Policy:

CG010 - Complaints Policy

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Policy Owner	Head of Clinical Governance and Risk
Policy Author	Head of Complaints

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Summary of policy

This policy describes the informal and formal complaint resolution and investigation processes.

Target audience	Staff, service users and their families/advocates, carers and the public

Keywords	Complaint, formal, informal, concern, Ombudsman

Storage & Version Control

The policy will be made available to all staff via the Sheffield Health and Social Care NHS Foundation Trust's intranet. An e-mail will be sent to all staff informing them that the policy is available.

Previous versions of the policy will be deleted although an electronic copy of each previous version will be held centrally for reference.

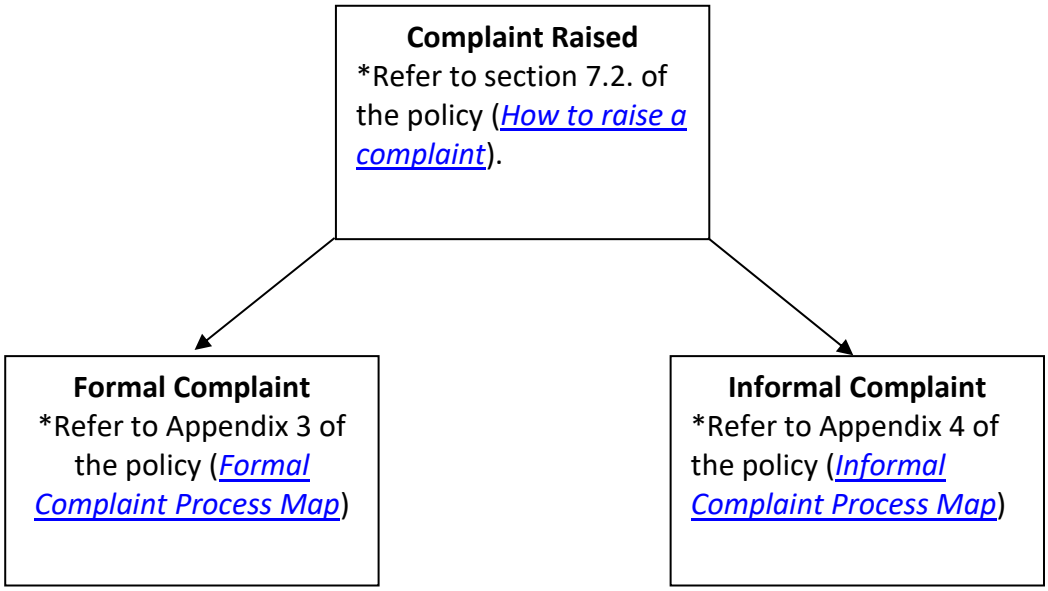
Version control is the responsibility of the Complaints Manager. This is Version 17 of the policy.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
16	Full policy review	Jan 2021	Full review completed in line with required schedule
17	Full policy review	Mar 2023	Full review completed due to changes in process and clarification of definitions

Contents

Flowchart


Complaint Raised
*Refer to section 7.2. of the policy (How to raise a complaint).
Formal Complaint
*Refer to Appendix 3 of the policy (Formal Complaint Process Map)
Informal Complaint
*Refer to Appendix 4 of the policy (Informal Complaint Process Map)

1 Introduction

1.1 Sheffield Health and Social Care NHS Foundation Trust (SHSC) is committed to ensuring that concerns raised by people using its services, carers and relatives of those using its services, and members of the public are acknowledged, investigated and responded to, and that the organisation learns from any failings identified. SHSC aims to promote a culture in which all forms of feedback are listened to and acted upon. Complainants can be confident there will be no barriers to them receiving fair treatment and clear information during the complaint process, irrespective of social and cultural background. Complaints, compliments, general comments and suggestions are welcomed.

1.2 Complaints management is subject to statutory regulations and is monitored by external agencies. It must, therefore, be given the same attention as other performance targets.

1.3 This policy ensures compliance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and provides useful guidance on handling all types of feedback received by SHSC, utilising a system which is accessible, fair and effective.

1.4 This policy complies with guidance from the Department of Health, Care Quality Commission, Parliamentary and Health Service Ombudsman, NHS Litigation Authority and statutory directions, as well as feedback from South Yorkshire Integrated Care Board and periodic internal audits.

1.5 Complainants are entitled to expect their concerns to be dealt with fairly, effectively and promptly. Service users, carers and relatives should not be treated differently as a result of making a complaint. At the same time, staff can expect to be dealt with fairly, knowing that the aim is to learn from mistakes and recognise success where compliments have been received. It is intended to help staff view complaints in an objective way, avoiding the feeling of blame, and ensuring that lessons learned from complaints improve service provision and delivery.

2 Scope

2.1 This policy applies to all those working in SHSC in whatever capacity. A failure to follow the requirements of the policy may result in investigation with management action being taken as considered appropriate. This may include formal action in line with the disciplinary or capability procedures for SHSC employees. For other workers, action may result in the termination of an assignment, placement, secondment, apprenticeship or honorary arrangements.

3 Purpose

3.1 The purpose of this policy is to ensure that service users, their representatives and carers/relatives who are dissatisfied with the care or services provided by SHSC are able to raise their concerns and have them thoroughly and effectively investigated.

3.2 This policy sets out the way in which complaints are managed. It emphasises the importance of early, local resolution wherever possible and the need for frontline staff to be responsive and sympathetic to people who raise concerns. The policy also sets out the timeframes for responding to complaints, individual roles in the process, the

reporting structure for complaints information, and mechanisms of providing complaints management training.

3.3 The objectives are:

- **resolution** of complaints, that satisfies the complainant and is fair to staff. Local resolution aims to be open, fair, flexible, responsive and conciliatory. It is important that complainants have an explicit means to challenge the outcome of their complaint, and all complainants will be informed of their right to seek the intervention of the Parliamentary and Health Service Ombudsman or Local Government Ombudsman as appropriate;

- **learning and improvement** from complaints. A system that deals positively with complaints and other feedback received is invaluable. It is recognised that such information is invaluable as a means of identifying problems as well as areas of good practice and, as such, can be used as a lever for improving services.

3.4 In addition, it emphasises the need to communicate effectively with complainants and involve them in the decisions concerning the handling of their complaint. The policy seeks to ensure that:

- people who complain are listened to and treated with courtesy and empathy;
- service users who complain are not disadvantaged as a result of making a complaint;
- complaints are investigated promptly, thoroughly, honestly and openly;
- complainants are kept informed of the progress and outcome of the investigation;
- staff involved in complaints are given support;
- action to rectify the cause of complaint is identified, implemented and evaluated;
- meaningful apologies are offered as appropriate;
- learning from complaints informs service development and improvement;
- SHSC is compliant with national guidance and regulations for complaints management;
- complaints handling complies with SHSC's Confidentiality, Being Open, and Data Protection policies.

4 Definitions

4.1 A complaint is an expression of dissatisfaction communicated verbally, electronically or in writing which requires a response. Complaints may be about the activities of the SHSC and/or its staff.

4.2 A formal complaint or concern is one which requires a full investigation and response. These are reported as complaints and are recorded on the complaints database.

4.3 An informal complaint or concern is one which can be resolved promptly to the complainant's satisfaction without the need for a full investigation. These are not reported as complaints but are recorded on the complaints database.

4.4 A concern is an expression of worry or doubt over an issue considered to be important for which reassurances are sought. This can be in the form of a question, especially one expressing doubt or requesting information.

4.5 A habitual or vexatious complainant is defined as someone who displays violent, threatening or abusive behaviour or language (whether verbal or written) which causes staff to feel afraid, threatened and abused and/or continues to contact SHSC with unreasonable demands following a complaint investigation. Unreasonable demands can include seeking excessive amounts of information, demanding an unrealistic nature or scale of service, or seeking to prolong contact with SHSC by continually raising new issues throughout an investigation. See Appendix 1 for guidance on managing persistent/vexatious complainants.

5 Duties

5.1 The Chief Executive has ultimate overall responsibility for complaints. This is managed through the Executive Director of Nursing and Professions, who will keep Executive Directors, Quality Assurance Committee and SHSC's Board of Directors informed of major developments. The Quality Assurance Committee receives assurance on complaints activity. The Quality Assurance Committee will refer any concerns via SHSC's Executive Directors or escalate directly to SHSC's Board of Directors.

5.2 It is the responsibility of Directors to:

- ensure that staff within their directorate are aware of, understand and apply the policy;
- ensure complaints within their directorate are appropriately investigated within agreed timescales;
- ensure that action is taken to address issues raised in complaints and provide evidence of improvements (completed action plans);
- ensure that issues raised in complaints and lessons learned/actions taken are discussed at governance meetings regularly.

5.3 It is the responsibility of Managers (team, ward and service) to:

- ensure staff are aware of the policy and its application;
- take ownership and responsibility for complaints about their service area, including resolving locally where they can and ensuring investigations are undertaken where required;
- wherever possible, undertake an initial conversation with the complainant to inform the best course of action and deal with any matters which can be resolved locally;
- liaise with the complainant as appropriate;
- receiving final investigation reports and agreeing these;
- delivering improvements within services where these have been identified following investigations, including agreeing or completing action plans as required;
- ensure that complaints made directly to staff are managed sensitively and that complainants are not discriminated against for having made a complaint;
- ensure that staff named in complaints receive support and are made aware of the support mechanisms available to them.

5.4 It is the responsibility of all staff to:

- work to resolve any concerns expressed by service users, their representatives, visitors or other people concerned with the work of SHSC;

- escalate to their managers any concerns which cannot be resolved locally or where the complainant indicates that they wish to make a formal complaint;
- give information on sources of support for those wishing to complain e.g. advocacy services;
- give information on alternative avenues for those wishing to make a complaint in relation to SHSC services/staff e.g. the South Yorkshire Integrated Care Board, local authority, the Parliamentary & Health Service Ombudsman, or the Care Quality Commission.

5.5 In accordance with Department of Health Regulations, SHSC has a qualified and experienced manager (Head of Complaints), who acts as SHSC's designated Complaints Manager. They are supported by the wider complaints team, who are the first point of contact for all complainants and staff involved in the complaints process. The Head of Complaints is responsible for:

- being a point of contact for people who have complaints about SHSC's services and/or staff;
- managing complaints within the appropriate timescales and standards – ensuring that all complaints are accurately recorded, acknowledged and the handling agreed with the complainant, included timescales for responding;
- giving appropriate advice and support to complainants, their advocates and any staff involved in the process;
- supporting directorate staff to facilitate local resolution meetings, chairing and/or facilitating where necessary;
- co-ordinating complaints including liaising with responsible service managers and, as appropriate, investigators;
- finalising responses on behalf of the Chief Executive – quality assuring complaint responses;
- pursuing any outstanding action plans arising from complaints including their implementation, monitoring and learning;
- monitoring and reporting on trends e.g. number of complaints, issues, timeliness of complaints handling, outcome, lessons learned;
- providing a quarterly report which includes qualitative and quantative data to the Quality Assurance Committee;
- formulating and presenting staff training programmes on complaints;
- undertaking an annual review of the complaints process;
- tracking and monitoring performance of complaints handling, ensuring concerns are escalated and action is taken when needed;
- preparing annual reports for internal and external committees and bodies;
- providing statistical data for external agencies;
- acting as SHSC's point of contact for complaints which are referred to the Parliamentary and Health Service Ombudsman and the Local Government Ombudsman;
- ensuring that recommendations arising from independent review of complaints and internal actions are communicated, implemented and followed up and that this is reported through the Quality Assurance Committee.

5.6 A named investigator (investigating officer) will have responsibility for facilitating the complaint investigation and preparing the complaint response, making any recommendations as necessary. The investigator is responsible for:

- undertaking a fair and unprejudiced investigation;
- carrying out interviews with any persons considered appropriate;
- reviewing records as appropriate;

- liaising with the complainant as appropriate;
- producing a complaint response for agreement by the commissioning ward / service / team manager.
- Identifying any learnings and making recommendation when necessary.

7 Procedure

7.1 Entitlement to Complain

7.1.1 A complaint can be made by a current or former patient or person affected or likely to be affected by the actions or decisions of SHSC. A complaint can also be made by someone acting on behalf of the patient or person, with their consent.

7.1.2 Complaints may include requests for information under the Freedom of Information Act (2000), Data Protection Act (2018) or other relevant legislation. Where this is the case, the request for information will be handled in accordance with statutory requirements as detailed in SHSC's information disclosure guidelines.

7.1.3 It is expected that all staff will be open and honest in their communication with service users, carers and relatives as well as other healthcare organisations and that their communication is clear and timely. If errors or miscommunications occur, all staff are empowered to acknowledge, apologise and provide an explanation (if appropriate) in accordance with SHSC's Being Open Policy.

7.1.4 All communication with service users, carers and relatives regarding complaints or potential complaints should be documented (not in health records) and copied to the complaints team (complaints@shsc.nhs.uk).

7.1.5 If a service user, carer or relative requires additional support (either in the form of advocacy or interpreter services), an appropriate referral should be made. The complaints team can provide advice and additional assistance in these circumstances.

7.1.6 Anonymous complaints will be investigated as far as is practically possible and any relevant and appropriate action will be taken.

7.2. How to raise a complaint

7.2.1 Information about making a complaint can be found on the Sheffield Health and Social Care NHS Trust's website. A complaint can be made:

- By emailing: complaints@shsc.nhs.uk
- By calling us: 0114 2718956
- By writing to us: Complaints Team, Sheffield Health and Social Care NHS Foundation Trust, Centre Court, Atlas Way Sheffield, S4 7QQ

7.2.2 If a complaint is raised in person or via telephone with a member of staff, they should attempt to resolve it at first point of contact where possible. If they are unable to resolve the complaint at first point of contact, they should either (with consent) summarise the complaint and forward it to the Complaints Team (complaints@shsc.nhs.uk) on the day of receipt or advise the complainant to raise the complaint using one of the above methods.

7.2.3 If a member of staff receives a complaint letter/email, this should be forwarded to the Complaints Team (complaints@shsc.nhs.uk) on the day of receipt.

7.3. Time Limits

7.3.1 A complaint must be made within twelve months of an event or within twelve months of the complainant realising the effect of an event. Complaints made more than twelve months after an incident do not have to be investigated. However, there is discretion to extend this time limit where it would be unreasonable in the circumstances for the complaint to have been made earlier, and where it is still possible to investigate the facts of the case. This discretion will be exercised with sensitivity and flexibility by the Head of Complaints.

7.3.2 Where the decision is taken not to extend the time limits, the complainant will be informed in writing, explaining why and informing the complainant of their right to refer the matter to the Parliamentary and Health Service Ombudsman or Local Government Ombudsman as appropriate.

7.4. Confidentiality

7.4.1 Maintaining service user confidentiality is essential and security of data relating to individuals must be protected in accordance with the General Data Protection Regulation (2018). No confidential information relating to complaints will be disclosed to any third party unless SHSC has the complainant‘s consent or some other lawful authority to do so.

7.4.2 Anonymised information arising from complaints may be shared with other agencies where appropriate.

7.4.3 Correspondence relating to a complaint must not be kept on health records, under any circumstances, but kept securely and separately.

7.4.4 All complaint files will be archived for ten years by the complaints team.

7.5. Consent and Third-Party Complaints

7.5.1 If a complaint is being pursued by a third party, consent should be sought from the individual concerned, using the complaint consent form (Appendix 2). Staff will secure consent if this is not supplied at the time of receipt of the complaint. The investigating officer will be notified when consent is received. Any timescales applying to the complaint handling will be paused while outstanding consent is awaited.

7.5.2 This also applies to advocacy organisations or solicitors complaining on behalf of service users. In these cases, they are expected to have obtained the service user‘s written consent before submitting the complaint.

7.5.3 The only exceptions to these requirements are:

- when a complaint is sent by a Member of Parliament (MP) or Councillor at the request of a service user, the service user‘s consent is deemed to have been given. All correspondence from MPs and Councillors raising issues of concern, whether on behalf of a constituent specifically, or regarding service provision or commissioning in general, must be forwarded to the complaints team for processing;
- in cases where a service user does not have the capacity to give consent, consent must be sought from their nominated next of kin, a relative or an independent mental health capacity advocate appointed under the Mental Capacity Act;

- when a complaint is made about the care or treatment of a deceased service user, the consent must be sought from their nominated next of kin, a relative, or a representative of the service user‘s estate;
- if a service user who is incapable of giving consent has previously appointed an attorney under a Lasting Power of Attorney which is registered with The Office of the Public Guardian, this representative should be approached for consent.

7.5.4 If consent is not received to proceed the investigation within 30 working days of the complaint being logged, the complaint will be closed. Correspondence will be sent to the complainant advising this. This will not prevent concerns highlighted from being appropriately investigated outside of the complaints process as appropriate. If consent is received after the complaint is closed, this will be logged as a new complaint and investigated appropriately.

7.5.5 Consent does not need to be obtained if there are clinical reasons why the individual may not be able to give informed consent. If this is the case, the Health Care Professional needs to be consulted and written documentation confirming that consent is not appropriate should be placed in the complaint file. It is not appropriate for staff directly involved in the complaint to obtain consent. Advice from the complaints team should be sought as appropriate.

7.5.6 If a complaint has been written by a member of staff on behalf of a patient or relative, it must be sent to the complainant with an acknowledgement letter, asking the complainant to confirm, with a signature, the accuracy of its content.

7.6. Complaints and Disciplinary Action

7.6.1 The complaints procedure is concerned only with resolving complaints and not with investigating disciplinary matters, which are managed separately. A complaint may be investigated even if disciplinary action is being considered or is being taken against a member of staff. Good practice in relation to restrictions on confidential/personal information must be adhered to when responding to the complainant in these circumstances.

7.6.2 There is no provision to investigate as complaints matters which would normally be dealt with as employee grievances.

7.7. Complaints and Safeguarding

7.7.1 If, during the course of a complaints investigation, concerns are raised with regard to an adult at risk and possible physical, financial, psychological or any other kind of abuse, the investigating officer should seek advice from the safeguarding team, who will ensure that SHSC’s Safeguarding Adults Policy or Domestic Abuse Policy is followed. The investigator officer should also update the complaints team.

7.7.2 Additionally, if any concerns are raised regarding the wellbeing of any children who the complainant and/or service user may be in contact with, the investigating officer should seek advice from the safeguarding team, who will ensure that SHSC’s Safeguarding Children Policy is followed. The investigator officer should also update the complaints team.

7.8. Other NHS Trusts, Local Authorities, Stakeholders and Partners

7.8.1 There may be occasions when external agencies e.g. enforcing agencies, external stakeholders, and external advisers will be included in the complaint investigation. Advice will be given by the complaints team of the need to involve external agencies in any investigation.

7.8.2 Cross-organisational complaints will be investigated in a cooperative and helpful manner and in accordance with the locally agreed protocol. The organisation to which the majority of the complaint relates will take responsibility for leading on the investigation and will coordinate one single response to the complainant in line with the locally agreed protocol for Sheffield.

7.8.3 The complainant's permission must be sought before forwarding the complaint to other organisation(s) for investigation.

7.8.4 SHSC will co-operate fully with any other health or social care providers that approach SHSC in relation to issues about SHSC services, which may be mentioned in any complaint made to that organisation. In such cases, SHSC will require evidence of the complainant's (and in the case of third party complaints the service user's) consent before sharing confidential information.

7.8.5 When SHSC is asked to investigate aspects of a complaint received from the Ministerial Briefing Unit or the Strategic Health Authority, these should be recorded and investigated within the agreed deadline.

7.9. Timescales for Complaints

7.9.1 The timescale for a complaint to be responded to, starting from the date at which it was received is as follows:

- Informal complaint / local resolution (with consent of complainant): 10 working days
- Formal complaint / independent investigation: 30 working days
- Complex formal complaint or involving multiple organisations: 40 working days.

7.9.2 If a complaint is being pursued by a third party, the complaint timescale will commence from the day the consent is received.

7.9.3 The timescale may be paused at any time as a result of delays arising from information being awaited from the complainant, or other extenuating circumstances beyond the control of SHSC.

7.9.4 If we are unable to provide a response within the timescale, the complainant will be contacted by the investigating officer or complaints team to negotiate a revised deadline. This must be documented. If the complainant does not agree to an extension and the original due date is not met, the complaint response is considered overdue.

7.10. Complaint Management

7.10.1 Wherever possible SHSC will endeavour to resolve complaints at first point of contact and all staff handling contact with service users are responsible for making reasonable attempts to do so. Where the complaint requires a wider investigation, it will be escalated to a dedicated investigator.

7.10.2 Formal complaints will be managed in line with the 'Formal Complaints Process Map'. Please refer to Appendix 3 for more information.

7.10.3 Informal complaints will be managed in line with the 'Informal Complaints Process Map'. Please refer to Appendix 4 for more information.

7.10.4 Complaints will be handled using the LEARN technique:

- **L** – **Listen** to the complainant to capture the complaint correctly.
- **E** – **Empathise** wherever possible throughout the complaint journey.
- **A** – **Apologise** where a complainant has expressed inconvenience or feels let down.
- **R** – **Resolve** the complaint in line with the complaints process and **Reflect** on learnings.
- **N** – **Notify** the complainant of the resolution, communicating clearly and fairly.

'LEARN' from complaints – All complaints will be fully and accurately recorded to enable identification and recording of the underlying causes of complaints, including behaviours which lead to inappropriate outcomes. We will analyse complaint root cause information and use this analysis to improve services, thereby reducing the incidents of complaints.

7.11. Re-opened Complaints

7.11.1 A complainant may contact SHSC to express further concerns once they are notified of the outcome. The complaint will not be logged as a new complaint unless it includes new issues.

7.11.2 Any correspondence or further action arising from this will be recorded as part of the complaint file relating to the complaint in question.

7.12. Review by the Parliamentary and Health Service Ombudsman or Local Authority

7.12.1 If all avenues of resolution are exhausted and a complainant is still dissatisfied with the response or they are unhappy with a decision by SHSC not to investigate a complaint which is made outside of the 12-month timeframe, they can request that the Parliamentary and Health Service Ombudsman or Local Government and Social Care Ombudsman (depending on the issues raised) undertake a review of their complaint.

7.12.2 Complainants will be advised of this right to refer to the Parliamentary and Health Service Ombudsman or Local Government and Social Care Ombudsman in the final communication concluding the investigation into the complaint.

7.13. Persistent/Vexatious Complainants

7.13.1 It is accepted that people may act out of character in times of trouble or distress and that certain health issues may influence how people interpret and perceive the care and service they receive.

7.13.2 During the complaints process, staff will inevitably have contact with a small number of complainants who absorb a disproportionate amount of NHS resources in dealing with their complaints.

7.13.3 Staff are trained to respond with patience and sympathy to the needs of all complainants. However, there are times when there is nothing further that can reasonably be done to assist them or to rectify a real or perceived problem.

7.13.4 The actions of complainants who are angry, demanding or persistent may result in unreasonable demands or unacceptable behaviour towards staff. Staff are not expected to tolerate abusive or threatening behaviour, though all complaints must be given equal consideration and will be investigated.

7.13.5 Appendix 1 provides guidance on managing persistent of vexatious complainants.

7.14. Support for Staff Involved in Complaints

7.14.1 SHSC recognises that involvement in any serious adverse event can have profound consequences on those staff involved. Different individuals will have differing responses to the same event and will, therefore, require different levels of support.

7.14.2 It is important that staff are kept fully informed of any investigation relating to an adverse event in which they have been involved. In particular, they should be made aware when the relevant investigation has been completed and the findings, recommendations and any action to be taken should be shared with them.

7.14.3 Support for staff will be available from management and other sources in accordance with HR policy.

8. Dissemination, Storage and Archiving

8.1.1 The policy will be made available to all staff via the SHSC's intranet. The policy will also be available to the public via SHSC's internet. Communication will be sent out via Connect to inform staff of this revised version of the policy, as it is uploaded onto the intranet.

Previous versions of this policy must be destroyed. The Director of Corporate Governance is responsible for ensuring archived versions of this policy are available on request.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
16	01 2021			
17	03 2023	TBA	TBA	March – May 23 training dates

9. Training and Other Resource Implications for this Policy

9.1.1 All staff should be made aware of the Complaints Policy by their managers as part of local induction. All staff must be made familiar with local complaints handling practices. This will include details of how service users and/or their families/representative can make complaints and to whom, the process for complaints about areas of potential risk and those that constitute serious incidents. A series of training sessions have been set up commencing the end of March 2023 to inform complaint investigators and managers of the requirements of this policy and to provide appropriate guidance on complaint investigation and management.

10. Audit, Monitoring and Review

10.1.1 Internal monitoring arrangements include the weekly circulation of a report detailing progress against complaints received, including stages of progress and timescales for responses.

10.1.2 Complaints performance data and learnings identified from complaints are reported in the quarterly learnings report. Complaints also play a key role in informing the service user experience reports which are prepared for Quality Assurance Committee.

10.1.3 An annual complaints report is produced and published on our website in accordance with legislation.

10.1.4 Risks arising from complaints will be reviewed in accordance with the risk management strategy.

11. Links to Other Policies, Standards (Associated Documents)

This policy is linked to the following policies, which should be followed where complaints arise relating to these areas:

- Incident Management (including Serious Incidents) Policy and Procedure
- Safeguarding Adults Policy
- Safeguarding Children Policy
- Managing Allegations Against Staff Policy
- Prevent Policy

The policy is also linked to the following standards:

- Parliamentary and Health Service Ombudsman Complaints Standards
- Care Quality Commission Fundamental Standards – Regulation 16 Receiving and Acting on Complaints

12. Contact Details

Name	***Phone***	***Email***
Complaints Team	0114 2718956	complaints@shsc.nhs.uk

Definition of a Persistent/Vexatious Complainant (Appendix 1)

Complainants may remain dissatisfied and continue to contact SHSC about their complaint, despite all attempts at conciliation, intervention and review by SHSC and independent organisations.

Complainants (and/or anyone acting on their behalf) may be deemed to be habitual and/or vexatious complainants where previous or current contact (which must be documented and evidenced) with them shows that they meet any of the following criteria:

Where complainants:–

- Have, in the course of addressing a registered complaint, **an excessive number of contacts** with SHSC thus placing unreasonable demands on staff. A contact may be in person or by telephone, letter, email or fax. Discretion must be used in determining the precise number of excessive contact applicable under this section, using judgement based on the specific circumstances of each individual case.

- Have **harassed** or **been personally abusive or verbally aggressive** on more than one occasion towards staff dealing with their complaint or their families or associates. This is backed up by the NHS Zero Tolerance Campaign, details of which can be found on www.nhs.uk/zerotolerance. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. Staff must also take into consideration the mental health problems of service users and make appropriate allowances whilst not using mental ill health as an excuse for abuse or aggression. All incidents of harassment should be recorded.

- Have **threatened or used actual physical violence towards** staff or their families or associates at any time. This will cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. All such incidents should be documented. In a situation where a complainant becomes violent or aggressive or threatens serious harm to a member of staff or their families or associates, action specified in SHSC's policy for dealing with violence and aggression to staff should be taken (i.e. reporting to the police).

- Are known to have **recorded** meetings or face-to-face/telephone conversations without the prior knowledge or **consent** of other parties involved.

- **Persist in pursuing a complaint** where the NHS Complaints Procedure has been fully and properly implemented and exhausted (e.g. where investigation has been denied as out of time or where the Parliamentary and Health Service Ombudsman has declined a request for an investigation).

- **Change the substance** of a complaint or **continually raise new issues** or seek to prolong contact by **continually raising further concerns or questions** upon receipt of a response, whilst the complaint is being addressed. Care must be taken not to discard new issues, which are significantly different from the original complaint. These may need to be addressed as separate complaints.

- Are **unwilling to accept documented evidence** of treatment given as being factual, e.g. hospital records, **or deny receipt** of an adequate response in spite of

correspondence specifically answering their questions or **do not accept that facts can sometimes be difficult to verify**, particularly when a long period of time has elapsed.

- **Do not clearly identify the precise issues** which they wish to be investigated, despite reasonable efforts of SHSC staff and, where appropriate, an advocate to help them specify their concerns, **and/or where the concerns identified are not within the remit** of SHSC to investigate.

- **Focus on a trivial matter** to an extent which is out of proportion to its significance and continue to focus on this point. It is recognised that determining what is a trivial matter can be subjective and careful judgement must be used in applying these criteria.

- **Display unreasonable demands or expectations and fail to accept that these may be unreasonable** (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

- **Insist** on speaking to a particular member of staff only and makes unreasonable demands on this member of staff's time.

- **Make frequent** phone calls or sends repeated letters or e-mail reiterating existing concerns.

Options for Dealing with a Persistent/Vexatious Complainant

Where complainants have been identified as habitual and/or vexatious in accordance with the above criteria, the Head of Complaints, Executive Director of Nursing and Professions, and Chief Executive will determine what action to take. The Head of Complaints, on behalf of the Chief Executive, will implement such action and notify complainants in writing of the reasons why they have been classified as habitual and/or vexatious complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g. clinicians, managers, advocates, practitioners, conciliators, NHS Complaints Advocacy Service and Members of Parliament. A record must be kept for future reference of the reasons why a complainant has been classified as habitual and/or vexatious.

The Head of Complaints and Executive Director of Nursing and Professions, in consultation with the Chief Executive, may decide to deal with complainants in one or more of the following ways:

- Try to resolve matters, before invoking this policy by drawing up a signed agreement with the complainant which sets out a code of behaviour for the parties involved, if SHSC is to continue processing the complaint. Inform the complainant that they may be classified as a habitual and/or vexatious complainant, supply them with a copy of this policy, and advise them to take account of the criteria in any further dealings with SHSC. In some cases, it may be appropriate, at this point, to copy this notification to others involved in the complaint and to suggest that the complainant seek advice from their advocate (if appropriate). If the terms of the agreement are contravened, consideration would then be given to implementing other action as indicated in this section.

- Decline contact with the complainant in person, by telephone, fax, e-mail and inform them that one form of contact will be maintained in writing only. Alternatively contact may be restricted to liaison through a third party (e.g. advocate).

- Notify the complainant in writing that the investigator officer has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will service no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be filed and not answered.

Where written correspondence of an abusive nature is received from a complainant, they will be informed that all such correspondence will be filed and will not be responded to. If staff are to withdraw from a telephone conversation with a complainant an appropriate statement will be available for use at such times.

Inform the complainant that, in appropriate circumstances, SHSC reserves the right to pass unreasonable or vexatious complaints to other appropriate authorities such as the police or SHSC's solicitors.

Withdrawal of Persistent/Vexatious Status

Once complainants have been determined as habitual and/or vexatious, there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate.

Staff should previously have used discretion in recommending habitual and/or vexatious status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate.

Where this appears to be the case, the Head of Complaints and Executive Director of Nursing and Professions will liaise with the Chief Executive. Subject to their approval, normal contact with the complainants and application of the Complaints Policy will then resume.

Complaint Consent Form (Appendix 2)

Sheffield Health and Social Care NHS Foundation Trust

COMPLAINT CONSENT FORM

Where the complainant is <u>not</u> the patient:

I_____ authorise the complaint made on my behalf by

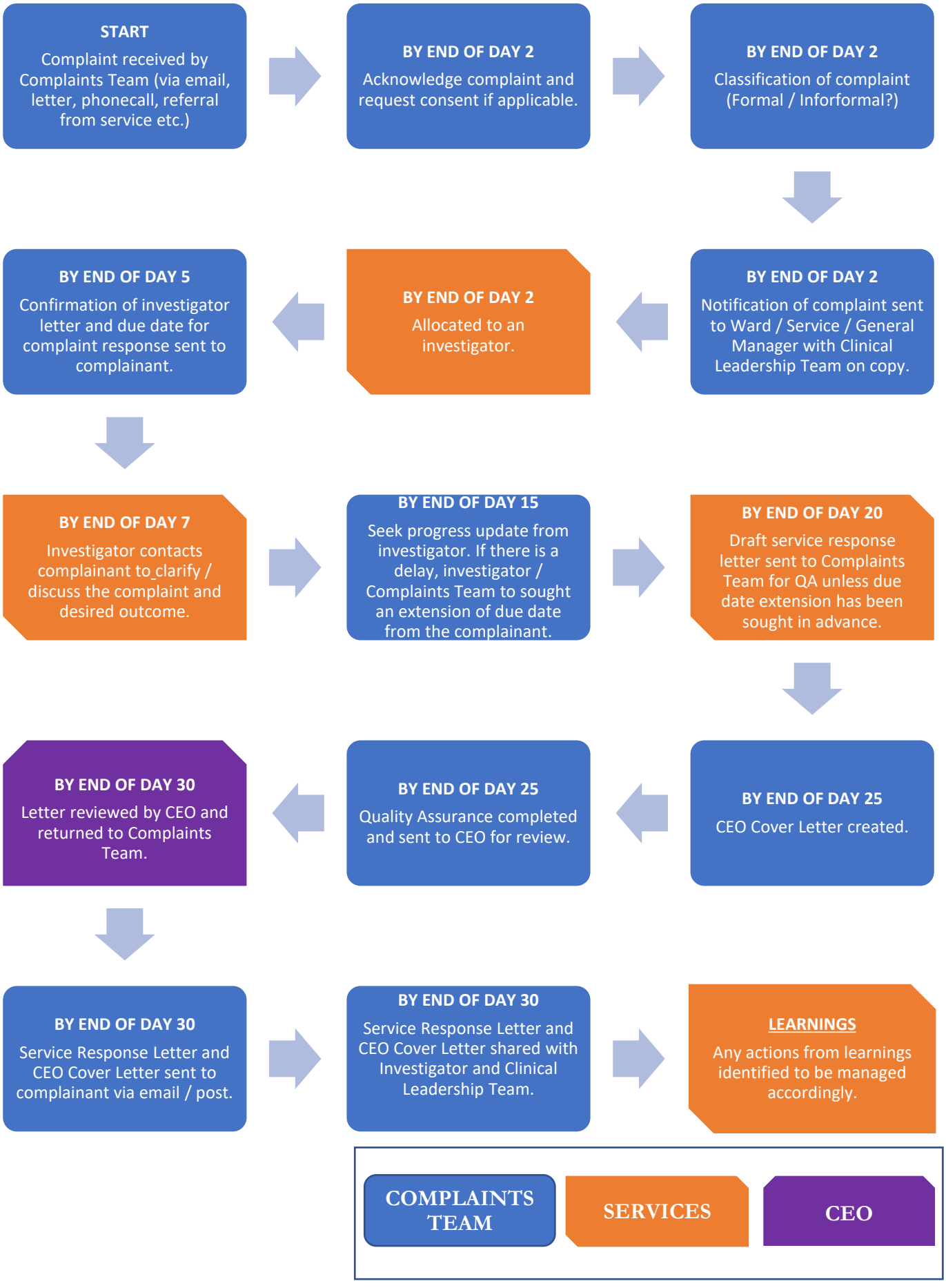
_____ (name).

I also agree that Sheffield Health & Social Care NHS Foundation Trust may disclose confidential information to this person, in so far as is necessary to answer the complaint.

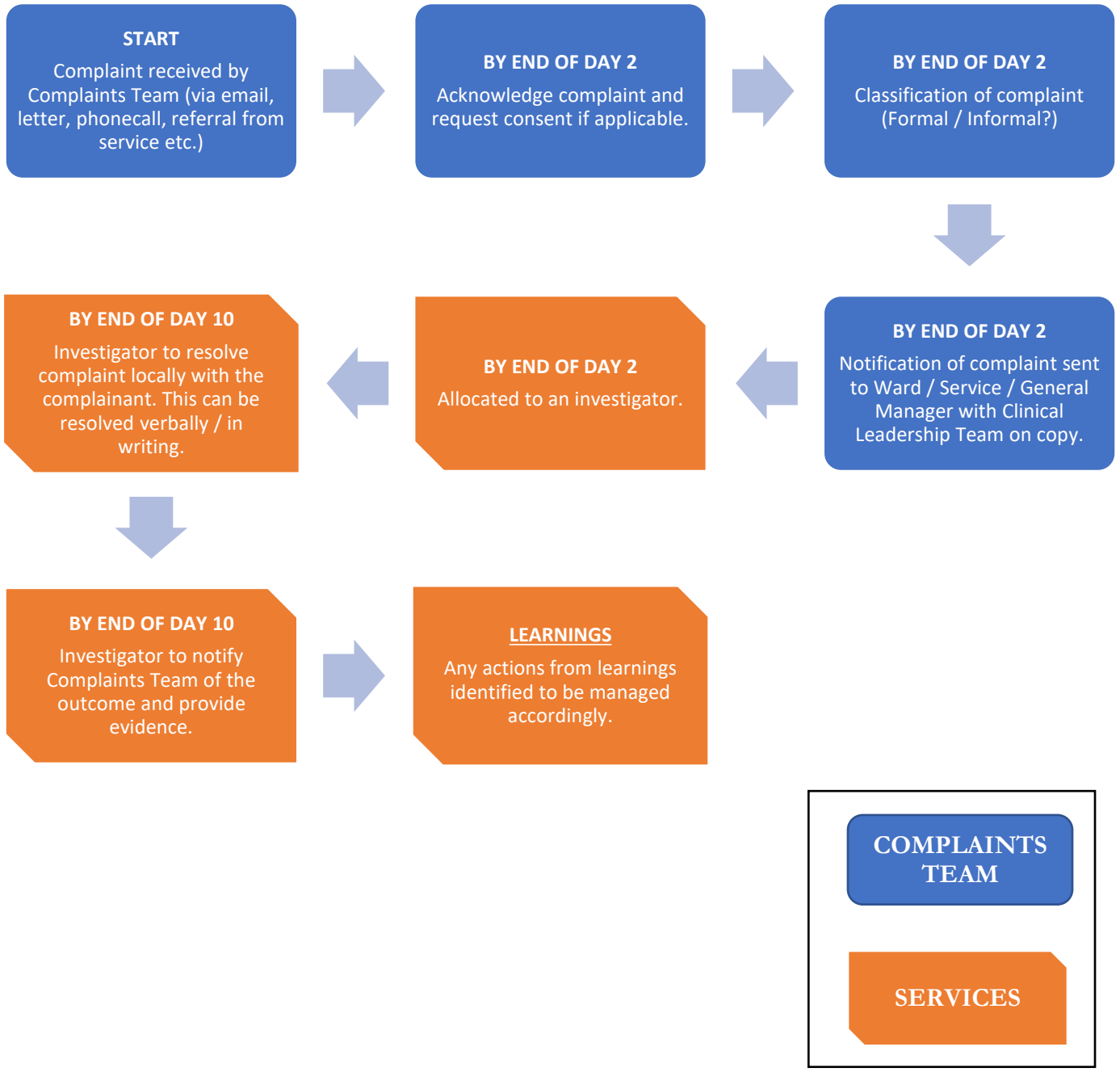
Patient's signature: _____ Date: _____

Name and address (please print): _____
_____
_____
_____

Formal Complaint Process Map (Appendix 3)



Informal Complaint Process Map (Appendix 4)



Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	***I confirm that this policy does not impact on staff, patients or the public.*** Name/Date: Luke Billings March 2023	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age			
Disability			
Gender Reassignment			
Pregnancy and Maternity			

Race			
Religion or Belief			
Sex			
Sexual Orientation			
Marriage or Civil Partnership			

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:
Name /Date Luke Billings, Head of Complaints 10 March 2023

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	✓
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	✓
	Template Compliance	
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
	Policy Content	
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	✓
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix A)?	✓
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓