

Managing Concerns, Complaints and Compliments Policy

V1.0

Document Information

Title of document	Managing Concerns, Complaints and Compliments Policy
Version Number	V1.0
Type of Document	Level 1 Policy
Purpose of Document	This Policy describes the activities and responsibilities involved in the process of dealing with compliments, concerns and complaints.
Target Audience	All Ross Care Healthcare staff
Distribution	Ross Care public website (electronic) Ross Care intranet (electronic) AssessNET portal (electronic)
Consultation	Directors, Operations/Service Managers, Clinical Leads, all Managers and Customer Service Supervisors
Approved by	Clinical, Quality and Governance Director
Date of approval	26 th July 2023
Author	Annette Cairns
Review date	26 th July 2025

Document Control

Version Number	Reason for Change	Description of Change	Date of Change	Author
V1.0	Introduction of policy	<ul style="list-style-type: none"> • New policy 	26/07/23	Annette Cairns

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Introduction

Ross Care is a national provider of Wheelchair Services and Approved Repairs on behalf of the NHS. The Ross Care Board understands that feedback helps us improve the quality-of-service provision. The organisation is committed to proactively seeking feedback from our service users to enable us to learn from their experiences and continuously improve.

The Board will ensure that there are clear policies and procedures in place for the handling of concerns and complaints and that appropriate expertise and resources are available to enable its responsibilities to be effectively discharged.

Ross Care is committed to promoting equality and diversity. No service user, or any other person involved in the investigation and resolution of a concern or complaint will receive unfair treatment as a result of raising a complaint or on the grounds of age, race, colour, ethnic or national origin, religious or equivalent belief system, political beliefs, gender, marital or partnership status, sexual orientation, disability, learning disability, gender reassignment, pregnancy/maternity status, trade union membership or non-membership, social class, domestic circumstances or any other condition or requirement which cannot be justified and which causes disadvantage. Appropriate assistance including reasonable adjustments should be offered to any person who may be at a disadvantage for any of these reasons.

1. Aims and objectives

This policy aims to ensure that concerns and complaints are handled effectively and without delay, with the aim of providing a satisfactory response to the complainant whilst being fair and open to all those involved. In addition to this, we welcome service user feedback, both good and bad. We recognise there is a need to view concerns and complaints in a positive light and that they can inform service improvement and act as a valuable contribution to the development of better-quality service provision. We are committed to identifying and sharing lessons learned to help mitigate any further recurrence.

The purpose of this policy is to describe the company's systems about managing concerns and complaints. This policy explains the means by which a service user or their representative can raise a concern or complaint and the responsibilities of staff to whom the concern or complaint is addressed. It also outlines the action to be taken by the departments involved and offers guidance on good practice at each stage of the process. It sets out a framework to enable listening, responding and improving, based on both compliments and complaints. It is about providing a person-centred approach to feedback mechanisms which is tailored to the specific needs of the individual.

In addition to this we will ensure that all staff promote the wellbeing of all our service users and that this is embedded throughout the organisation and forms an integral part of everyday practice. All staff must act positively to prevent harm, abuse or neglect and to respond effectively when concerns are raised. Ross Care is committed to a culture which prevent abuse and neglect and has a zero tolerance of practice that harms service users.

This policy is to ensure that all employees meet the required levels of competence to ensure consistency in the recording and management of feedback across the organisation.

Aims:

- Comply with legal and contractual obligations and meet the requirements of commissioners, external regulators and other relevant bodies.

- Ensure that the Board of Directors are provided with accurate and relevant information of complaints received, lessons learnt and thematic reviews to better inform policy and decision making.
- Provide assurance of continuous service and quality improvement and safety of service users, staff and others are central to the activities of the organisation; and
- The organisation aims to have an accessible and timely complaints service.

Objectives:

- Integrate the promotion of feedback from service users that will enable us to learn and continuously improve.
- Complainants will be treated courteously, with sympathy and empathy and must always be involved in decisions about how their complaints are handled and considered.
- Ensure that complaints can be made by anyone at any time and on behalf of someone who has the consent of the service user. If the service user is unable to provide consent, each complaint will be considered individually.
- Ensure that organisational policies procedures always have a compassionate and sensitive approach and that there is no discrimination occurring as a result of making a complaint.
- Demonstrate the organisation's approach and commitment to learning from feedback and sharing the lessons learned.
- Maintain a central log of all feedback received including a regime of regular complaints reviews and thematic analysis; and
- Ensure that all staff are aware of their obligations in managing and responding to feedback.

2. Scope

This policy applies to all staff employed by Ross Care regardless of their job role, length of service, seniority, type of employment, length of contract, place of employment or the service they are employed in. The policy also applies to all work-related activities regardless of the actual location i.e., staff working from home, a service user's home, a private or company vehicle in transit, an external venue or another organisation's premises.

The policy will be applied fairly and consistently to all employees regardless of their protected characteristics as defined by the Equality Act 2010 i.e., age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

The organisation will also make reasonable adjustments to the processes within this policy so as not to disadvantage any employees with disabilities. Any employee who has difficulty in communicating, verbally or in writing, will have arrangements put in place as necessary to

ensure that this policy and the processes within are understood and that the employee is not disadvantaged in any way.

3. Duties and responsibilities

Responsibility for ensuring compliance with this policy rests with the Managing Director. All staff have a duty and responsibility to read this policy and understand the expectations required of them should they be involved in the investigation of a complaint. All staff should be able to respond appropriately to a complainant and endeavour to achieve immediate resolution. If this is not possible, all staff have a responsibility to escalate the concern/complaint in accordance with this policy.

The **Executive Team** will facilitate and develop a culture that embraces the management of feedback as everybody's business and ensures that the organisation both shares and learns from feedback received. The team will monitor and manage the risks highlighted through feedback received. This will be done on a quarterly basis through the review of all high-risk complaints reported.

The Regional Directors and National Clinical Team act as the **Responsible Officer** and they will review and approve complaint response letters for their respective regional area.

The **Managing Director** has overall accountability for the management of concerns and complaints and for ensuring that lessons learned from complaints and concerns are fed back into the company and that changes and learning takes place as a result of these lessons.

The **Head of Governance** will escalate through the organisation's management structure any areas of concern, delays or risks which would impact on the organisation in complying with its contractual arrangements.

The **Clinical, Quality and Governance Director** is the Executive who is responsible for ensuring compliance with this policy throughout the organisation but delegates this task on a day-to-day basis to the **Head of Governance**. The **Clinical, Quality and Governance Director** is directly responsible for the **Head of Governance** who will manage the day-to-day administration of head office received complaints as well as supporting managers and staff throughout the organisation in managing and responding to complaints. The **Clinical, Quality and Governance Director** (with the assistance of the **Head of Governance**) will identify an Investigating Officer who will lead on the complaint investigation.

The **HSEQ officer** will support the **Head of Governance** in the day-to-day management of complaints received at head office and will be a first point of contact for service users, staff and service managers should they have any queries or concerns around policy, procedure and management of feedback (concerns, complaints, comments and compliments).

This includes:

- Acknowledging the concern or complaint.
- Maintaining the organisational complaints tracker for complaints received at Head Office.
- Agreeing the process which will be undertaken and gaining consent where necessary.

- Requesting an investigation.
- Ensuring that managers are made aware of concerns and complaints for their respective areas/teams/services/depots; and
- Assisting both service users and staff through the process.

Where necessary, the **Service Managers/Clinical Leads** will be tasked to respond to individual concerns and/or complaints and act as the Investigating Officer. Service Managers/Clinical Leads have responsibility for the investigation of complaints that are assigned to them and complaints relating to their service.

Service Managers/Clinical Leads are responsible for ensuring their direct reports are up to date and compliant with their customer service and complaints handling training. Managers will also support the **Clinical, Quality and Governance Director** and **Head of Governance** when they are contacted to arrange training and will ensure that their staff are available to complete the training and will make every effort to ensure that those required to attend are given the protected time to complete the training.

Investigations must be carried out in line with this policy and associated procedures. In certain cases, and particularly if serious allegations are made as part of the complaint, it may be necessary for a senior member of staff from another depot/team/service to take on the role of Investigating Officer.

All **Customer Service staff** must undertake the mandatory 'Complaints Matter: Managing Feedback' e-learning training package and complete refresher e-learning training. This training should also be completed by Warehouse Supervisors as complaints may be received from service user facing staff. Any staff member involved or requested to be involved in a complaint investigation by the Investigating Officer must co-operate fully.

All **staff** are responsible for ensuring they fully understand and comply with this policy, associated policies and any relevant legislation. They must ensure that if they have been asked to attend any related training that they make themselves available for training and complete any online assessment following the training in a timely manner. They must ensure that if they are unsure about what to do or the next steps then they can contact the Governance team for advice and support.

All staff are entitled to support from their line manager and the Governance team as part of the complaints process as appropriate.

4. Definitions

Term	Definition
Being open	Being open involves: <ul style="list-style-type: none"> • Acknowledging, apologising and explaining when things go wrong.

	<ul style="list-style-type: none"> • Conducting a thorough investigation into the incident, complaint or claim. • Reassuring service users.
Duty of candour	A contractual duty to inform and apologise to service users if there have been mistakes in the provision of services that have led to significant harm.
Concern	An expression of worry about an event or incident which is usually current and can be completely remedied to the individual's satisfaction within a short period of time.
Complaint	An expression of dissatisfaction with a service which has personally affected an individual and which requires an investigation and a response in order to resolve the matter and promote learning.
Compliment	An expression of positivity received about an individual or service provided.
Investigating Officer	An identified Manager tasked to investigate the individual issues raised by the complainant and working collaboratively with the Governance Team to draft a response.
LGO	Local Government Ombudsman.
Complaint not upheld	Investigation finds no evidence to substantiate the individual's complaint.
Openness	Enabling concerns and complaints to be raised freely without fear, with questions being answered.
Partially upheld complaint	Investigation findings agree with some parts of the individual's complaint.
PHSO	Parliamentary and Health Service Ombudsman.
Representative	An individual with the legal right to "speak" for the Service User. Evidence must be obtained as legal proof (e.g., copies of the Power of Attorney, DWP documentation and any documentation regarding Appointee status.)
Responsible Officer	The Responsible Officer for the complaints process is the relevant Regional Director or member of the National Clinical Team. It is their responsibility to review the draft response letter and advise of any amendments or approve for sending.

Transparency	Accurate information about performance and outcomes to be shared with staff, service users, the public, commissioners and regulators.
Upheld complaint	The investigation findings agree with the individual's complaint.

5. Openness, transparency and candour

Ross Care, as part of being open, is required to acknowledge, apologise and explain when a service user is harmed as a result of service provision.

Following the Francis Report 2013, it is a requirement for our staff to be candid with service users about avoidable harm and for safety concerns to be reported openly and truthfully. Ross Care must be accurate, candid and must not provide misleading information to service users, the public, our commissioners or regulators.

All Ross Care staff must be honest, open and truthful in all their dealings with service users and any organisational or personal interests must never be allowed to outweigh the duty to be honest, open and truthful.

Where death or serious harm has been or may have been caused to a service user by an act of omission, the service user or their entitled representative should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether they have asked for this information.

Please also refer to the Incident Reporting Policy for further information in the reporting of incidents where a service user has been harmed.

6. Good practice principles

The organisation follows the PHSO's Principles of Good Complaints Handling as detailed below:

- Getting it right.
- Being customer focused.
- Being open and accountable.
- Acting fairly and proportionately.
- Putting things right.
- Seeking continuous improvement.

7. Issues which cannot be managed through the complaints process

- A complaint that is being investigated by the appropriate Ombudsman.
- A complaint which is made orally and is resolved to the complainant's satisfaction within 24 hours.

- Complaints of the same details which have been previously investigated and closed under this policy.
- A complaint by an employee relating to their employment. Ross Care staff should follow the organisation's grievance policy and procedure.
- Complaints about Freedom of Information requests and subject access requests. Please refer to the Information Governance Policy for further information.

8. Who can complain?

A formal complaint may be made by a service user, or any person affected by or likely to be affected by the action, omission or decision of the organisation that is the subject of the complaint. Complaints can be made by health and social care professionals on behalf of their respective service user or patients, their carers and relatives.

Someone acting on behalf of another person may make a complaint where that person is unable to make the complaint himself/herself or has asked the person to make the complaint on his/her behalf. Where people are unable to make a complaint themselves, the representative will need to have or have had sufficient interest in their welfare and be an appropriate person to act on their behalf. If the complainant is acting on behalf of someone else, then consent must be obtained from the service user themselves.

In the event of a service user asking for another individual to represent them, or, if they cannot represent themselves, consent must be gained. The consent form must be posted or emailed to the service user or the representative prior to starting the complaints process. Acceptable proof is – copy of the Power of Attorney or documentation confirming Appointee status. If the Service User is over 18 and has had a parent or guardian acting on their behalf (since birth or childhood) it is unlikely that there will be supporting evidence. However, it is likely that the parent, guardian or Appointee will have letters from the Department of Work and Pensions detailing both the name of the Service User and the representative. In the event of the Service User lacking capacity, it is more likely that a Power of Attorney is in place and therefore this can be used as evidence to confirm the representative's status.

If the complainant is acting in the case of a child, the representative must be a parent, guardian or other local person who has the care of the child and where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation.

Where consent is required, the target dates to respond will temporarily halt until this has been received. If no consent has been received within 30 days from the date requested, the complaint will be closed. Ross Care will, however, routinely follow up and document any outstanding requests for consent prior to the 30 day deadline.

9. When should a complaint be made?

It is important that complaints are made as soon as possible after the event has occurred. Usually, complaints can only be investigated if they are made within 12 months of the event

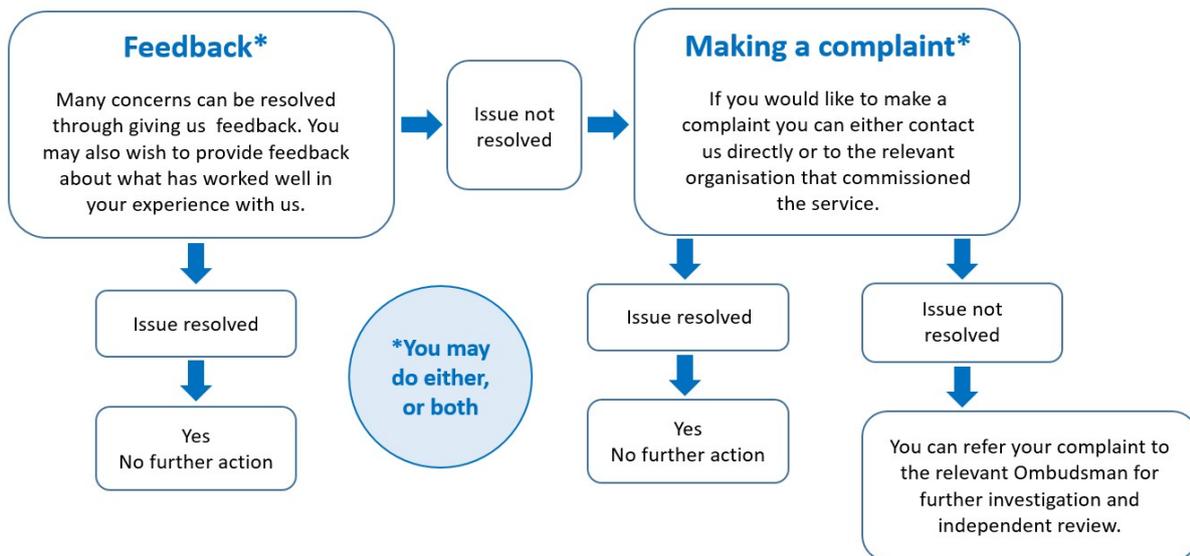
or made within 12 months of the date on which the matter, that was the subject of the complaint, came to the notice of the complainant.

If a complaint is made outside of these timescales, the organisation may investigate at the discretion of the Regional Directors or National Clinical Team, Head of Governance or Clinical, Quality and Governance Director where the complainant has good reasons for not making a complaint within that period.

10. How can complaints be made?

Complaints, whether informal or formal, can be made to any Ross Care employee. Complaints can also be via a third party.

Complaints can be made verbally or in writing, including e-mail, telephone, Ross Care public website and social media platforms.



11. Unreasonable and persistent complainants

If a complainant is deemed as unreasonably persistent and/or repetitive, it is important that any decisions are made with reference to this policy and that the unreasonable and vexatious complainant procedure has been followed. Detailed guidance is contained in Appendix F.

12. Complaints process

Acknowledgement

Once a complaint has been received, whether at a local level or at head office, the complainant or representative must be contacted by email or telephone within one working day to discuss their concerns and start a conversation about how they want their concerns addressed and responded to. This conversation must include:

- An apology as required.
- Clarification of all the issues to be investigated.
- Ascertain the complainant/representative's expectations regarding action points.
- Agree the type of response required (i.e., in writing, local resolution meeting, phone etc.).
- Advise of their right to independent support (e.g., an advocate or interpreter).
- Advise who will carry out the investigation; and
- Agree upon timescales for the final response.

A written acknowledgement to the complainant will be sent within 3 working days from receipt of the complaint. If the complaint was made verbally, the complainant must be asked if they require a written summary to be sent to them together with an invitation to agree or amend the information. Once the acknowledgement has been sent BEST must be updated with a corresponding event. However, no specific information must be divulged in this event so as not to prejudice service provision to the complainant, service user or staff member. If the complaint has been received and logged at head office, please refer to the COM reference number in the event and the date of the complaint.

Please note: if a complaint alleges harm, injury or death then this must be escalated to the Governance team immediately so that it can be referred to insurers. The complaint can still be handled in the same way however the Head of Governance or other member of the Governance team will support and advise of any additional steps that may be required.

Local resolution meetings

Misunderstandings and miscommunications are often a root cause of complaints. Local resolution meetings can be a good way of resolving complaints. If a meeting is to take place with the complainant and/or their representative, please refer to Appendix G for further information.

This guidance follows national best practice and will endeavor to include the service user, their family or carers in setting the scope of the complaint investigation and meeting.

Investigation

Once an Investigating Officer (IO) has been identified, they will be provided a breakdown of the specific concerns raised by the complainant. This breakdown is the responsibility of the Regional Director or National Clinical Team and they must email this to the IO, setting a 15 day response date. It is the IO's responsibility to investigate the respective concerns and provide full answers along with any supporting evidence and timeline to support the response. If there is a question of consent and capacity the investigation must only commence once the evidence has been provided by the representative.

The complaint investigation will include some or all the following actions:

- Requests for statements from staff.
- Review and analysis of the service user's records.
- Staff interviews.
- Root cause analysis.
- Impartial advice or opinion from Ross Care staff that are independent of the service the complaint relates to; or
- Consideration of Duty of Candour and being open requirements.

In certain circumstances, an independent investigation may be carried out in agreement with the relevant Regional Director, National Clinical Team, Head of Governance, the Clinical, Quality and Governance Director and the complainant where:

- A complaint amounts to an allegation of a serious incident.
- Subject matter involving specific issues is not capable of resolution without an expert opinion; or
- A complaint raises substantive issues of professional misconduct or the performance of a senior manager.

Response timescales

NHS Complaints Regulations (2009) require that a timeframe within which the investigation of the complaint is likely to be completed is agreed with the complainant. Although the regulations allow flexibility in response times, Ross Care aims to provide a response in a mutually agreeable timescale with the complainant and in as timely a manner as possible setting an internal benchmark of no more than 40 working days.

The 40 working day deadline commences from the date the complaint is received by the service, member of staff, with the exception of complaints made on behalf of a service user which require their consent for the investigation. The clock will temporarily halt until such time the consent is received.

It must be noted that the 40 working day deadline is the maximum time and that complaints should be dealt with as quickly as possible, ideally within 7 to 14 days. Unnecessary delays can create further complaints.

Responding to complainants

At the conclusion of the investigation, a response letter will be drafted by service manager or investigating officer. The Regional Director and National Clinical Team will review the response. If the complaint is complex or there is a possibility of a claim against the company the response will be circulated to the Clinical, Quality and Governance Director, Head of Governance or nominated deputy for approval.

The response letter must include:

- A detailed explanation regarding the concerns raised by the complainant.

- An apology (where required if appropriate.);
- Conclusions reached in relation to the complaint including any remedial action(s) and lessons learned.
- Information on how complainants can proceed if they are not satisfied with the reply and will specifically mention the complainant's right to refer the complaint to the relevant Ombudsman (Please refer to Appendix A for Ombudsman contact details); and

The outcomes of the complaint must also be recorded on the complaints tracker as either being upheld, partially upheld or not upheld. This information is required for annual mandatory collection purposes but is also reported to our commissioning organisations on a regular basis.

Re-opened complaints

If the complainant is not satisfied with the response, their remaining concerns will be reviewed for a further response. The Head of Governance and the Clinical, Quality and Governance Director will determine whether the further response is issued from the service, from head office or if it is to be escalated to the Managing Director.

Complaints escalated to the Ombudsman

When complainants are not satisfied with the final response letter, complainants have the right to refer their complaint to either the PHSO or LGO. The organisation will proactively advise complainants of this right and provide them with the appropriate contact details in any response letter. The organisation will also always fully co-operate with any requests made by either Ombudsman.

Details of any complaints referred to the Ombudsman will be monitored by the Governance Team as well as being shared with the respective service's commissioning organisation(s).

Financial redress

Compensation in response to a complaint is not always about money, it is about asking what benefit is there if the complaint is handled to the complainant's satisfaction. Financial redress will not be appropriate in most cases. Any claim which has a financial redress request to it **MUST** be directed to the Governance team to be referred to the Insurers.

Withdrawn complaints

Where a complainant requests that a formal complaint is withdrawn, the organisation will record the complaint and will undertake a review as per the normal procedure if there is sufficient information to do so. This is so that issues can still be captured, and any actions taken.

13. Social media feedback

Ross Care realises that social media and networking websites have become a regular part of everyday life and that many people use such platforms to engage with other individuals and organisations. The impact of social media on the workplace is increasing and the organisation has a dedicated and skilled resource to monitor social media platforms and to offer a speedy response to any feedback or comments received.

If any complaint is received via Facebook or Twitter, for example, the details will be forwarded to the Operations Manager / Clinical Lead who will contact the individual within one day to discuss their concerns. If the matter requires further investigation, it will be moved into the complaints process thus ensuring an equitable service and process for all.

14. Confidentiality

Timely, responsive and secure information sharing is key to an efficient and effective complaints process. The e-mailing of service user identifiable information, for the purpose of complaints resolution, is permitted between email addresses within the same domain name (i.e. @rosscare.co.uk to @rosscare.co.uk). However, the e-mail subject header should reference the complaint reference number (COMXXXX) or the service user ID.

All emails related to the complaint must be stored on a complaint file in secure network drives and logged on BEST.

As part of the complaint investigation, if any service user identifiable or sensitive data needs to be shared with a third party, this must be completed via encrypted means. The organisation's email system, Mimecast, can encrypt individual emails to ensure the organisation remains compliant with the data protection principles. Please refer to Appendix H for details on using Mimecast to encrypt emails.

15. Compliments

The value of complimentary remarks and positive feedback should not be underestimated. Any compliments received must be recorded on BEST.

Compliments made about specific individual(s) should be shared with them, so they are aware of the feedback received. Compliments data is also shared internally as part of Board reporting. Please note such data does not include any staff names.

16. Organisational learning

A fundamental aspect of the complaints process is ensuring that the organisation learns and improves from the experience of receiving and managing complaints. Each complaint investigated will have recorded the lessons learned and what action has been or will be taken as a result of the investigation. Each complaint received, offers the organisation an opportunity to learn and is key to continuous service improvement.

The HSEQ officer or the Head of Governance will analyse complaint data and their subsequent investigations to identify any themes or trends and where appropriate. Lessons learned and

thematic reviews will be presented to the Board and to commissioning organisations where required to do so.

17. Equality and diversity

Complainants will be treated with empathy, dignity and respect to make their view known. The organisation will make reasonable adjustment to ensure an equitable process for all. All complainants have a right not to be discriminated against regardless of differences.

Complainants can also raise concerns anonymously should they so wish and can do so by contacting the Complaints Team (see Appendix A for contact details).

If there is any evidence that someone has been treated differently by any member of staff as a result of raising a complaint this will be addressed with their line manager and the organisation's Human Resources team for appropriate action to be taken.

18. Associated documents

UK General Data Protection Regulation

Data Protection Act 2018

The Caldicott Principles

Department of Health: Listening, Responding, Improving – a guide to better customer care

PHSO Principles of Good Complaint Handling (February 2009)

Francis Report Section 9 – effective complaints handling

NHS Complaints Regulations 2009

Duty of Candour NHS Standard Contract Technical Guidance annex 4

Freedom to Speak Up: Raising Concerns and Whistleblowing Policy

Incident Reporting Policy

Information Governance Policy

Social Media Policy

19. Training

It is essential that all service user-facing new starters, complete mandatory customer service and complaints training as part of their induction programme.

All staff who undertake investigation of complaints are required to undertake root cause analysis training to ensure that they have the skills and knowledge to fulfil the role of an investigating officer.

20. Review and monitoring

This policy will be reviewed annually by the Head of Governance (or sooner if new legislation, codes of practice of national standards are introduced).

Annual audits will also be undertaken by the Governance team, Regional Directors and National Clinical Team within their respective regional areas. The audits will look at the following criteria to ensure adherence and compliance with this policy:

- Was the complaint acknowledged within 3 working days?
- Was the complaint graded according to risk?
- Was the complaint responded to in the agreed timescales and in no more than 40 working days?
- Was an apology offered, if appropriate?
- If a head office received complaint, was the final response letter signed off by the relevant Regional Director or member of the National Clinical Team? If locally received, was the written response signed off by the service manager and/or Clinical Lead?
- Did the final response letter signpost the complainant to the relevant Ombudsman for independent review?
- Were action(s) implemented and lessons learnt discussed and detailed in the complaint response?

21. Appendices

Appendix A: Complaints and Ombudsman contact details

Appendix B: Complaints handling flowchart

Appendix C: Complaint consent forms

Appendix D: Complaint escalation routes

Appendix E: Complaint grading matrix

Appendix F: Managing persistent or vexatious complainants

Appendix G: Local resolution meeting guidance

Appendix H: Mimecast encryption guidance

Appendix A: Ross Care Complaints Team Contact Details

In writing:

Governance Team

Ross Care

Westfield Road

Wallasey

Merseyside

CH44 7HX

E-mail:

feedback@rosscare.co.uk

Web:

[Contact | Ross Care](#)

Social Media:

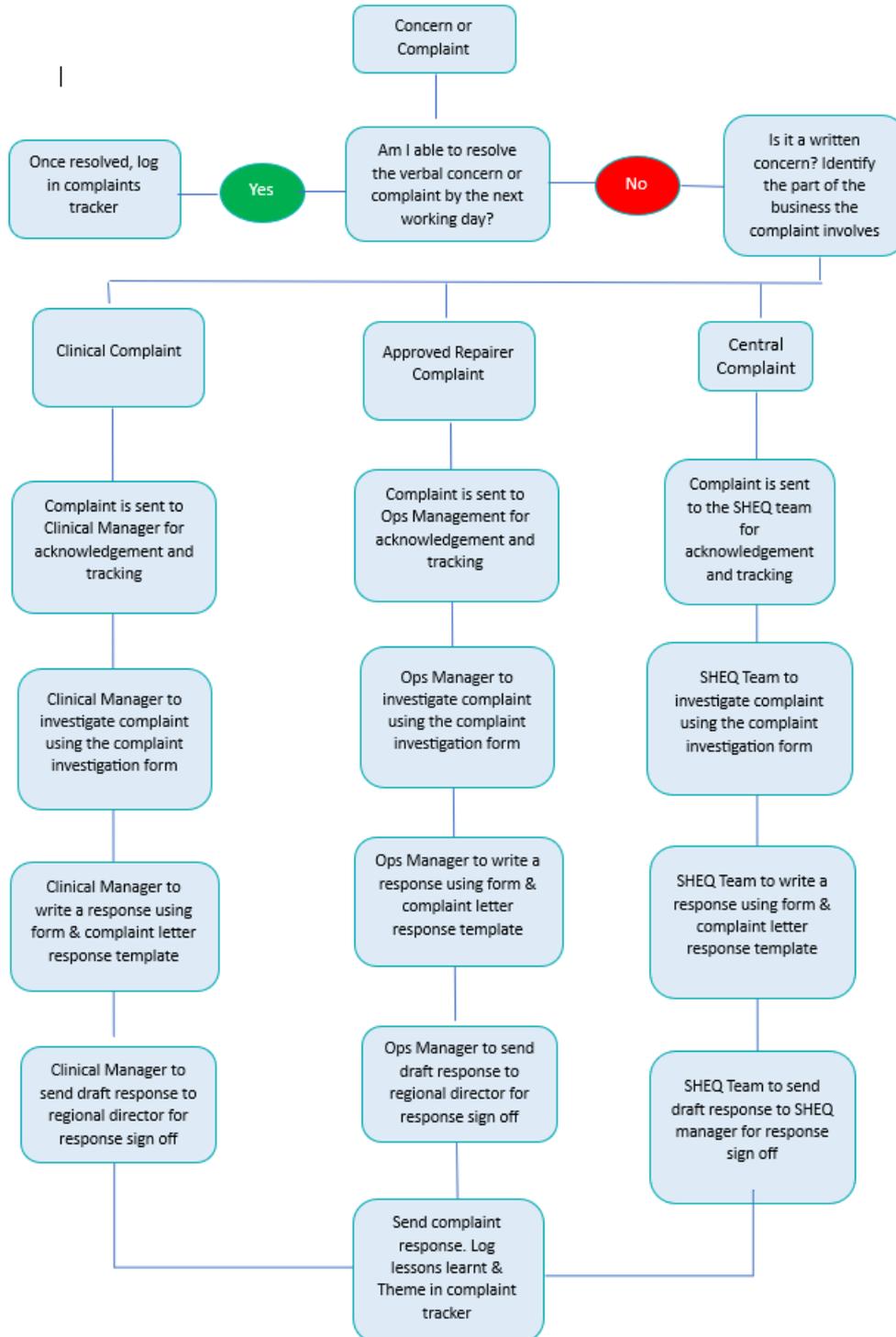


@RossCare



<https://www.facebook.com/rosscarecentres>

Appendix B: Complaints Handling Flowchart



Appendix C: Complaint Consent Forms



Consent Statement

Full Name of Complainant / Representative	
Address	
Relationship to Service User	

Name of Service User	
Address	
Date of Birth	

I confirm that the service user named above _____ is unable to act on their own behalf in respect of this complaint. I _____ have the legal right to act as representative for the service user and enclose documentation as proof of this right.

I therefore give permission for Ross Care to review / investigate this complaint and where necessary obtain disclosure of relevant personal and confidential information relating to the service user.

Ross Care may reply to my representative (the complainant) and confirm that any such action will not constitute a breach of my confidentiality concerning the medical history of myself or the subject of the complaint.

I confirm that the information set out above is true and accurate.

Signature of Complainant / Representative	
Print Name	
Date	


Consent Statement

Full Name of Complainant	
Address	
Relationship to Service User	

Name of Service User	
Address	
Date of Birth	

I confirm that the above person _____ can act as my representative and take forward the complaint on my behalf.

_____ give my permission for Ross Care to review / investigate this complaint and where necessary obtain disclosure of relevant personal and confidential information relating to me.

Ross Care may reply to my representative (the complainant) and confirm that any such action will not constitute a breach of my confidentiality concerning the medical history of myself or the subject of the complaint.

I confirm that the information set out above is true and accurate.

Signature of Service User		Signature of Complainant / Representative	
Print Name		Print Name	
Date		Date	

Appendix D: Complaint Escalation Routes

Following receipt of the complaint response letter, if you are still not happy with the response provided, you can ask the relevant Ombudsman for an independent review of your complaint.

NHS Commissioned Service Complaints

Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London

SW1P 4QP

Telephone: (0345) 015 4033

Web: <http://www.ombudsman.org.uk>

Local Authority Commissioned Service Complaints

Local Government Ombudsman

PO Box 4771

Coventry

CV4 0EH

Telephone: (0300) 061 0614

Web: <http://www.lgo.org.uk>

Appendix E: Complaint Grading Matrix

Likelihood of recurrence	Level	Impact / Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Certain	5	5	10	15	20	25
Likely	4	4	8	12	16	20
Possible	3	3	6	9	12	15
Unlikely	2	2	4	6	8	10
Rare	1	1	2	3	4	5

Level	Description / examples	Handling
Low Moderate	No harm administrative issue(s), poor attitude or incorrect information provided No impact or risk to provision of care. However, if unsatisfactory experience related to care there is minimal impact. No real risk of litigation (e.g. staff attitude)	Should not require an intense investigation or high level input to resolve. Should be completed quickly without the need for written statements. A final response should be able to be provided within a shorter timescale.
High	Potential harmful – lack of information, provision of care questioned Service or experience below reasonable expectations but not causing lasting problems. Minimal risk of litigation. May be a multitude of issues.	Will require a more in depth investigation and some managerial input. Such a complaint should be investigated quickly. Evidence will need to be collated and provided informally with the response. A final response should be completed in a reasonably short timescale.
Extreme	Harmful – service provision concerns, death, serious injury and breach of duty of care Significant issues regarding standards, quality of service provision and care, safeguarding or denial of rights. May cause lasting problems. Possibility of litigation and reputational risk. Abuse, neglect and breach of human rights. Will require immediate and in depth investigation. May involve serious safety issues and high probability of litigation. Unexpected service user death, significant clinical/therapeutic error.	These complaints will require an intensive investigation. It will not be possible to complete a quick investigation as statements may need to be taken. Expected timescales for completion will be up to the 40 day deadline.

Appendix F: Managing Persistent or Vexatious Complainants

Protocol for handling persistent or vexatious complaints/requests for information

1. Introduction

This protocol may be considered in relation to individuals who have previously made:

- Complaints to Ross Care under the "Managing Concerns and Complaints Policy"; and/or
- Requests under Ross Care's "Information Governance Policy" (addressing the organisation's responsibilities under the Data Protection Act 2018 including subject access rights).

There are occasions when a complainant, or correspondence or communications from a complainant or requestor, may become vexatious. The associated challenges for the complainant/requestor and the organisation include difficulty in meeting the needs of the complainant/requestor, continued stressful and challenging conversations and the resource implications required to respond to ongoing concerns without an effective resolution. There are times when there is nothing further that Ross Care can reasonably further do to assist them or to rectify a real or perceived problem and that Ross Care has met its specific legal obligations to respond to the communication.

2. Purpose of the procedure

Complaints about Ross Care services are processed in accordance with the relevant NHS and local authority complaints procedures (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009) ("the NHS Complaints Regulations"). Requests for information from Ross Care are processed in accordance with the Data Protection Act 2018 ("the DPA"). (The Freedom of Information Act 2000 ("FOIA") has not been included in this protocol as the organisation is not defined as a 'public authority' and does not fall under the scope of the legislation. The organisation will, however, continue to respond to requests received from our commissioners where they have received a Freedom of Information request requiring information that we hold about the service we provide.)

It is emphasised that this procedure should only be used as a last resort. It should not be used where continuing correspondence following a complaints investigation response or subject access response, is directed in a reasonable and proportionate way at obtaining clarification of the organisation's original response, or where there is a legal duty for the organisation to respond to a request for information under the DPA. Judgement and discretion need to be used in applying the criteria to identify potential vexatious complainants or requests and in deciding action to be taken in specific cases.

The following specific provisions apply to each of these areas:

- **Information Governance**

For DPA information requests, this procedure should only be used after the organisation has informed the requestor of their rights to internal and external review of the organisation's original responses to disclosure requests.

- **Subject Access Requests (Data Protection Act 2018)**

In relation to continuing correspondence relating to subject access requests under the Data Protection Act (DPA), the initial issue for the organisation to consider is whether it has already complied with its duties to the requestor or provided appropriate explanations to the requestor about its compliance. The organisation will continue to have an obligation under the DPA to comply with a subject access request unless it can be established that the request has already been complied with. The organisation cannot therefore proceed to consider whether a request expressed as being made under the DPA or other correspondence relating/referring to subject access or wider DPA rights is vexatious until it has determined that the relevant duties have already been complied with.

Where a request is made by an individual for access to their personal data under the DPA, as a data controller Ross Care has (subject to specified exemptions) a statutory obligation to confirm the nature of personal data held and the scope of processing carried out, and to disclose that information unless an exemption in the DPA applies.

However, under the DPA, the organisation does not have to provide a further disclosure where the data subject has made:

- one or more previous requests in the past for the same information; and
- the organisation is confident that all information it holds has already been disclosed and that no further information within the category requested has been generated/processed since the previous request; and/or
- the organisation has informed the requestor that it does not hold the information they have requested.

This protocol may be relevant where an individual refuses to accept that one of these situations applies, or where a requestor is communicating about a DPA-compliant response they have received in a manner which contains indicators of vexatiousness.

- **NHS Complaints**

In relation to an individual who has complained about Ross Care services under the NHS Complaints Regulations, the initial issue for the organisation to consider is whether it has fulfilled its legal duties under the NHS Complaints Regulations to properly investigate the complaint and provide the complainant with an explanation of the outcome.

The NHS Complaints Regulations do not contain provision for identifying vexatious complaints or communications, or vexatious complainants. They provide that an NHS

service provider will have fulfilled its duties under the Regulations once the complainant is satisfied with the complaint response. If a complainant is clearly being unreasonable in refusing to be satisfied with the organisation's response to a complaint and subsequent communications, then it is unlikely that a court or the Ombudsman would make a finding against the organisation of a breach of the Regulations.

This protocol is intended to enable the organisation to identify those cases in which the complainant or their correspondence has become unreasonable/vexatious and the organisation's decision to cease substantive responses would be appropriate. However, the lack of explicit provision for vexatious complaints and communications in the Regulations means that the organisation should be cautious in applying this policy and look for clear indicators of vexatiousness before doing so.

Therefore, before applying this policy the organisation should ensure that all reasonable local measures have been taken to try to resolve complaints. For example, through local resolution and independent review, where applicable. The organisation must also ensure that it has advised the complainant of their right to make an appeal to the Parliamentary and Health Service Ombudsman (PHSO). The organisation should not apply the procedure under this policy unless it reasonably believes that it has complied with its obligations under the Regulations.

In addition, prior to making any determination as to whether a complainant is vexatious, the organisation must carefully consider and evidence why it believes that its obligations under the NHS Complaints Regulations have been discharged. It should be disciplined in considering whether it has already provided an appropriate response to a complaint or whether there may remain genuine lack of understanding on the part of the complainant as to the nature of the investigation that has been undertaken and the outcome of that process.

3. Identifying vexatious complainant/requestor

Indicators of vexatiousness

Once the organisation determines it has met its legal obligations under the DPA and the NHS Complaints Regulations, the organisation will need to determine whether a complainant (and/or anyone acting on their behalf) or a request for disclosure is vexatious. In doing this it will be useful to use the indicators below as a point of reference. Please bear in mind that this is not an exhaustive list of qualifying criteria and should not be regarded as either definitive or limiting. Ross Care remains free to refuse a request or complaint as vexatious based upon its own assessment of all the relevant circumstances. In addition, the fact that several indicators apply in a particular case will not necessarily mean that the organisation may refuse the request as vexatious.

- **Abusive or aggressive language** – The tone or language of the complainant/requester's correspondence goes beyond the level of criticism that Ross Care or its employees should reasonably expect to receive.

- **Burden on the organisation** – The effort required to meet the request will be grossly disproportionate or oppressive in terms of the strain on time and resources, that the organisation cannot reasonably be expected to comply, no matter how legitimate the subject matter or valid the intentions of the requestor.
- **Personal grudges** - The requestor/complainant is targeting their correspondence towards a particular employee when they have some personal grievance.
- **Unreasonable persistence** - The requestor/complainant is attempting to reopen an issue which has already been comprehensively addressed by the organisation.
- **Unfounded accusations** – The requestor/complainant makes completely unsubstantiated accusations against the organisation or specific employees.
- **Intransigence** – The requestor/complainant submits frequent correspondence about the same issue or sends in new requests before the organisation has had an opportunity to address their earlier enquiries.
- **Frequent or overlapping requests** - The requestor/complainant submits frequent correspondence about the same issue or sends in new requests/complaints before the organisation has had an opportunity to address their earlier enquiries.
- **Deliberate intention to cause annoyance** - The requestor/complainant explicitly stated that it is their intention to cause disruption to the organisation.
- **Scattergun approach** – The requestor/complainant appears to be part of a completely random approach, lacks any clear focus or seems to have been solely designed for the purpose of ‘fishing’ for information without any idea of what might be revealed.
- **Disproportionate effort** – The matter being pursued by the requestor/complainant is relatively trivial and the organisation would have to expend a disproportionate amount of time and resources in order to meet their request.
- **No obvious intent to obtain information/make a complaint** – The requestor/complainant is abusing their rights to access information or complaints process by using it to vent their anger at a particular decision, or to harass and annoy the organisation.
- **Futile requests** – The issue at hand individually affects the requestor/complainant and has already been conclusively resolved by the organisation or is subject to some form of independent investigation.
- **Frivolous requests** – The subject matter is inane or extremely trivial and the request appears to lack any serious purpose. The request is made for the sole purpose of amusement.
- **Inappropriate use of social media.**
- **Behaviour that is perceived by a Ross Care staff member as bullying, threatening or obsessive.**

Patently vexatious requests/complaints

In some cases, it will be readily apparent that a request or complaint is vexatious.

For instance, the tone or content of the request/complaint might be so objectionable that it would be unreasonable to expect the organisation to tolerate it, no matter how legitimate the purpose of the requester/complainant or substantial the value or the request/complaint.

Examples of this might be where threats have been made against employees, racist and/or discriminatory language used.

Dealing with less clear-cut cases

Where there is less certainty surrounding whether there are sufficient grounds to refuse to respond to a request or complaint, then the key question to ask is if the request/complaint is likely to cause disproportionate or unjustified level of disruption, irritation or distress. This will usually mean weighing the evidence about the impact on the organisation and balancing this against the purpose and value of the request. Where relevant, the organisation will need to consider factors such as background information (including any relevant characteristics of the individual making the request/complaint) and history of request. This includes considering whether, in managing and responding to the individual's communications, the organisation has complied with its duties under the Equality Act 2010, including any duty to make reasonable adjustments for individuals with disabilities. If in doubt about the scope of these duties in relation to any individual case, the organisation should seek advice.

Determining whether the request/complaint is likely to cause a disproportionate or unjustified level of disruption, irritation or distress

The organisation must keep in mind that meeting their underlying commitment to transparency and openness may involve absorbing a certain level of disruption and annoyance. However, if responding to a request/complaint is likely to cause a disproportionate or unjustified level of disruption, irritation or distress then this will be a strong indicator that it is vexatious. A useful first step for the organisation to take when assessing whether a request/complaint or the impact of dealing with it is justified and proportionate, is to consider any evidence about the serious purpose or value of that request/complaint.

- Some practical examples where the value of a request might be where the requestor:
- Submits a complaint/request that has no obvious relevance to their stated aims.
- Argues points rather than asking for new information to investigated or provided.
- Raises repeat issues which have already been fully considered and responded to.
- Refuses to agree to independent investigation or ignores the findings of an independent investigation.
- Continues to challenge the organisation for alleged wrongdoing without any cogent basis for doing so.
- Pursues a relatively trivial or highly personalised matter of little if any benefit to the wider public.

Considering whether the purpose and value justifies the impact on the public authority

The seriousness of the purpose and value of the request or complaint will often be the strongest argument in favour of the requestor or complainant. The key question is, therefore, whether the purpose and value of the request or complaint provides sufficient grounds to justify the distress, disruption or irritation that would be incurred by complying with that request/complaint. This should be judged objectively wherever possible (i.e., would a reasonable person think that the purpose and value are enough to justify the impact on the authority?) There is, therefore, a balancing exercise between purpose and value versus the detrimental impact on the public authority. This must be decided on a case-by-case basis.

Considering context and history

The context and history in which a request/complaint is made will often be a major factor in determining whether the request or complaint is vexatious, and the organisation will need to consider the wider circumstances surrounding the request or complaint before deciding. In practice this means considering factors such as:

- Other requests made by the requester to the organisation (whether complied with or refused).
- The number and subject matter of those requests or complaints.
- Any other previous dealings between the organisation and the complainant/requestor.
- And assessing whether these weaken or support the argument that the request is vexatious.

A request or complaint which would not normally be regarded as vexatious in isolation may assume that quality once considered in context. An example of this would be where an individual is placing a significant strain on the organisation's resources by submitting a long and frequent series of requests or complaints, and the most recent request, although not obviously vexatious, is contributing to that aggregated burden.

The requester's past pattern of behaviour may also be a relevant consideration. For instance, if the organisation's experience of dealing with their previous requests or complaints suggests that they won't be satisfied with any response and will submit numerous follow up enquiries or complaints no matter what information is supplied, then this evidence could strengthen any argument that responding to the current request or complaint will impose a disproportionate burden on the organisation.

The context and history may equally weaken the argument that a request is vexatious. For example, it might indicate that the requester or complainant had a reasonable justification for their making their request/complaint, and that because of this the organisation should accept more of a burden or detrimental impact than might otherwise be the case. Some examples of this might be where:

- The organisation's response to a previous request or complaint was unclear or inadequate and the requester has had to submit a follow up request or complaint to obtain clarification.
- Responses to previous requests or complaints contained contradictory or inconsistent information which itself raised further questions, and the requester is now following up these lines of enquiry.

- The requester or complainant is pursuing a legitimate grievance against the organisation and reasonably needs the requested information or further response to do so.
- Serious failings by the organisation have been widely publicised by the media, giving the requester or complainant genuine grounds for concern about the organisation's actions.

The organisation should be mindful to consider the extent to which oversights on its own part might have contributed to the further request or complaint being generated. The organisation must, therefore, reflect on the adequacy of the information or complaints response previously provided.

If the problems which the organisation now faces in dealing with the request or complaint have, to some degree, resulted from deficiencies in its handling of previous enquiries or complaint by the same requester/complainant, then this will weaken the argument that the request, or its impact upon the organisation, is disproportionate or unjustified.

4. Procedure for dealing with vexatious complainants/requestors

Prior to arriving at a decision as to whether a complainant/requestor is vexatious, the organisation should consider taking the following steps:

Stage 1 – Management of behaviour

- The organisation should consider whether a more conciliatory approach would practically address the problem before refusing to respond. A requestor or complainant may become confused if the organisation switches from responding to their frequent request to refusing to communicate further with them without warning; this can lead to escalation of issues as opposed to resolving them.
- The organisation should therefore consider writing a letter to include a code of behaviour for the parties involved if the organisation is to continue processing the complaint or request prior to moving to vexatious status. The letter should explain that, if these terms are broken, then the organisation will go on to consider whether vexatious status should now be implemented.
- The Head of Governance will make the decision as to whether there is a need to engage with the requestor or complainant in this way prior to issuing a vexatious notice. This decision should be based upon a reasonable judgment as to whether the requestor/complainant is likely to enter and respond constructively to a form of dialogue which requests that they moderate their behaviour. There should therefore be consideration of past dealings with the requestor/complainant and gauge how they might respond; if past behaviour indicates that it is likely they will escalate the matter further despite a conciliatory approach, then it would be appropriate to move on to the next stage and issue a vexatious notice (see further below). If it is decided that Stage 1 can be dispensed with then the Head of Governance will make a written record of their reasons as to why.

Stage 2 - Arriving at a decision that a complainant or requestor is vexatious is reached:

Consider indicators of vexatiousness

It will be the responsibility of the member of staff processing a complaint or request to consider whether the complaint or request may be vexatious. It will be the responsibility of the member of staff to collate evidence in support for their reasons why they believe a complaint or request should be considered as vexatious. The staff member in question will need to consider the indicators of vexatiousness as set out above and apply those to the facts of the complaint or request in question. Staff are required to complete a signed and dated statement which will stand as the supporting evidence.

The decision of the Clinical, Quality and Governance Director

The decision as to whether a complaint or request is vexatious will be the responsibility of the relevant Clinical, Quality and Governance Director, or nominated deputy, in their absence. Where a nominated deputy is used, the reason for the non-availability of the Clinical, Quality and Governance Director should be recorded on the file. In arriving at a decision, the Clinical, Quality and Governance Director will consider the completed proforma, the evidence supporting this reasoning and information obtained direct from the staff in question.

A decision to determine that a complainant or requestor is vexatious could expose the organisation to the risk of legal challenge; the Clinical, Quality and Governance Director should also consider whether it is appropriate to seek legal advice before a final decision is made.

Vexatious notice

In compliance with the organisation's statutory timeframes for responding to a complaint or request for information, once a decision has been reached that a complaint or request for information is vexatious, the organisation will write to the requestor or complainant ("a vexatious notice") to inform them of the decision to treat their request/complaint as vexatious and the reasons for this. A template Vexatious Notice is attached at Appendix F.

To ensure that its decision is compliant with its various legal responsibilities under the DPA and the NHS Complaints Regulations, the letter informing the requestor/complainant should include as follows:

NHS Complaints Regulations/Subject Access Request:

- Why the organisation considers they have complied with the NHS Complaints Regulations and/or DPA.
- The relevant Director has already responded fully to the points raised and has tried to resolve the complaint and there is nothing more to add and continuing contact on the matter will serve no useful purpose.
- Why the organisation considers the complaint/request to be vexatious.
- Set out the consequences of the decision:
 - The complainant should be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.

- Decline contact with the complainants in person, by telephone, by fax, by letter, by email or any combination of these.
- The letter should, however, make clear that this will not affect any care or services they are entitled to receive.
- Inform the complainant that in extreme circumstances the organisation reserves the right to pass unreasonable or vexatious complaints or requests to the organisation's solicitors.

If correspondence continues, the organisation will have no obligation to respond to those letters. However, the contents of those letters should continue to be reviewed to address whether, in the circumstances, the complaint remains vexatious.

If following receipt of the vexatious notice, the complainant or requestor makes contact with the organisation by telephone and this behaviour persists, the organisation should prepare a written statement to be used by all staff and a script for use over the telephone will be formulated and shared. An example script is as below:

"I am afraid that we have reached the point where your approach has become unreasonable, and I have no alternative but to discontinue this conversation. Your complaint(s) will still be dealt with by the organisation in accordance with the company's complaints policy. I am now going to put the telephone down but wish to assure you that the situation will shortly be confirmed in writing to you."

Where correspondence or telephone calls persist, the organisation should take steps to provide support to all staff concerned and, where necessary, seek legal advice.

5. Withdrawing 'persistent' or 'vexatious' status

Any communication identified as a subject access request should be reviewed to determine whether it contains a fresh request which the organisation has a fresh duty to respond to, or whether it is continued correspondence in respect of a matter to which this policy has already been replied. In the latter cases, and in respect of matters originally raised under the NHS Complaints Regulations, once this policy has been applied the vexatious status of the complainant or a particular line of communication can be maintained, subject to the organisation keeping under regular review whether vexatious status can be withdrawn. For example, if a complainant or requestor subsequently demonstrates a more reasonable approach or if they submit a further complaint or request for which normal complaints/information governance procedures apply.

It is therefore important that the organisation regularly reviews a decision to class a requestor or complainant, or a category of correspondence, as vexatious. Staff should use their discretion in recommending that this status be withdrawn. Where it appears that there may be a basis for withdrawing the status, discussion will be held between the Clinical, Quality and Governance Director, Head of Governance and the relevant Regional Directors and members of the National Clinical Team. Subject to their approval, normal lines of communication with the requestor or complainant and application of NHS complaints or subject access procedures will then be resumed. Staff will ensure that normal contact is resumed without prejudice.

Model letter – initial letter informing a complainant that their vexatious behaviour is considered to fall below a reasonable/acceptable standard.

Dear [insert name],

Warning Letter – vexatious/repeated behaviour

I am [insert your name] and I am the [insert role/position in organisation] for Ross Care. As part of my role in overseeing the organisation's complaints process, I regularly review all complaints received to ensure concerns are robustly investigated and responded to and it is in connection with this that I am writing to you.

This letter is to inform you that Ross Care considers your actions in [describe actions, dates, behaviour] on [insert date] when you [insert details] to be unreasonable/unacceptable *[delete as appropriate]*.

I am aware that you have raised some concerns and would advise you that these are usually dealt with most effectively through the organisation's complaints procedure and respectfully request you allow this process to reach its conclusion within the 20 working day timescales.

Please note that the organisation's protocol for managing vexatious or repeated complaints sets out the standards of behaviour expected of all people in their dealings with the organisation. The protocol also outlines the steps that we may take if these standards are breached. These may include:

- making special arrangements for appointments and communication with the organisation; and/or
- considering legal action.

A copy of this letter has been sent to [insert details of who will be informed or copied in]. A copy will also be placed on your records.

This warning will be reviewed in [insert length of time – 3/6/12 months] and you will be advised of the outcome of this review and if any reference will be removed from your records.

If you do not agree with what has been set out in this letter or have any comments to make, please make them in writing to:

Ross Care, Westfield Road, Wallasey, Merseyside, CH44 7HX

Yours sincerely,

[First Name] [Surname]

[Job Title]

Appendix G: Local Resolution Meeting Guidance

Misunderstandings and miscommunication are often the root cause of most complaints. Meetings can therefore be a good way of resolving complaints. Make sure before organising the meeting that the meeting and/or type of meeting are appropriate for the complaint.

Before the meeting clarify:

Purpose

Be clear to the complainant what the meeting is for explaining it is to establish facts. You will need to manage expectations and be clear about what the meeting can and cannot offer. Prior to the meeting the complainant may wish to identify a list of questions which, if shared before meeting, can aid in all getting the most out of the process.

Venue

This can be the complainant's home, a depot, a health centre, a library or other venue. However, please note the complainant may wish to meet in a more neutral venue. Meeting in a service user's home often allows for a more relaxed environment, where the person making the complaint feels more comfortable. If the meeting is at the complainant's home a risk assessment must be carried by staff attending out prior to the meeting.

Attendees

Depending on the complaint issue(s), you may want to look at the numbers attending. Complaints meetings which are small are less intimidating to the complainant and less likely to end in defensive responses. Complainants should always be informed of their right to advocacy or to bring a friend or family member. Both complainant and the Manager/Clinical Lead should be aware of who is attending and why before the meeting. If the complaint revolves around a specific individual, they would not normally be present unless they specifically feel this would benefit resolution and that the complainant is happy for this person to be present.

Time

This is dependent upon the nature of the complaint. However, it is advisable to ensure that at least 1 hour is provided as a minimum for the meeting. Any scheduled meeting for longer than 3 hours will need an allocated break.

Evidence

Copies of appropriate sections of service user records should be available with appropriate consent to share, alongside any policies and procedures relevant to the complaint in hand. These should be available for the complainant to review in the meeting and ideally with copies to take away.

Minutes/record

Ensure that the meeting will be documented in a way that is appropriate. If the meeting response is not particularly complex these actions could be recorded by someone who is part of the meeting. For meetings involving a more complex response it may be necessary to bring

administrative support to take more detailed notes for formalised minutes (as required). Consideration also might be given to the use of sound recording equipment in order to aid writing up of minutes, in which case permission to do so by the attendees must be sought at the outset.

At the meeting

This is an advised structure for the complaints meeting. However, each meeting may be different depending on the circumstances and concerns:

- Introductions, thanks, clarification of purpose and boundaries, information about complaints process.
- Complainant highlights issues, summarises questions to form an agenda basis.
- Go through each point and respond with questions and answers.
- Summarise after each point covering all the issues raised, explain clearly why a course of action was taken.
- Apologise for mistakes made and discuss what actions will be taken to prevent a reoccurrence; and
- Concluding, go through action points, acknowledge any differences reiterate options for taking complaint forward, thank person again.

Remain calm and don't act defensive. It is very easy to become defensive especially if you or your colleagues are being blamed for an omission or other issue(s). Be always open and honest. If you act defensively, it may antagonise the situation and jeopardise the meeting. If there are points of disagreement acknowledge these, state these are noted and move on.

Following the meeting

- Complete actions and/or minutes and send copy to all present (with option to alter if wish), these can be in draft copy, ensuring that when returned with alterations the final copy can be sent via the Governance Officer.
- Ensure details of next stage provided; and
- Carry out actions and monitor action plan.

Appendix H: Mimecast Encryption Guidance

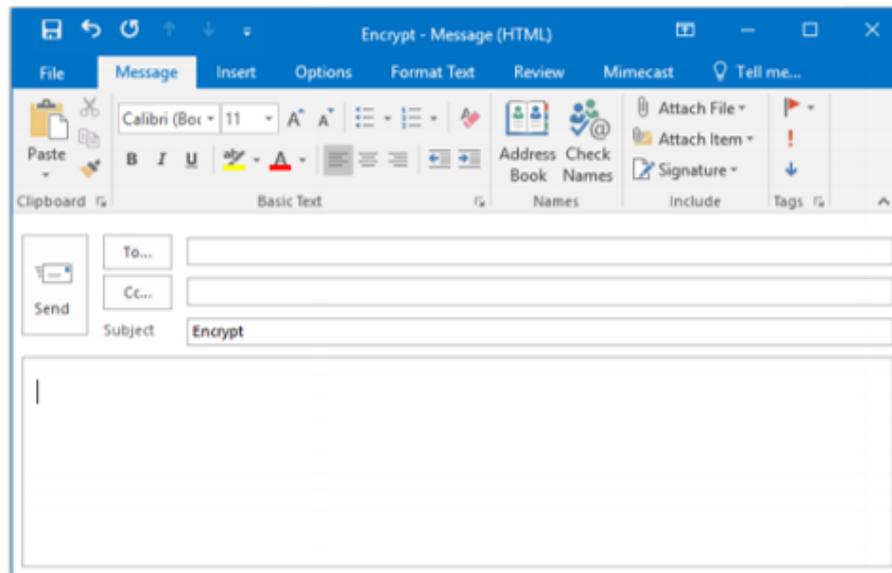
Why do I need to use secure messaging?

In order to be compliant with legislation, we must ensure personal or confidential information being sent from Ross Care to a third party must be sent securely and encrypted.

Personal information relates to information that can identify an individual (i.e., name, address, date of birth, NHS number and BEST reference number). Confidential information related to information whose disclosure or loss could cause them harm, distress, or embarrassment to the individual (i.e., health records and financial information).

Mimecast Secure Messaging

You can easily use secure messaging in an e-mail within outlook. When sending an e-mail to a third party, you can write the word 'Encrypt' in the subject or field of the email. Alternatively, you can use the words 'secure' or 'confidential' with the same effect.



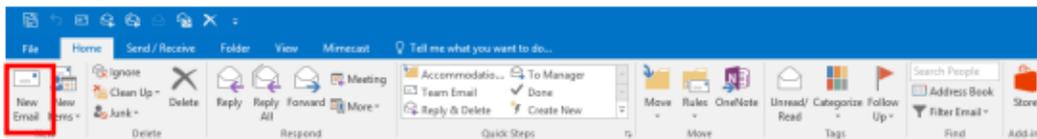
Once your e-mail has been drafted you can send it in the usual way to the recipient.

Additional Secure Messaging options

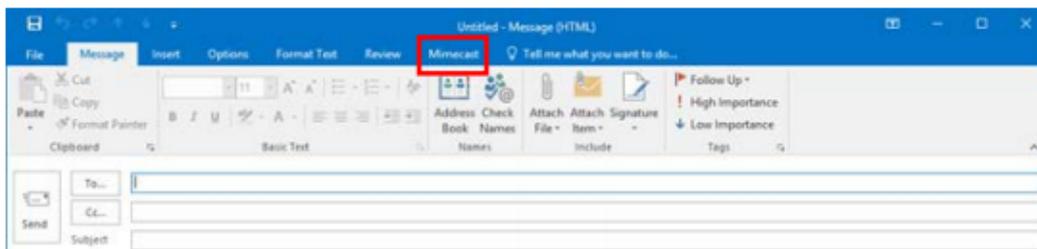
There is also additional functionality within Mimecast that enables you to specify additional encryption options:

- Encrypt and print disabled
- Encrypt and message expires in 7 days
- Encrypt
- Encrypt, print disabled and message expires in 7 days

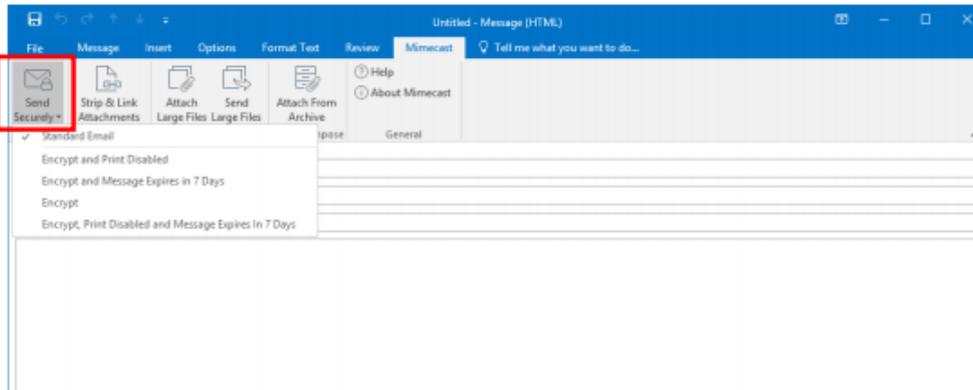
To enable these options, click on 'New Email' in Outlook



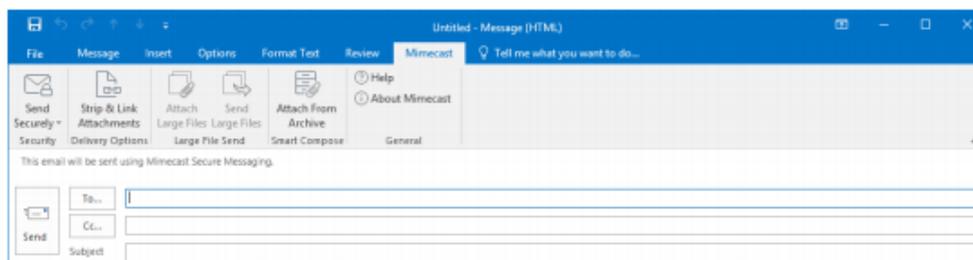
Click on the Mimecast tab on the new email to view the available options



Click on the 'Send Securely' dropdown to view the options available.



Once you have chosen the appropriate encryption option, Mimecast will alert you that your email will be sent using Mimecast Secure Messaging.



Once you have finished drafting your email you can send the e-mail to the intended recipient where they will be prompted to access the Mimecast portal to retrieve the e-mail.

Upon receipt, the recipient will be asked to login in to a secure Mimecast portal to access the email. If they have not used the system before they will need to register first.

