, independent advocacy.
3. Although staff are trained to respond with patience and empathy to the needs of all complainants, there can be times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.
4. In determining arrangements for handling such complainants, staff are presented with the following key considerations:
  - a) To ensure that the complaints process has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed.
  - b) To appreciate that a complainant who behaves in a way that is unacceptable may believe they have grievances which contain some genuine substance.
  - c) To ensure a fair, reasonable and unbiased approach.
  - d) To be able to identify unacceptable behaviours.
5. IHPs must set out how to decide whether a complainant is behaving in a way that is unacceptable, and how the organisation will respond in those circumstances. Examples of unacceptable behaviours include:
  - a) Persistent refusal to accept a decision made in relation to a complaint and that the complaints process has been fully and properly implemented and exhausted.
  - b) Seeking to prolong contact by changing the substance of a complaint or persistently raising the same or new issues with multiple members of staff not involved in the investigation of the complaint and questions whilst the complaint is being addressed. (Care must be taken not to

discard new Page 2 of 3 issues which are significantly different from the original complaint. These might need to be addressed as separate complaints.)

- c) Unwillingness to accept documented evidence of treatment given as being factual e.g. drug records, medical records, nursing notes.
- d) Denying receipt of an adequate response despite evidence of correspondence specifically answering their questions.
- e) Refusing to accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- f) Demanding a complaint is investigated but that their identity is kept anonymous and without communicating with key persons involved in the complaints incident.
- g) Refusing to clearly identify the precise issues which they wish to be investigated, despite reasonable efforts by staff to help them specify their concerns, or where the concerns identified are not within the remit of the service to investigate.
- h) Focusing on a trivial matter to an extent that is out of proportion to its significance and continuing to focus on this point. (Determining what is a 'trivial' matter can be subjective and careful judgement must be used in applying this criteria).
- i) Having, while a complaint has been registered, an excessive number of contacts with the service, placing unreasonable demands on staff, including leaving an excessive number of voicemails or emails. (Discretion must be used in determining the precise number of "excessive contacts" applicable under this section using judgement based on the specific circumstances of each individual case).
- j) Recording meetings or face to face/telephone conversations without the prior knowledge and consent of the other parties involved.
- k) Making unreasonable demands or expectations and failing to accept that these may be unreasonable (e.g. insisting on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice and refusing to engage with and meet/speak directly with the IHP, thereby limiting the ability of the IHP to resolve issues raised).
- l) Threatening or using actual physical violence towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication.
- m) Harassing or being abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates, including the use of social media i.e. seeking to contact staff involved outside of the working environment or obtaining personal information via social media channels to intimidate staff. Complainants may be intimidating without being 'abusive'. (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.)

6 Where a complaint investigation is ongoing - the appropriate manager 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.

7. Where a complaint investigation is complete - at an appropriate stage, the appropriate manager should write a letter informing the complainant that:

- a) they have responded fully to the points raised, and
- b) have tried to resolve the complaint, and
- c) there is nothing more that can be added, therefore, the correspondence is now at an end.

d) (Optional) state that future letters will be acknowledged but not answered.

8. In extreme cases, the appropriate manager should reserve the right to take legal action against the complainant.

9. Resuming regular interactions - Once complainants have ceased behaving unacceptably there needs to be a mechanism for stating that the policy on unacceptable behaviours no longer applies if, for example, the complainant subsequently demonstrates a more reasonable approach or if they submitted a further complaint for which the normal complaints process would appear appropriate.

10. As staff use discretion in identifying unacceptable behaviours discretion should similarly be used when recommending that the policy on unacceptable behaviour no longer applies.



## Appendix 7 Complaint analysis report

### Complaints Analysis Reports

<b>Report Name</b>	<b>Type of Analysis</b>	<b>Committee/Group</b>	<b>Frequency</b>	<b>Further Dissemination</b>
<b>Complaints Annual Report</b>	<b>Aggregate information relating to complaints including high level quantitative and qualitative information.</b>	<b>Board</b>	<b>Annual</b>	<b>Company wide</b>



## Appendix 8 Policy monitoring

### • Monitoring of the Policy

The effectiveness of this policy will be monitored as set out in the table below:

<ul style="list-style-type: none"> <li>• Elements to be monitored</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Lead</li> </ul>	<ul style="list-style-type: none"> <li>• How company will monitor compliance</li> </ul>	<ul style="list-style-type: none"> <li>• Frequency</li> </ul>	<b>Reporting arrangements</b>  <i>Which committee or group will the monitoring report go to?</i>	<b>Acting on recommendations and Lead(s)</b>  <i>Which committee or group will act on recommendations?</i>	<b>Change in practice and lessons to be shared</b>  <i>How will changes be implemented and lessons learnt/ shared?</i>
Duties	Lead Nurse	Review of key individual's roles and responsibilities against assigned incident reporting tasks to be contained within Company Risk Management Annual Report.	Annually	Board	<ul style="list-style-type: none"> <li>• Required actions will be identified at the relevant Committee and completed in a specified timeframe</li> </ul>	<ul style="list-style-type: none"> <li>• Required changes to practice will be identified at the relevant Committee and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</li> </ul>
Process for listening and responding to concerns/complaints of patients, their relatives and carers.	Lead Nurse	Complaints Reports will contain information relating to types of complaints received to ensure that complaints handling process is being followed.	Annually	Quality Committee	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>

Process for ensuring that patients, their relatives and carers are not treated differently as a result of raising a concern/complaint	Lead Nurse	Complaints Reports will detail the outcome of complaints and the action taken to resolve the complaint to demonstrate that the process for ensuring that patients, their relatives and carers are not treated differently as a result of raising a concern/complaint	Annually	Quality Committee	•	•
Process by which the organisation aims to improve as a result of concerns/complaints being raised	Lead Nurse	Complaints Reports will detail improvements and learning from complaints to ensure that the process by which the organisation aims to improve as a result of	Annually	Quality Committee	•	•

		concerns/complaints being raised is followed.				
Different level of investigations appropriate to the severity of the events	Lead Nurse	The Complaints Annual Report will review the different levels of investigation appropriate to the severity of the event.	Annually	Risk Committee / Board	•	•
Process for involving and communicating with internal and external stakeholders to share safety lessons	Lead Nurse	The Complaints Annual Report will review the process for involving and communicating with internal and external stakeholders to share safety lessons	Annually	Risk Committee / Board	•	•
Process for following up relevant action plans	Lead Nurse	Complaints Reports will detail the progress of action plans to ensure that process for following up relevant action plans is followed.	Annually	Quality Committee	•	•
Coordinated approach to the aggregation of incidents, complaints and claims	Lead Nurse	Complaints Reports will detail an aggregated analysis of complaints.  The Risk Management Annual Report will contain an aggregated analysis of incidents, complaints and claims.	Annually	Audit and Risk Committee / Board	•	•

Frequency with which an aggregated analysis of incidents, complaints and claims is to be completed.	Lead Nurse	The Risk Management Annual Report will review the frequency with which an aggregated analysis of incidents, complaints and claims is to be completed	Annually	Audit and Risk Committee / Board	•	•
Minimum content required within the analysis report, including qualitative and quantitative analysis	Lead Nurse	The Risk Management Annual Report will review the minimum content required within the analysis report.	Annually	Audit and Risk Committee / Board	•	•
Process for communicating this information to relevant individuals or groups	Lead Nurse	The Risk Management Annual Report will review the process for communicating analysis reports and information to relevant individuals or groups.	Annually	Audit and Risk Committee / Board	•	•
Process by which the organisation	Lead Nurse	Monitored through minutes and minutes	Annually	Audit and Risk Committee / Board	•	•

ensures both local and organisational learning from incidents, complaints, claims		of local management meetings.  The Risk Management Annual Report will also review this process.				
Opportunities for sharing lessons learnt from incidents, complaints and claims	Lead Nurse	Monitored through minutes of local Manager's Network.  The Risk Management Annual Report will also review this process.	Annually	Audit and Risk Committee / Board	•	•
Process by which the organisation ensures that lessons learnt from analysis result in a change in organisational culture and practice	Lead Nurse	Monitored through minutes and matters arising of divisional quality forums  The Risk Management Annual Report will also review this process.	Annually	Audit and Risk Committee / Board	•	•
Process for implementing risk reduction measures.	Lead Nurse	The Risk Management Annual Report will review the process for implementing risk reduction measures.	Annually	Audit and Risk Committee / Company Board	•	•
Immediate support offered to staff (internally and, if	Board	Staff Survey	Annually	Board	•	•

necessary, externally)						
Ongoing support offered to staff (internally and, if necessary externally)	Director	Internal staff support provision, referrals to occupational health and employee assistance programme	Annually	Health and Safety Group	•	•
Advice available to staff in the event of their being called as a witness (internally and , if necessary, externally)	Head of Governance and Quality Assurance	The Risk Management Annual Report will review advice available to staff in the event of their being called as a witness.	Annually	Audit and Risk Committee / Board	•	•
Action for managers or individuals to take if the staff member is experiencing difficulties associated with the event.	Lead Nurse	Health and Safety group	Annually	Health and Safety Group	•	•



**Appendix 10 Action plan template**

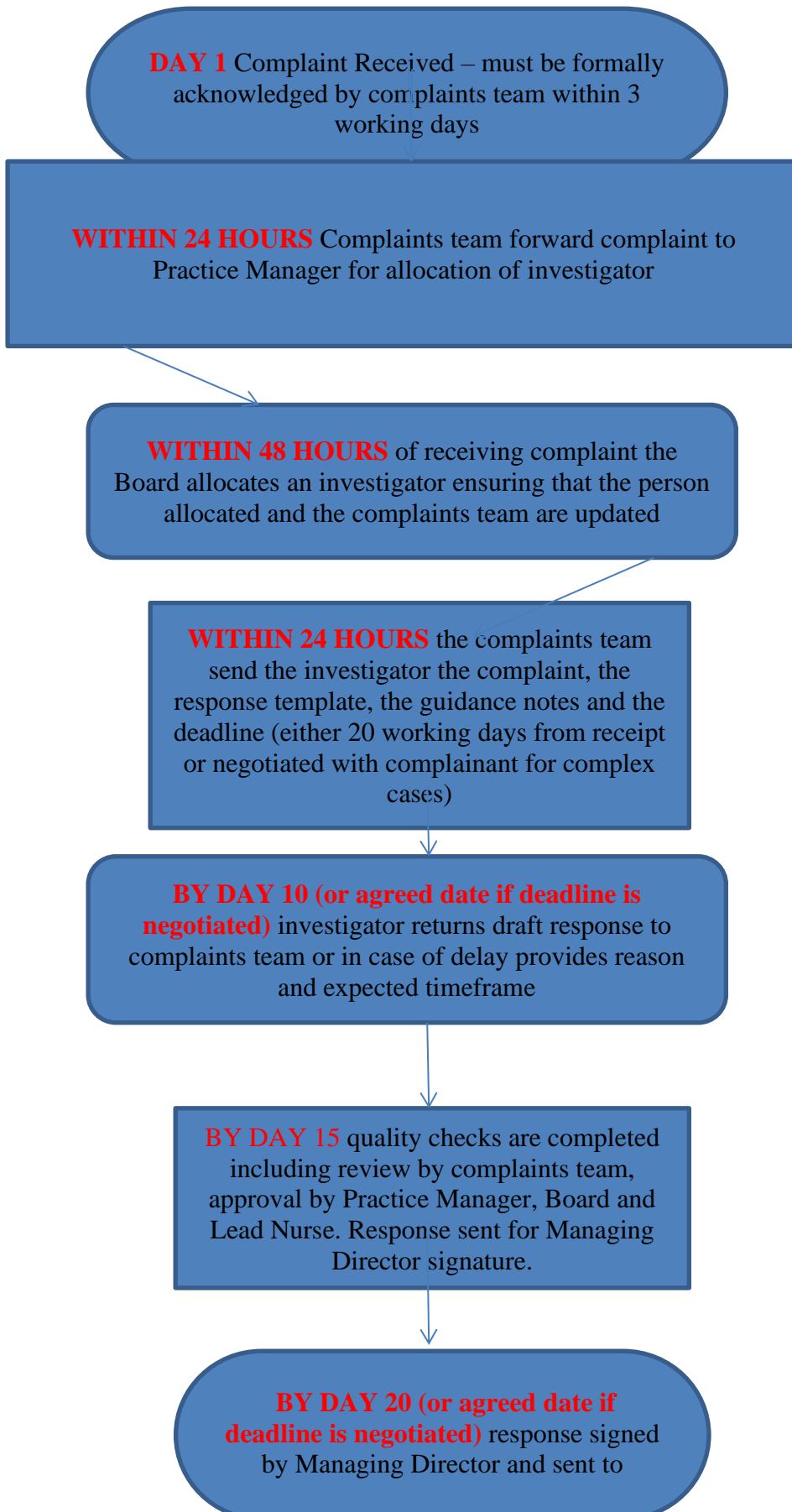
**Action Plan template**

<b>Complaint Action Plan</b>				
<b>Complaint Reference:</b>			<b>Start Date:</b>	
			<b>End Date:</b>	
<b>Action Plan Owner:</b>			<b>Service/Team:</b>	
<b>Target Date for completion:</b>			<b>Division of Complaint:</b>	
<b>Recommendation</b>	<b>Action</b>	<b>By Whom</b>	<b>By When</b>	<b>Evidence Required</b>
1.				
2.				
3.				

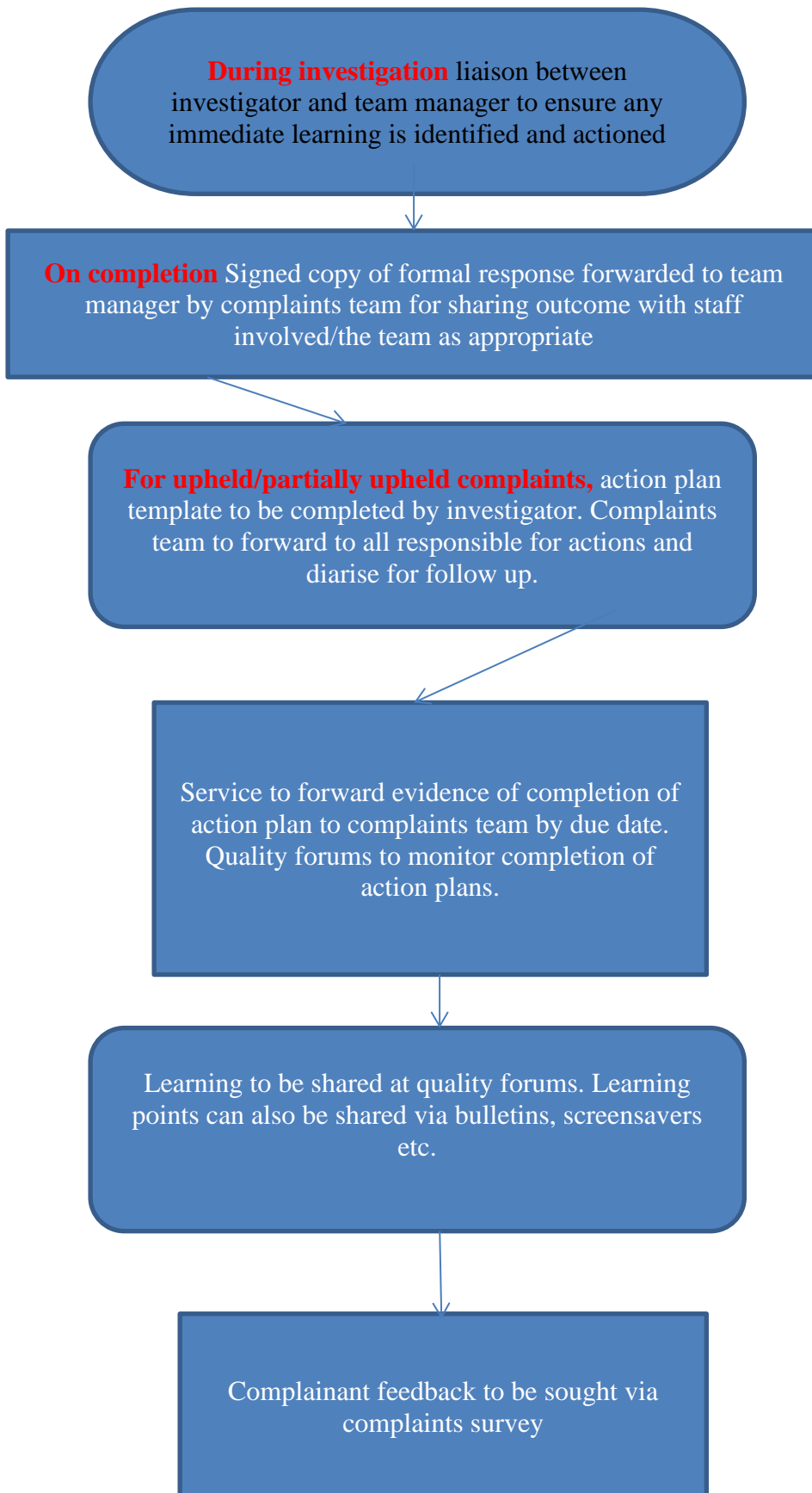


## Appendix II Formal complaint process

### **FORMAL COMPLAINT PROCESS**



## **PROCESS FOR LEARNING FROM FORMAL COMPLAINTS**



## Appendix 12 Equality impact assessment tool

### Equality Impact Assessment Tool

	Yes/No	Comments
<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
Race	No	
Ethnic origins (including gypsies and travellers)	No	
Nationality	No	
Gender	No	
Culture	No	
Religion or belief	No	
Sexual orientation including lesbian, gay and bisexual people	No	
Age	No	
Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N/A	
<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
<b>If so can the impact be avoided?</b>	N/A	
<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
<b>Can we reduce the impact by taking different action?</b>	N/A	

