

Complaints Policy

CG12

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Author:	Jonathan Nashed, Corporate Complaints and Significant Concerns Lead
Owner:	Tinku Mitra, Deputy Director of Corporate Governance

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1. Introduction

- 1.1. NHS Resolution is committed to creating a just and learning culture where feedback is valued as an essential tool for continuous improvement. Every complaint provides an opportunity to learn and enhance the quality of our services. Our goal is not only to resolve the immediate issue but also to understand any root causes, so we can implement meaningful changes that prevent similar concerns in the future. Through this commitment to learning from complaints, we aim to improve our services and strengthen the trust and confidence of those we serve.
- 1.2. Co-developed with UK Central Government (UKCG) Departments, other public bodies, advice and advocacy groups, the UKCG Complaint Standards provide a single vision of good practice for complaint handling. This policy sets out how NHS Resolution will put into the practice the core expectations given in the UKCG Complaint Standards. It also supports the delivery of strategic priority one - deliver fair resolution.

2. Equality Impact Assessment (EIA)

- 2.1. NHS Resolution aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It is a requirement that we conduct equality impact assessments on all policies and services within the organisation.
- 2.2. The purpose of the assessment is to minimise and, if possible, remove any disproportionate impact on staff members and service users on the grounds of race, sex, disability, age, pregnancy and maternity, marriage and civil partnership, gender reassignment, sexual orientation, religious or other belief. As part of its development, this policy and its impact on equality have been reviewed in line with NHS Resolution's EIA tool (Appendix).

3. Purpose and scope

- 3.1. The purpose of this policy is to ensure that users of NHS Resolution services can raise their concerns and have them thoroughly and effectively responded to whilst ensuring that appropriate learning is captured and shared to inform continuous improvement. This policy sets out the framework by which we will ensure that complaints handling complies with the UKCG Complaint Standards whilst being flexible and responsive to service user's individual needs. It will be implemented by all staff and non-executive directors receiving a written or verbal complaint about NHS Resolution.
- 3.2. All complaints that we receive from our service users, via any source, including via a Member of Parliament (MP), will be dealt with under this policy.

4. Definitions

4.1. The term 'service user' is anyone who uses one of the four NHS Resolution services:

- Claims Management - Delivers expertise in handling both clinical and non-clinical claims through our indemnity schemes.
- Practitioner Performance Advice - Provides advice, support and interventions in relation to concerns about the individual performance of doctors, dentists and pharmacists.
- Primary Care Appeals - Offers an impartial resolution service for the fair handling of primary care contracting disputes.
- Safety and Learning - Supports the NHS to better understand their claims risk profiles, to target their safety activity while sharing learning across the system.

4.2. A service user also includes anyone interacting with corporate areas such as Finance and HR&OD.

4.3. The UKCG Complaint Standards define a complaint as: an expression of dissatisfaction, either spoken or written, that requires a response. It can be about:

- an act, omission or decision we have made
- the standard of service we have provided.

5. Complaints outside the scope of this policy

5.1. The following do not constitute complaints for the purposes of this policy, but will be dealt with in accordance with the established procedures for dealing with such matters:

- Disagreements arising from the normal handling practices and negotiation inherent in the management of claims handled by NHS Resolution. This includes when compensation payments are refused because negligence has not been established or there is dissatisfaction with determinations on claims handling decisions and all appropriate processes for establishing such have been followed. This will include complaints that may have other minor contributing factors but where the principle complaint is centred around the management of the claim.
- Challenges to Primary Care Appeals application of regulations or procedures during the appeal process or to final decisions (a 'come back').
- Dissatisfaction with decisions reached on matters of professional or clinical judgements which have been made in relation to the delivery of Practitioner Performance Advice services (provided all appropriate procedures and practices have been followed).

- 5.2. Where matters raised are deemed out of scope of this policy, the issues raised will be referred to the relevant business area for further consideration. The business area will address the issue locally or signpost the complainant to the relevant body.
- 5.3. This policy does not relate to Freedom of Information Act 2000, Data Protection Act 2018 and General Data Protection Regulation (GDPR) compliance matters as they have separate statutory processes under the respective legislation.
- 5.4. In fulfilling our strategic aims, NHS Resolution utilises law firms. These form two panels covering services related to clinical and non-clinical liabilities, and complex, health-related issues. Should a complaint relate to a panel firm, we may determine that it falls outside the scope of our complaints procedure. In such instances, the complaint will be referred directly to the panel firm for them to consider in accordance with their own complaint's policy and they will be responsible for addressing and responding to those concerns. This ensures that complaints regarding the services provided by our panel firms are handled by the appropriate organisation with the relevant expertise and accountabilities. When panel firms handles a complaint, we will review their response to ensure that any learning is shared with other panel firms and considered in the context of NHS Resolution.

6. Responsibilities

6.1. All staff responsibilities

- 6.2. All staff should take complaints and concerns seriously and seek to resolve these promptly and effectively whenever possible. All staff are responsible for consistently demonstrating NHS Resolution's values and associated behaviours framework. Staff are also expected to act in accordance with the Just and Learning Culture Charter to ensure a consistent and fair approach in relation to incidents and errors.
- 6.3. Staff are responsible for familiarising themselves with this policy and procedure, ensuring that their practices are consistent with its contents. They should report all complaints to their Line Manager and their Local Complaints Lead, even if the issue has been successfully resolved. It is important that all complaints are recorded in the local complaints log/spreadsheet and included in reporting to ensure they are properly addressed and considered as part of our overall complaint management system to ensure transparency and consistency in handling and resolving issues.

6.4. Additional responsibilities

6.5. The Chief Executive:

- Comply with the UKCG Complaint Standards and this procedure supported by the Corporate Complaints Team and the Senior Management Team on behalf of NHS Resolution Board.
- Inform the Chair and Board of any significant issues or learning identified from the handling of complaints under this policy.
- Report annually on how we learn from complaints.
- Oversee communications with the media in relation to complaints, as necessary.
- Ensure, through the Corporate Complaints Team, that complaints have been thoroughly considered and responded to and learning outcomes identified and disseminated throughout the organisation.
- Respond to all written complaints escalated to them within 25 working days beginning on the date upon which the complaint was received by NHS Resolution (or later if such a date is agreed with the complainant). In some cases, this may include arranging a meeting (with the Chief Executive or under delegation with a Director/ Deputy Director) if that is appropriate and agreed.
- Seek assurance from Directors that learning points have been addressed from their respective business areas.

6.6. The Chair:

- From time to time will be required to investigate complaints where the Chief Executive has declared a conflict or any other rationale, which precludes the involvement of the Chief Executive.

6.7. Directors and Deputy Directors:

- Ensure all their staff understand the procedure for complaints (including reporting), and that they follow the complaints procedure.
- Help to resolve complaints at a local level wherever possible.
- Ensure that in responding to a complainant under Stage 1 of the complaint process, they are made aware that if they remain dissatisfied that they may refer their complaint for a Stage 2 assurance review.
- Ensure that all written complaints, including emails, are sent to their Local Complaints Lead the same working day the complaint is received or as soon as practical thereafter.
- Provide appropriate information in a timely manner to assist in any consideration of complaints.
- Provide access to subject matter experts (SME).

- Ensure that, where appropriate, any member of staff is informed of any concern or complaint against them as soon as practical and is kept informed of developments.
- Provide appropriate support for staff involved in a complaint. Such support will include the provision of time away from duties, e.g. to deal with any investigation, facilitate the preparation of statements and related meeting attendance. Also, ongoing management support, as appropriate, (internal and, if necessary, external), including the offer of meetings, as appropriate, to discuss progress and where a staff member experiences difficulties associated with the complaint, direction to the staff counselling service available via the Employee Assistance Programme (EAP).
- Assist in drawing up action plans to address any issues raised by a complaint and ensuring that the action plan is fully implemented.

6.8. Local Complaints Leads:

- Where appropriate, acknowledging complaints received and ensure that records are maintained in accordance with the complaints procedure.
- Provide advice, guidance and training to their department on how best to handle each complaint, ensuring the most suitable approach (see section 14) is taken for resolution. This includes aligning with the established complaints procedure and determining the best method for addressing the concerns raised.
- Record the receipt of complaint and provide notification to relevant staff, or other designated individual in a timely fashion.
- Manage a local complaints log/spreadsheet of all complaints received and considered by their department.
- Record all learning outcomes, ensuring an action plan is created to learn from complaints, and monitoring against the action plan to ensure the action plan is executed.
- Liaise with relevant parties, offering expert support to ensure that complaints are managed smoothly and efficiently. They will assist staff in preparing responses, ensuring that these are well-considered, timely and customer focused.
- Where appropriate, they will take responsibility for directly responding to complaints, ensuring that the response is both thorough and addresses the complainant's concerns adequately.
- Oversee investigations and, taking appropriate action to ensure Stage 1 responses are customer focused and balance the need for promptness with the consideration of resource allocation and the potential impact of decisions.
- Work closely with the Corporate Complaints Team, ensuring effective communication and a coordinated approach to complex or high-level complaints.

6.9. Corporate Complaints Team:

- Overall day to day management and oversight of the corporate procedures for handling and considering complaints in accordance with the principles outlined in the policy.
- Where appropriate, acknowledge complaints, or ensuring they are acknowledged.
- Record the receipt of Stage 2 assurance review request and provide notification to relevant staff, or other designated individual in a timely fashion.
- Manage a complaints log/spreadsheet of all complaints received and responded to across the organisation.
- Record all learning outcomes, monitor local learning actions and capture any learning to help improve services across the organisation.
- Manage and undertake Stage 2 assurance reviews in accordance with the complaints procedure.
- Prepare reports on complaints and learning for the Chief Executive, SMT and Board.
- Provide guidance and training to staff on complaints handling and processes.

6.10. Line Managers and Heads of Service:

- Ensure that all their staff understand the procedure for complaints (including reporting), and they follow the complaints procedure.
- Help to resolve complaints at a local level wherever possible.
- Ensure all written complaints, including emails, are sent the Local Complaints Lead as appropriate on the same working day the complaint is received or as soon as practical thereafter.
- Provide appropriate information in a timely manner to assist in any consider/investigation of a complaint.
- Ensure that, where appropriate, any member of staff is informed of any concern or complaint against them as soon as practical and is kept informed of developments.
- Provide appropriate support for staff involved in a complaint. Such support will include the provision of:
 - Immediate support, as appropriate, (internal and, if necessary, external), including time away from duties, e.g. to deal with any investigation, facilitate the preparation of statements and related meeting attendance.
 - Ongoing support, as appropriate, (internal and, if necessary, external), including the offer of meetings, as appropriate, to discuss progress and where a staff member experiences difficulties associated with the complaint, direction to the staff counselling service available via EAP and any other appropriate advice.

- To assist in drawing up an approach to address any issues raised by a complaint including any challenging, abusive and aggressive behaviour from a complainant and ensuring that the approach is fully implemented.
- As appropriate, to respond to a service user in accordance with Stage 1 of the complaints process.

7. Identifying a complaint

- 7.1. Staff interact with people and organisations who use our services every day. This can often raise issues, requests for a service, questions and worries that staff can help with immediately. We encourage service users to discuss any issues they have with staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint.
- 7.2. Where a service user states that they wish to make a complaint, the complaints procedure will be followed. If users require additional support, a representative or advocate may make a complaint on their behalf where consent is received. If the service user already has a representative or advocate, there is no need to obtain additional consent.
- 7.3. Service users do not have to use the term 'complaint.' We will use the language chosen by the service user, or their representative, when they describe the issues they raise (for example, 'issue', 'concern', 'complaint', 'tell you about').
- 7.4. Service users may want to provide us with feedback instead of making a complaint. Feedback can be an expression of dissatisfaction (as well as positive feedback), but it is normally given without the person wanting to receive a response or make a complaint.
- 7.5. Where a complaint is received through social media channels, the Policy, Strategy and Communication Directorate will either provide advice on how to make a complaint or direct the complainant to the Corporate Complaints Team who will respond within the timescales set out in this policy.
- 7.6. We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.
- 7.7. Where it is not a complaint identified to a specific business area, or it is a general enquiry, these should be referred to the Corporate Complaints Team for advice on responding.

8. Who can make a complaint

- 8.1. Any service user may make a complaint to us if they have received or are receiving services from our organisation. Others may also complain to us if they are not in direct receipt of our services but are affected or likely to be affected by any action, inaction or decision by our organisation.

- 8.2. If the service user making the complaint does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent them. However, they will need to provide us with their consent for the representative to raise and discuss the complaint with us and to see their personal information.
- 8.3. If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, then the complaint may be made on their behalf by a representative. There is no restriction on who may act as a representative but there may be restrictions on the type of information we can share with them. We will explain this when we first look at the complaint.
- 8.4. If at any time we see that a representative is not acting in the best interests of the service user affected we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such circumstances we will tell the representative that they can approach their MP and ask them to refer the matter to the PHSO, if they are unhappy with our decision.

9. Timescale for making a complaint

- 9.1. Complaints should be made to us as soon as possible after the events complained about. This should be no later than 12 months after the date the matter being complained about happened or the date the service user raising the complaint found out about it, whichever is the later date.
- 9.2. If a complaint is made to us after that 12 month deadline, we will consider it if:
 - we believe there were good reasons for not making the complaint before the deadline, and
 - it is still possible to properly consider the complaint.
- 9.3. If we do not see a good reason for the delay, or we think it is not possible to properly consider the complaint (or any part of it) we will write to the service user making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain about it by approaching their MP and ask them to refer the matter to PHSO.

10. Complaints and other procedures

- 10.1. We will ensure that staff are able to identify when it may not be possible to achieve a relevant outcome through the complaint process alone. Where this happens, staff will tell the service user making the complaint and give them appropriate information about any other process that may help to address the issues and could provide the outcomes sought.

- 10.2. This can happen at any stage in the complaint handling process and may include identifying issues that could or should:
- trigger disciplinary procedures
 - trigger a police investigation
 - involve a referral to tribunal or court of law.
- 10.3. When another process may be better suited, we will provide clear information about the options available to the service user raising the complaint. We will make sure they understand why this is relevant and, if available and appropriate, we will advise them to seek specialist independent advice.
- 10.4. This will not prevent us from continuing to investigate any aspects of the complaint that fall under this procedure. Where possible, we will make sure that the service user raising the complaint gets a complete and holistic response to all the issues raised, which includes any relevant outcomes where appropriate. We will engage with other colleagues or organisations who can provide us with advice and support on the best way to do this.
- 10.5. If a service user is already taking part or chooses to take part in another process but wishes to continue with their complaint, under our complaints procedure, as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if:
- the service user requests or agrees to a delay
 - there is a formal request for a pause in the complaint process from the police or a judge.
- 10.6. If a complaint is received in a case where legal action is being taken or the police are involved, a decision will be made by the Director/Deputy Director or Head of Service of the business area, or other suitably delegated deputy as to whether progressing the complaint might prejudice any subsequent legal action. The complaint should be put on hold only if there are good reasons for doing so, with the complainant being advised of this and given an explanation. However, the default position in cases where the complainant has expressed an intention to take legal proceedings would be to seek to continue to resolve the complaint unless there are clear legal reasons not to do so.
- 10.7. If a staff member should be subject to disciplinary procedures, we will inform the service user raising the complaint where it is appropriate to do so. We will share as much information with them as we can whilst complying with relevant data protection legislation.

11. Complaints involving multiple service areas

- 11.1. If we receive a complaint that involves more than one service area, we will make sure that we investigate in collaboration where appropriate and possible. Staff members for each service area will work together to deliver a co-ordinated and

comprehensive response and will ensure that any learning is captured to help us improve our services. A designated staff member will be responsible for making sure the service user who raised the complaint is kept involved and updated throughout.

12. Ensuring service users know how to complain

- 12.1. We will make sure that everybody who uses (or is impacted by) our services (and those that represent them) know how they can make a complaint by having our complaints procedure and/or materials that promote our complaints procedure on our website. We will provide a range of ways to do this so that service users can do this easily in a way that suits them.
- 12.2. We will make sure that the ongoing service for anyone making a complaint will not be affected because they have made a complaint.

13. Timescales for acknowledging and responding to complaints

- 13.1. We will seek to resolve complaints at the time they are made and as soon as possible. At each stage of the process, the complaint will be acknowledged within three working days and a response provided within 25 working days.
- 13.2. If a complaint is very complex, it may occasionally be necessary to extend the timescale. If this is the case, we will keep the complainant informed of progress with the investigation, the reasons for the delay and the new timescale.

14. Complaints procedure

- 14.1. The aim of the complaints procedure is to resolve concerns in a flexible, proportionate and timely manner, ensuring that complaints are addressed quickly, effectively and meaningfully. The process consists of two stages, with the aim of resolving issues at the earliest possible opportunity for the service user (complainant), while providing clear escalation options if required.
- 14.2. If the complaint has been made verbally, the complainant will be given a copy of their verbal statement which is considered the complaint and asked to confirm that it represents the issues they wish to raise before it is considered.
- 14.3. Where possible, complaints will be looked at by someone who was not directly involved in the matters complained about. If this is not possible, we will explain to the complainant the reasons why it was assigned to that person or team. This should address any perceived conflict of interest.

Stage 1 – Local Resolution

14.4. Upon receiving a complaint, a review will be undertaken by the Line Manager of the person complained about, the Local Complaint Lead (and the Head of Service, Deputy Director or Director as appropriate) with relevant input from the person complained about.

14.5. The review will determine the best approach for resolution based on the nature and complexity of the complaint and will involve one of the following approaches:

14.6. Immediate resolution

14.7. This approach can be used for complaints that can be resolved promptly and effectively, typically involving straightforward issues that require minimal investigation. These complaints are addressed swiftly and may be addressed verbally or with an email response. The staff member for who the complaint has been made to and/or their Line Manager will consider and respond to these complaints with input sought from the staff member complained about

14.8. In certain circumstances, the person complained about may provide an immediate response, such as offering an apology or taking prompt corrective action, for example, addressing a delay in responding to correspondence.

14.9. Investigative resolution

14.10. For complaints requiring more information or clarity, a fact-finding investigation will be initiated to gather necessary details. The aim is to ensure the issue is explored thoroughly and a resolution is provided based on the findings of this review.

14.11. The Line Manager or Head of Service will manage these complaints, ensuring that the investigation is thorough but efficient.

14.12. Formal investigation resolution

14.13. For complex or serious complaints, a formal investigation will be conducted. This will involve a structured process to gather evidence, conduct interviews and review documentation.

14.14. The Head of Service, Deputy Director or Director will respond to this category of complaint - with a decision on the respondent taken based on the individual circumstances (including scope and severity of the complaint).

14.15. A formal written response will be issued, detailing the findings of the investigation and any actions taken to address the complaint. The response will be provided to the complainant outlining the actions taken in considering the complaint and the outcome of the chosen approach. In the response, we will say

that if the complainant feels that their concerns have not been fully responded to or is dissatisfied with the response from Stage 1, they can request a Stage 2 assurance review by contacting the Corporate Complaints Team.

- 14.16. A complainant should request a Stage 2 assurance review within 25 working days from the date of the final response. Any delays in fulfilling this timeframe will be considered and we will exercise flexibility in responding based on the specific circumstances.

Stage 2 - Assurance Review

- 14.17. The purpose of this review is to:

- Review whether the Stage 1 response was thorough and appropriate.
- Provide further clarification or detail, if necessary, to ensure the complainant fully understands the actions taken.

- 14.18. The Corporate Complaints Team manages and oversees the Stage 2 review. A response will be issued, outlining the findings and any additional actions taken, if applicable. The Stage 2 response will be sent from the relevant Director (if they have not been involved in the Stage 1 response) or the Chief Executive.

- 14.19. The Chair will provide the response if the matters relate to the actions of the Chief Executive, where the Chief Executive has declared a conflict or any other rationale, which precludes the involvement of the Chief Executive from handling it.

15. Escalation to the Parliamentary and Health Service Ombudsman (PHSO)

- 15.1. If, following the completion of Stage 2, the complainant remains dissatisfied, they have the right to escalate their complaint to PHSO. In the Stage 2 response, we will inform the complainant that they can approach their MP and ask them to refer the matter for an independent review. We will explain that the PHSO's service is free to everyone and they can find out more about it by visiting the website www.ombudsman.org.uk or by calling 0345 015 4033.

16. Providing a remedy

- 16.1. If, following the consideration of the complaint, it has been identified that something has gone wrong, we will seek to establish what impact the failing has had on the complainant during the consideration of the complaint. Where possible, we will put that right for the complainant and any other service users who have been similarly affected. If it is not possible to put the matter right, we will decide, what action can be taken to remedy the impact.

16.2. To put things right, we will provide an appropriate remedy which may include:

- an explanation of how that impact will be remedied for the individual
- a meaningful apology for any failings
- an explanation of any wider learning we have acted on/will act on to improve our service for other users.

17. Monitoring, demonstrating learning and data recording

17.1. All staff are expected to identify what learning can be taken from complaints, regardless of whether mistakes were made.

17.2. Our senior leaders take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users. We maintain a record of:

- each complaint we receive
- the subject matter
- the outcome (including any learning we have identified)
- whether we sent our responses to the complainant within the timescales prescribed in our complaints procedure.

17.3. We measure the overall performance of our complaints service (and our delivery of the UKCG Complaint Standards) by seeking feedback on our service from service users who have made a complaint, any representatives they may have, colleagues who have been specifically complained about and from colleagues who have carried out the investigation.

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

17.5. As soon as practical after the end of the financial year, we will produce and publish a report on our complaint handling. This report will include details of the learning we have identified and explain how complaints have led to a change and improvement in our services, policies or procedures.

17.6. In order that lessons can be learnt from complaints, all complaints will be collated by the Corporate Complaints Team and reported on a quarterly basis to SMT together with learning outcomes and progress made. Complaints, including learning, will be reported to the Board at least twice a year.

18. Documentation and statements

18.1. Full file notes must be made of any investigation, outcome and all conversations with those raising complaints. If a statement of events is required, the following details should be included and on the local case management system:

- Name (of person giving the statement).

- Job title (if relevant).
- What the person did or saw (who, what, where, when – give facts, not opinion).
- The statement must be signed and dated.

19. Confidentiality

- 19.1. We will maintain confidentiality and protect privacy throughout the complaints process in accordance with UK General Data Protection Regulations and the Data Protection Act 2018. We will only collect and disclose information to staff who are involved in the consideration of the complaint.
- 19.2. Complaint outcomes may be anonymised and shared within our organisation to promote service improvement.

20. Record keeping

- 20.1. In accordance with NHS guidance on records management, NHS Resolution will hold complaint records for 10 years.

21. Conduct of complainant

- 21.1. We are committed to dealing with all people fairly and impartially and to providing a high-quality service. To do this it is important that we can communicate with someone bringing a complaint to us so we can make sure we fully understand it.
- 21.2. In doing so, we do not expect our staff to tolerate any form of behaviour that could be considered unreasonable (including that which is abusive, offensive or threatening, or that becomes so frequent it makes it more difficult for us to complete our work or help other people). We will take action to manage this type of behaviour and this applies to all contact with us including the use of social media.
- 21.3. It is important to us though, that we provide a safe environment for our staff to work in, which may mean we decide to restrict how someone can contact us. This will be agreed with relevant Directors and/or their Deputies and may include:
- Asking for contact in a particular form (for example, email only).
 - Only allowing contact with a specific member of staff or at specific times.
 - Asking the person to enter into an agreement about their future behaviour; and/or actions designed to specifically meet the needs of the person.
- 21.4. In all cases we will write to tell the person why we believe their behaviour is unreasonable, what action we are taking and how long that action will last. We will also tell them how they can challenge the decision by complaining to PHSO, if they disagree with it. If, despite any adjustments we have made, a person

continues to behave in a way which is unreasonable, we may decide to end contact with that person.

- 21.5. There will be occasions where we decide that a person's behaviour is so extreme that it threatens the immediate safety and welfare of our staff or others. In these instances we will consider stopping all contact immediately, reporting what has happened to the police or taking legal action. In such cases, we may not warn the person before we do this.

22. Training and support

- 22.1. All staff handling complaints will have the appropriate training, resources, support and time to respond to and investigate complaints effectively. This includes how to manage challenging conversations and behaviour. Induction training will be provided for all new staff to introduce them to the complaints policy. Staff should contact the Local Complaint Lead or Corporate Complaints Team as appropriate for further advice on training and support.
- 22.2. Staff who are specifically complained about, will be made aware of the complaint and will be given advice on how they can get support from within our organisation, and externally if required. Such staff will be given the opportunity to give their views on the events and respond to emerging information. They will be kept updated on the complaint and will have an opportunity to see how their comments are used before the final response is issued.

23. Document control

Date	Author	Version	Reason for change
8.12.17	Tinku Mitra	V.01	Policy review
18.12.17	Tinku Mitra	V.02	Changes from SMT and JNC
25.1.18	Tinku Mitra	v3	Board approved
October 2019	Tinku Mitra	V3.1	Review
November 2019	Tinku Mitra	V4	Board approved
March 2021	Evelyn Lucien	V4	Change of Address
January 2021	Tinku Mitra	V4	Board approved
January 2022	Tinku Mitra	V5	Board approved
October 2024	Jonathan Nashed	V6	Extensive changes to align with UKCG Complaint Standards.

Appendix – EIA

No.	Does the document/guidance affect one group less or more favourably than another on the basis of:	Yes/No	Comments
1.	Race	No	
2.	Ethnic origins (including gypsies and travellers)	No	
3.	Culture	No	
4.	Nationality	No	
5.	Age	No	
6.	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
7.	Gender	No	
8.	Gender reassignment	No	
9.	Marriage and civil partnership	No	
10.	Pregnancy and maternity	No	
11.	Religion and belief	No	
12.	Sex	No	
13.	Sexual orientation including lesbian, gay and bisexual people	No	
14.	Is there any evidence that some groups are affected differently?	No	
15.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
16.	Is the impact of the document/guidance likely to be negative?	No	
17.	If so, can the impact be avoided?	N/A	
18.	What alternative is there to achieving the document/guidance without the impact?	N/A	
19.	Can we reduce the impact by taking different action?	No	
<i>Names of Individual(s) who carried out the Assessment</i>			<i>Date of the Assessment</i>
Jonathan Nashed, Corporate Complaints and Significant Concerns Lead			October 2024