Policy Number: CORP14

Acacium Group

Policy Name	**COMPLAINTS POLICY**
Purpose Of Document	To inform all Acacium Group workers of their responsibilities and the standards required in regard to complaints management, ensuring compliance with national and Acacium Group policy.
Target Audience	All Acacium Group workers
Version	V5.2
Author	Karen Matthews-Shard
Date of Approval	May 2012
Published Date	May 2012
Lead Director	Karen Matthews-Shard
Review Frequency	3 yearly
Last Reviewed	May 2023
Next Review Date	May 2026
Risk And Resource Implications	Risk: Possible communication risk as there is one generic policy and two different approaches for reporting and managing complaints. Resource: Training.
Associated Strategies and SOPs	CLIN 08 Safeguarding and Protecting Children People Policy CLIN 09 Safeguarding and Protecting Vulnerable Adults Policy CLIN 14 Records Management Policy CORP03 Whistleblowing for Internal Employees CORP04 Whistleblowing for Associate Workers and External Parties CORP 07 Equality, Diversity & Inclusion CORP10 Policy on Policies Policy CLIN 26 Clinical Governance Policy ORG 04 Incident Policy ORG 06 Communication Policy
Equality Impact Assessment (EIA) Form	EIA completed by the author of this Policy and attached as Appendix A
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix B
Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix C

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
Draft v 1	Sept 2011	First draft.	K. Matthews- Shard
Draft v 2	Sept 2011	Includes Sara's changes, PULSE / NLS changes and TNS changes to the two SOPs.	K. Matthews- Shard
Final	Oct 2011	All changes included.	K. Matthews- Shard
Final	Jan 2012	Final review.	K. Matthews- Shard
Final check	Jan 2012		
Final V2	May 2012	Inclusion of 'section 6' – complaining to the Ombudsman and regulatory bodies.	K. Matthews- Shard
Final V2	Mar 2012	Addition of company information page and change of contents.	K. Hall
Final V2.1	Apr2013	Reviewed.	K Nicholson-Florence
V2.1	Jul 2013	Information regarding RQIA involvement added.	K. Matthews-Shard K Nicholson-Florence
V2.1	Jul 2013	Added reference to safeguarding policies and reporting to safeguarding. As per RQIA inspection.	K. Matthews-Shard
V 3	Feb 2014	Yearly update and proofread.	KNF/KMS
V3	Aug 2014	Welsh regulations added.	KNF/KMS
V3	Apr 2015	Duty of candour added / annual review.	KNF
V3	May 2015	NMC guidance added.	KNF
V3	Apr 2016	Annual review.	KNF/VM
V3.1	Dec 2016	Implementation of new policy template.	KNF/SJ
V3.1	Apr 2017	Annual review.	KNF/VM

V3.1	Nov 2017	Updated to include new TCS bio brand description page.	LB / MS
V3.2	Feb 2018	Updated with new HTE framework requirements for relevant businesses.	KMS/SJ
V3.2	Feb 2018	Updated front sheet to include new review frequency date.	KMS/MS
V3.2	May 2018	Updated CSSIW to CIW	LW
V3.3	Apr 2019	Implementation of new policy template	CCR/KG
V3.4	May 2019	Updated in response to new guidance and report from Local Government and Social Care Ombudsman and Quality Matter Initiative	KMS/SJ
V3.5	Dec 2019	Update of brand information and amendment to frequency	KG
V3.6	Jan 2020	RQIA Updates	KG
V3.7	Mar 2020	Updated response timeframes	KG
V3.8	Mar 2020	Updated to new Template	CC
V4	Apr 2020	3 Yearly review	IC/KG/KMS
V4.1	Jun 2020	Updated response timeframes	KG
V4.2	Jul 2020	Updated code from ORG 05 to CORP14	CC
V4.3	Nov 2020	Rebrand	CC
V4.4	Jan 2021	Jan 2021	CC
V4.5	May 2021	Adding CHS brand	CC
V5	May 2023	3 Yearly Review	KG
V5.1	Oct 2023	Complaints process appendix added	Clinical Advisory Group
V5.2	May 2024	Acknowledged changed from within 2 working days to 3 working days	Clinical Advisory Group

Table of Contents

1. Policy Standards

1.1 All complaints are resolved in an open, timely and transparent manner and, where possible, resolved within 28 working days or within a timeframe as agreed with the service user/client, with the expectaion of HTE framework complaints which will be responded to in 10 calendar days. Lessons are learnt from the experience, while any necessary changes are made to improve services and the service user/client experience.

1.2 This is a generic group policy and it is supported by standard operating procedures (SOPs).

2. Definitions

2.1 Definitions relevant to this Policy are set out in Table 1.

Table 1: Definitions

Complaint	'An oral or written expression of dissatisfaction from an individual(s), which requires a response' (Citizen's Charter Complaints Task Force 1995). Is received from a service user/client, carer or customer about any aspect of the care or service provided.
Complainant	The individual or organisation that raises or makes an expression of dissatisfaction.
Minor (informal) complaint	A complaint that can be managed at the time of the event by an Acacium Group worker, requires simple actions and explanations, and no formal letters or investigations take place..
Persistent complainant	An individual who persists in making complaints, or repeatedly raises the same or similar issues, despite having received full responses to all of the issues that have been raised.
Formal complaint	A complaint received in writing that is investigated and responded to with a formal written reply.

3. Roles and Responsibilities

3.1 The overall organisational roles and responsibilities are set out in the policy document, CORP11 Policy on Policies for drafting, approval and review of policies and SOPs.

3.2 Acacium Group acknowledges that reporting and managing complaints is the responsibility of all its workers. The following table outlines the responsibilities of the key people involved in the effective reporting and management of complaints.

Table 2: Roles and responsibilities relevant to this Policy

Global Clinical Director	• ensures all complaints are investigated within agreed timescales • ensures a written response to all moderate and serious complaints • ensures there are appropriate systems which include: o monthly complaint trend analysis o review of complaints that may indicate the need for clinical training

	○ considering how recommendations from complaints are implemented ○ dissemination and implementation of lessons learnt ○ monitoring of agreed actions ○ lessons learnt from complaints result in improved standards of care • ensures a full cycle of communication in relation to complaints and their management, from frontline service level to the Line Managers/appropriate others, and back to frontline workers • oversees and manages complaints that are assessed as moderate or above • monitors the management of complaints categorised as being of 'no' or 'low impact' • nominates an investigation officer for moderate and serious complaints • identifies complaints that require external and independent review • identifies complaints that require joint management, for instance, with Acute Trusts, Mental Health Trusts or GPs • manages complaints from Member's of Parliament • responds to requests for information from the Ombudsman • ensures that complaints are reported to the Governance Committee.
Individual workers	Must: • be familiar with Acacium Group policies, SOPs and guidance for complaints management, and ensure compliance with them • report complaints, in accordance with this Policy and associated SOPs • take appropriate remedial action to minimise further escalation of the complaint and prevent further deterioration of the situation • ensure that the safety of service users/clients and fellow workers safety is maintained at all times • cooperate in identifying the root causes of a complaint and the implementation of any required change to practice which helps to improve the service user/client experience • take part in training, including attending updates so that knowledge and skills are maintained, and they are familiar with procedures • maintain a high level of record keeping practice at all times • abide by any professional standards as appropriate • ensure that they have access to regular supervision and support in line with local procedures.
HSC (Northern Ireland)	Establish a clear system to ensure an appropriate level of investigation, to act appropriately and, where possible, improve practice and ensure lessons are learned. (for more information see appendix D) All initial appeals must go the HSC prior to the Ombudsman

4. Legislation

4.1 All legislation appropriate to this policy can be found in Appendix C.

5. Reporting and Managing Complaints: Key Actions and Generic Good Practice

5.1 This section of the Policy sets out the key principles and best practice relevant to all Acacium Group workers. Detailed SOPs have been developed and **must be read** in conjunction with this Policy.

5.2 **Good practice when handling a complaint**

5.2.1 Immediate action at the point of care:

- listen carefully to the complainant and the detail of the complaint
- identify how the situation might be put right and put this into action
- apologise for any error
- whatever you feel about whether the complaint is justified or not, respond in an objective and sincere manner
- if this rectifies concerns, continue with care provision and monitor the situation to ensure the service user/client/family remains satisfied with the level of care provided.

5.3 **Responding to complaints**

- all complaints to be acknowledged within 3 working days
- all complaints to be investigated and responded to within 28 days with the expectation of HTE framework complaints which will be responded to in 10 calendar days.
- if the investigation is complex and requires a longer investigation period, a time scale is to be agreed and communicated with all parties
- for all complaints relating to safeguarding, the Acacium Group safeguarding polices should be followed and notifications made to the relevant safeguarding boards.

5.4 **Framework requirements**

5.4.1 The following is a requirement for the HTE/CPP/LPP frameworks for staffing businesses working under these frameworks only and is not applicable to all businesses:

5.4.2 All complaints made by the Authority to the Supplier shall be acknowledged in writing:

- **within three (3) working days** by the Supplier
- the Supplier shall keep a full written record of the nature of each complaint and details of the action taken as a result of the complaint
- the Supplier shall use reasonable endeavours to **ensure that all complaints are resolved within 10 days of the complaint being** notified to the Supplier, unless the nature of the complaint requires additional investigation or action by a Professional and Regulatory Body, or other government organisation, the Employment Agency Standards Inspectorate (Department for Business Enterprise and Regulatory Reform), Home Office UK Border Agency, HM Revenue and Customs, the Counter Fraud Service, the Police, Social Services Departments and the Independent Safeguarding Authority, in which case the Supplier shall ensure that the complaint is resolved as soon as possible thereafter.

5.5 **The Quality Matters Initiative**

5.5.1 The Quality Matters initiative (Department of Health and Social Care April 2019) is a shared commitment by everyone who uses, works in and supports adult social care.

5.5.2 It brings everyone together around a shared pledge to improve adult social care, so that everyone can experience high-quality, person-centred adult social care.

5.5.3 It sets out a shared commitment to achieve high quality adult social care for service users, families, carers and everyone working in the sector.

The Key Principles are:

> Fairness
> Leadership
> Customer first
> Valuing and encouraging feedback, compliments and complaints
> Accepting something went wrong
> One complaint, one response
> Clear signposting to independent redress

5.6 **Managing a persistent, aggressive and/or abusive complainant**

5.6.1 Acacium Group is committed to treating all complaints equally and recognises that it is the right of every individual to pursue a complaint. Acacium Group endeavours to resolve all complaints to the complainant's satisfaction. On occasions, Acacium Group may consider that a complainant who persists in making complaints, or repeatedly raises the same or similar issues, despite having received full responses to all the issues raised, may be identified as a persistent complainant. This is often symptomatic of an illness and the complaints procedure may not be the most appropriate means of dealing with the issues involved.

5.6.2 In determining arrangements for handling such complainants, Acacium Group workers must:

- ensure that the Complaints Policy and SOP have been correctly implemented and that no material element of a complaint has been overlooked or inadequately addressed. It is appreciated that even persistent complainants may have issues which contain some genuine substance. It is essential to ensure an equitable approach to all complainants
- be able to identify the stage at which the complainant became unreasonably persistent.

5.6.3 It is important that the identification of a complainant as 'persistent' should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following Acacium Group policy and Acacium Group SOPs.

5.7 **Identifying persistent complainants**

5.7.1 A persistent complainant may display some or all of the following behaviours:

- changes the substance of a complaint, continually raises new issues or seeks to prolong contact by continually raising further concerns or questions, upon receipt of a response, whilst the complaint is still being addressed
- is unwilling to accept documented evidence of treatment or care given as being factual
- denies receipt of an adequate response in spite of correspondence specifically answering their questions

- does not accept that facts can sometimes be difficult to verify when a long period of time has elapsed
- does not clearly identify the precise issues which they wish to be investigated
- persists in pursuing a complaint where the complaints process has been fully and properly implemented, and exhausted
- makes an excessive number of contacts with the organisation, placing unreasonable demands on the workers
- is known to have recorded meetings, face-to-face or telephone conversations, without the prior knowledge and consent of other parties involved
- makes unreasonable demands and fails to accept that these may be unreasonable, i.e. insists on responses to complaints, or enquiries, being provided more urgently than is reasonable or normal when following recognised best practice.

5.8 **Aggressive/abusive complainants:**

5.8.1 Workers should be aware that some complainants may threaten or use actual physical violence towards them, harass them, or be personally abusive, or verbally aggressive, on more than one occasion while the worker is dealing with their complaint. This may include racial harassment. Workers should recognise that complainants may sometimes act out of character at times of stress, anxiety or distress, and should make reasonable allowances for this. The worker must document all incidents of harassment and report them as incidents through the Reporting and Management of Incidents Policy. The Clinical Director should let complainants know that this behaviour is completely unacceptable and that Acacium Group may discontinue relationships with them unless the behaviour stops.

5.9 **Options for dealing with a persistent, aggressive or abusive complainant:** Where a complainant continues to display any of the above behaviours, the Line Manager/appropriate other, in agreement with the Clinical Director, is advised to take the following action:

- warn the complainant that if they persist with the approach they are taking, they will be classed as a persistent complainant
- warn the complainant that in extreme circumstances Acacium Group reserves the right to pass unreasonably persistent complaints to the Acacium Group solicitors
- if appropriate, draw up a signed agreement with the complainant which sets out a code of behaviour for the parties involved, if Acacium Group is to continue processing the complaint.

5.9.1 If this is not successful, the complainant should be informed that they are being classified as an unreasonably persistent complainant and the reasons why stated, and all contact with the complainant or investigation of a complaint should be temporarily suspended whilst legal advice or guidance from the Acacium Group solicitor is sought. This notification must be copied, for information, to other workers already involved in the complaint. A record must be kept, for future reference, of the reasons why a complainant has been classified as persistent.

5.10 **Withdrawing persistent complainant status:**

5.10.1 Where a complainant subsequently demonstrates more reasonable behaviour, a meeting should take place between an Acacium Group Director and the complainant and, subject to their approval, normal contact with the complainant and application of the complaint's processes are to be resumed.

5.11 **Recourse to disciplinary procedures:**

5.11.1 Recourse to the disciplinary process is to take effect if:

- there is deliberate failure, on behalf of the worker, or unreasonable delay in reporting a complaint
- there is misconduct and serious misconduct, i.e. fraud, physical assault, corruption, breach of confidentiality, or where the complaint has been repeated on several occasions
- during an investigation into a complaint there is evidence that the cause of the complaint was due to an action deemed reckless, deliberate or as a result of gross negligence
- there is an attempt to deliberately mislead a complaints investigation.

5.11.2 When punitive action is necessary, as a result of a disciplinary investigation, it is to be seen to be fair and reasonable. It must not be influenced by the outcome of the complaint or the position or profession of the individual.

5.11.3 Where disciplinary procedures are required, the appropriate link with the Human Resources department is to be made at the earliest opportunity. The disciplinary procedure is not to be used as part of any investigation process unless there is clear evidence of:

- blatant malpractice
- breaches of professional standards of conduct
- grossly unprofessional errors
- a complete disregard for the safety of others
- malice
- intent to harm
- theft
- fraud or any other criminal or malicious act.

5.11.4 The action may take the form of retraining, disciplinary procedures or reporting to a professional regulatory body.

5.11.5 Throughout the management of the complaint, the complainant should be kept informed of the progress and any delays.

5.12 **Appeal**

5.12.1 If the complainant is dissatisfied with the outcome of the complaint investigation, they can follow the appeal process.

5.12.2 An appeal can be lodged by writing to:

Appeals
Clinical Governance Team
Acacium Group
9 Appold Street
London
EC2A 2AP

Or emailing appeal@acaciumgroup.com

5.12.3 The Clinical Governance Team will review the appeal and allocate an appeal investigator.

5.12.4 The Appeal investigator will review the investigation and will contact the complainant in writing with the outcome. Once the appeal investigator has given the outcome, there are no further avenues for appeal with Acacium Group, and appeal to external bodies will be necessary, if the complainant continues to be dissatisfied with the outcome.

5.13 **Assessment of risk**

5.13.1 Assessment of risk and planning are integral to complaints management and Acacium Group workers are expected to contribute to these processes. See the Acacium Group Clinical Risk Management Policy and the Acacium Group Risk Assessment SOP.

6. Duty of Candour

6.1 Medical treatment and care is not risk free. Errors will happen and nearly all of these will be due to failures in organisational systems or genuine human errors.

6.2 The obligations that challenge candour remind us that for all its continued technological advances, healthcare is a deeply human business.

6.3 A statutory duty of candour being introduced relates to implementing a key recommendation from the Mid Staffordshire NHS Foundation Trust Public Inquiry (The Francis Inquiry) In responding to the Francis Report, the government supported the proposal to implement a duty of candour with criminal sanctions on providers.

6.4 The duty of candour places a requirement on Acacium Group and other providers of health and social care to be open with service users/clients when things go wrong.

6.5 The statutory duty of candour is enforceable by law. It is a criminal offence to fail to provide notification of a notifiable safety incident and/or comply with the specific requirements of notification. If Acacium Group are non-compliant with this legislation they could be liable to pay a potential fine of £2,500 per incident.

6.6 All healthcare professionals have a duty of candour – a professional responsibility to be honest with service users/clients when things go wrong.

7. Complaining to External Bodies

7.1 All complaints should be channelled through the local complaints process. However, if the complainant is not satisfied with the handling of the complaint or the outcome, they may refer the complaint to the relevant regulatory body.

7.2 The different regulatory bodies have different levels of involvement in complaints management. For example, the CQC will only log complaints and are unable to investigate, whilst the Scottish Care Inspectorate will investigate complaints (see Table 3).

Table 3: Regulatory bodies and their role in reported complaints

Regulatory body	Contact details	Role in reported complaints
Care Quality Commission (England)	CQC National Customer Service Centre Citygate Gallowgate Newcastle upon Tyne NE1 4PA Tel: 03000 616161 Email: enquiries@cqc.org.uk Website: www.cqc.org.uk	Although unable to investigate individual complaints, they are keen to hear from people who are not happy about the care that has been provided. Complaints should be referred to the Ombudsman.
Care Inspectorate (Scotland)	Care Inspectorate Headquarters Compass House 11 Riverside Drive Dundee DD1 4NY Tel: 0345 600 9527 Email: enquiries@careinspectorate.com Website: http://www.careinspectorate.com/	If someone is unhappy with the quality of a registered care service and doesn't think it meets the National Care Standards, they will deal with that complaint.
The Regulation and Quality Improvement Authority (Northern Ireland)	RQIA 9th Floor Riverside Tower 5 Lanyon Place Belfast BT1 3BT Tel: 028 9536 1111 Email: info@rqia.org.uk	Complaints should not be referred to the RQIA but to the Public Services Ombudsman (https://nipso.org.uk/) Tel: 0800 343424 except: • if the agency has failed to comply with the regulations or standards • when there is police involvement

		• for medication incidents • for safeguarding incidents • for complaints regarding a death. A summary of all complaints, outcomes and actions taken will be made available to the RQIA upon request.
Care Inspectorate Wales	**National Office** Welsh Government Rhydycar Business Park Merthyr Tydfil CF48 1UZ **Tel:** 0300 7900 126**Email:** ciw@wales.gsi.gov.uk	Although unable to investigate complaints linked to individual circumstances, they are keen to hear from users of services about their experiences and any concerns they may have about the services that are regulated by them. They will direct the complainant to the organisation which is best placed to help.
National Assembly Wales	**The National Assembly for Wales** **Cardiff Bay** **Cardiff** **CF99 INA** **Tel: 0300 200 6565**	Service users are able to make complaints regarding the agency directly to the Welsh Assembly.

7.3 If the complainant is not satisfied with the handling of the complaint or the outcome following local process or regulatory body referral (as appropriate), they may refer the complaint to the appropriate Ombudsman.

7.4 The Ombudsman look at complaints from individuals where something has gone wrong that personally affects them.

England:
The Local Government Ombudsman
53-55 Butts Road
Coventry
CV1 3BH
Tel: 0300 061 0614
Website: https://www.lgo.org.uk

Wales:
Public Service Ombudsman Wales
1 Ffoedd yr Hen Gae
Pencoed
CF35 5LJ
Tel: 0300 790 0203

Scotland:
Scottish Public Services Ombudsman
4 Melville Street
Edinburgh
EH3 7NS
Tel: 0800 377 7330 or 0131 225 5300
Website: www.spso.org.uk

Northern Ireland:
Northern Ireland Ombudsman
The Ombudsman
Progressive House
33-37 Wellington Place
Belfast
BT1 6HN
Tel: 02890 233821 / 0800 34 34 24

8. Training

8. **Worker training**

- all workers are required to participate in training in effective complaints management, to ensure they are competent and have reached an agreed standard of proficiency. This is mandatory on commencement of employment. The training is proportionate, and relevant, to the roles and responsibilities of each worker. Those who investigate complaints can expect to receive training on investigation techniques
- a mandatory update is required every year and local induction programmes will back up the mandatory training.
- the delivery of training is the responsibility of the Line Managers/appropriate others. It is the responsibility of the central training team to organise and publicise educational sessions, and to keep records of attendance.

8.2 **Supervision and support**

8.2.1 Acacium Group recognises the importance of providing supervision and support to all of its workers (see the Supervision Policy).

9. Implementation Plan

9.1 For consultation, ratification and dissemination of this Policy, see CORP11 Policy on Policies for drafting, approval and review of policies and SOPs.

9.2 This Policy will be implemented through:

- communication of the Policy to all relevant workers
- communication of the Policy to all stakeholders

- raising awareness and understanding of the Policy and related processes throughout the organisation through committee meetings, workers' meetings, the Acacium Group 'Knowledge Room', the website and general communication
- induction programmes and related training.

9.3 **Audit and monitoring**

9.3.1 Acacium Group will regularly audit its approach to reporting and managing complaints for compliance with this Policy and the relevant SOPs.

9.3 Processes for monitoring the effectiveness of this Policy include:

- audits of specific areas of practice
- evidence of learning across the organisation
- complaints reporting procedure
- appraisal and Personal Development Plans (PDPs).

9.3 The audit will:

- identify areas of operation that are covered by this Policy
- set and maintain standards by implementing new procedures, including obtaining feedback where the SOP does not match the desired levels of performance
- highlight where non-conformance with the SOP has occurred and suggest a tightening of controls, and adjustment to related procedures
- involve reporting of the results to the Governance Committee via the Clinical Director.

9. Specific elements for audit and monitoring are the:

- investigation of complaints in a manner appropriate to their severity
- standard of documentation
- completion of relevant action plans
- aggregation of incidents, complaints and claims
- frequency and appropriateness of logging complaints
- management of complaints according to timescales
- evidence of structured learning across the organisation.

10. Associated Policies

CLIN 08 Safeguarding and Protecting Children and Young People Policy
CLIN 09 Safeguarding and Protecting Vulnerable Adults Policy
CLIN 14 Records Management Policy
CORP03 Whistleblowing for Internal Employees
CORP04 Whistleblowing for Associate Workers and External Parties
CORP 07 Equality, Diversity & Inclusion
CORP10 Policy on Policies Policy
CLIN 26 Clinical Governance Policy
ORG 04 Incident Policy
ORG 06 Communication Policy

11. References

- Department of Health, 2009. Listening, Responding, Improving: A guide to better customer care. DH.
- National Patient Safety Agency, 2009. Being open. NPSA.
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. HMSO.
- Data Protection Act 2018. HMSO.
- Parliamentary and Health Service Ombudsman, 2010. Principles of Good Complaint Handling.
- Parliamentary and Health Service Ombudsman, 2010. Principles of Remedy.
- Complaints Guidance Criteria (Northern Ireland) 2010.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- Care Quality Commission, 2015. Essential Standards of Quality and Safety. CQC.
- Regulation and Quality Improvement Authority Northern Ireland 2010.
- Health and Social Care Act 2008 (HSCA).
- Care Act 2014.
- Social Care and Social Work Improvement Scotland, September 2011. (SCSWIS / the Care Inspectorate).
- Health and Social Care Complaints in Procedure Directions Northern Ireland 2009.
- Scottish Executive, 2005. Implementation of new NHS complaints procedure.
- Parliamentary and Health Service Ombudsman, 2010. Listening and Learning: The Ombudsman's review of complaint handling by the NHS in England 2010 - 11.
- Nursing and Midwifery Council, 2015. Raising Concerns: Guidance for Nurses and Midwifes. NMC.
- 'Caring about Complaints: Lessons from our Independent Care Provider Investigations' – Local Government and Social Care Ombudsman March 2019
- Quality Matters Initiative – Department of Health and Social Care April 2019
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (http://www.legislation.gov.uk/uksi/2009/309/contents/made)

Appendix A: Equality Impact Assessment (EIA)

Additional paper to be completed as part of the ratification process: Equality Impact Assessment (EIA) checklist for the Complaints Policy. To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

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

If you have identified a potential discriminatory impact of this procedural document or need advice please refer it to the Clinical Director, together with any suggestions as to the action required to avoid / reduce this impact.

Appendix B: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

Pathology Group

With experience of filling niche vacancies within Pathology, our clients' services have been allowed to return to full capacity and ensure candidates are placed into the right role.

General Medicine Group

With the largest network of medicine doctors in the UK, we are able to offer our candidates the most up to date vacancies and a steady stream of the high calibre Doctors to the NHS.

Surgical People

Dedicated to the supply of high quality Doctors to the NHS and private healthcare providers across several Surgery sub-specialties.

A&E Agency

A&E Agency is a leading recruitment agency for placing specialist doctors in temporary and permanent roles throughout the UK. We supply highly experienced doctors across a range of acute and general medical specialties, including but not limited to, A&E, anaesthetics, obs & gynae, paediatrics, radiology and surgery.

GP World

As a leading provider of locum and permanent General Practitioners & primary care clinicians including nurses to the NHS and private sector, we play an important role as a staffing and career partner to our clients.

Pulse Staffing Limited (Pulse)

Pulse recruits health and social care professionals for temporary and permanent jobs in the UK, and abroad. Pulse is the UK's leading independent provider of staff bank management services and provides specialist care packages to individuals in their own home or community setting.

Pulse
Part of Acacium Group

As an approved supplier to the NHS, Pulse holds contracts with NHS trusts, private organisations and local authorities nationwide. Pulse also works with hospitals globally, specifically within Australia, New Zealand, North America, the Middle East and across Europe.

Pulse places candidates - medical, scientific and nursing staff, allied healthcare professionals, social workers, support workers and carers - in posts appropriate for their training and experience.

Pulse Staffing consists of a number of Pulse brands delivering staffing solutions and health and social care services globally, with a UK branch network and overseas offices, key brands include;

- **Pulse Nursing at Home** – management of packages of care to support/ enable individuals to live independently
- **Pulse Nursing & Care**, **Pulse Critical Care**, **Pulse Specialist Nursing**, **Pulse Theatres** – provision of all categories and grade of nursing & midwifery staff
- **Pulse Doctors** – provision of all specialty and grade of doctor including Psychiatry, Acute and GP
- **Pulse Allied Health & Health Science Services** – provision of all categories and grade of AHP & HSS staff (including Physiotherapy, Radiography, Speech and Language Therapy and Pharmacy)
- **Pulse Staffing Partners** – incorporating end-to-end management of complete staff banks
- **Pulse Social Care** – provision of all categories of unqualified social care staff
- **Pulse Social Work** – provision of all specialty of qualified social work staff.

Frontline Staffing (FL)

FL is a dedicated division of Pulse, committed to managing short-notice and hard-to-fill vacancies on both a temporary, and permanent, basis across the spectrum of health and social care categories of staff.

frontline STAFFING
Part of Acacium Group

Thornbury Nursing Services (TNS)

Established in 1983, TNS is one of the UK's leading independent nursing agencies, providing skilled nurses on a temporary or permanent basis to NHS trusts, and private sector clients, throughout England and Wales.

Thornbury Nursing Services
Part of Acacium Group

The TNS mission is simple: “To provide the best professional solution to meet the requirements of each of our clients whilst recognising and rewarding the exceptional skills and efforts of our nurses.”

TNS delivers an exceptional service to both patients and clients by ensuring every nurse represented meets the most rigorous professional standards.

TNS’ team of specially trained recruiters (themselves qualified nurses) personally interview and select nurses across the country using a strict method of competence-based assessment, ensuring that every nurse meets the highest expectations – in terms of professional accreditation, competency, attitude and personality.

Scottish Nursing Guild (SNG)

Established in 1995, SNG, as part of Acacium Group, is one of Scotland’s leading independent nursing agencies, providing skilled nurses on a temporary basis to major NHS trusts, and private sector clients, throughout Scotland, Northern Ireland and Republic of Ireland.

SNG’ ability to respond promptly to staffing needs makes the service an invaluable resource in maintaining effective nursing coverage, with unparalleled commitment to providing nurses who meet the highest professional standards.

SNG provides appropriately skilled healthcare assistants, operating department practitioners and qualified nursing staff to cover staffing shortages – both short-term and ongoing. SNG provides temporary nursing staff to both NHS trusts and private sector clients throughout Scotland. SNG’ procedures and standards fully conform to, or exceed, the regulatory requirements in each territory.

Thornbury Community Services (TCS)

At Thornbury Community Services (TCS), high quality care is our number one priority. With a team of exceptional and conscientious nurses and care staff, we’re able to deliver the best complex care at home or in the community, 24/7 or whenever you need it. With compassion, integrity and dedication, we help empower individuals to achieve personal aspirations, as well as providing care tailored to their needs. Making a positive difference to our client’s lives is our passion and it’s this that sets us apart.

Hobson Prior

Hobson Prior International is an award winning provider of staffing services for the medical device, drug discovery and clinical development community in Europe. Since 2002, we have been working exclusively within the life sciences industry, supporting organisations seeking to engage with exceptional professionals within the functional disciplines of clinical operations, medical affairs, pharmacovigilance, quality assurance and regulatory affairs. All our consultants specialise in a specific life sciences discipline and combine in-depth industry knowledge with an ethical and proactive sourcing approach to deliver the right solution for each client.

Part of Acacium Group

Maxxima

Maxxima is an established recruitment agency operating under two successful brand names; Labmed Recruitment and Swim Recruitment. Maxxima operates predominantly within the healthcare and social services sectors.

Part of Acacium Group

As well as offering traditional recruitment solutions to their clients, Maxxima runs a number of successful master vendor contracts. It provides the NHS with a robust vendor managed solution, capable of making large scale cost savings whilst still retaining the expert knowledge and attention to detail associated with more specialist agencies in the market.

Xyla Health and Wellbeing

Xyla Health and Wellbeing is one of a few organisations in the UK offering a fully integrated health and wellbeing service that can be tailored to suit the needs of individuals and local communities.

We have extensive experience of providing large-scale health improvement services for public and private sector organisations. By creating an approach that incorporates innovative technology, strong operational management and effective engagement, we use our expertise and wide range of skills, to provide a high quality and efficient solution for commissioners and long-term health benefits for individuals.

Commissioners can choose to work with us across all, or a selection of, our four core elements:

1. Health and wellbeing hub and interventions
2. Community outreach
3. Training
4. Social marketing campaigns

Liquid Personnel

Liquid Personnel provide temporary and permanent jobs to qualified social work professionals in a wide range of local authorities, NHS Trusts, fostering agencies, charities and other private sector organisations throughout the UK. We are trusted by over 150 organisations in England, Scotland and Wales to provide exceptional agency staff.

Xyla Health and Social Services

Xyla Health and Social Services is one of the largest commissioned providers of managed social work services in the UK. We work in partnership with local authorities and health trusts, and have 200 qualified staff delivering assessment and review.

Our high-quality statutory services within adults and children's services covers DoLS, Care Reviews and CIN, CP & LAC cases across 30+ organisations.

Xyla Diagnostics

Xyla Diagnostics is a leading specialist in the provision of echocardiography and cardiac rhythm analysis services. Every aspect of our pioneering clinical support service is designed to increase capacity, efficiency and quality across the cardiac diagnostics industry. Our partnerships with healthcare technology providers enable us to provide our customers with access to our specialist clinical network through a range of innovative onsite and remote diagnostic services.

Xyla Digital Therapies

Xyla Digital Therapies is a pioneering new service improving the accessibility, affordability and effectiveness of psychological therapies within IAPT. Through our extensive network of qualified therapists, we provide a broad range of digitally-enabled brief therapies at both step 2 and step 3 that can be accessed securely from a computer, tablet or smartphone anywhere, at any time of the day.

Xyla Elective Care

Xyla Elective Care provides best in class waiting list management solutions to NHS Trusts. Our elective care services are aimed at helping trusts to recover their RTT position so that they can improve aggregate and specialty level performance. In addition to RTT recovery solutions, we also provide ongoing elective and diagnostic capacity as well as 2-week suspected cancer outpatient capacity.

ProClinical

ProClinical has one aim: to support life science companies in the many challenges they face while combating unmet medical need worldwide. ProClinical's mission is to support their work by connecting life science companies with the highly skilled professionals they need to continue innovating. Whatever the hiring need, ProClinical will provide a bespoke staffing.

CHS Healthcare

We partner with the NHS and social care systems to deliver innovative patient flow, pathway solutions, and continuing healthcare services. As patient flow experts, we deliver innovative processes and systems which mean that we are able to support the NHS reset and recovery across the entire health and care pathway. Our purpose is to help everyone to live their lives as fully as possible.

Appendix C: Legislation

1. This Policy is based on legislation and national guidance as set out in the table below.

National policies, guidance and legislation supporting reporting and managing complaints

Act, Policy, Guidance	Explanation
Data Protection Act 2018 (DPA)	The DPA provides a framework that governs the processing of personal information in relation to living individuals. It identifies eight data protection principles that set out standards for information handling.
NHS Scotland Complaints Procedure 2005	The current NHS Scotland complaints procedure was introduced in April 2005 and is built around the processes of local resolution and the Scottish Public Services Ombudsman.
The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	The current legislation for Local Authority, Social Services and NHS Complaints came into force in April 2009. It sets out the conditions that must be adhered to when dealing with a complaint, including the required provisions for complaint handling, and timelines. It makes provision for the complainant to approach the Health Service Commissioner (the Health Service Ombudsman) or the Local Government and Social Care Ombudsman if they are not satisfied with the outcome of the complaint, and local resolution has been exhausted.
Complaints Northern Ireland 2009. Health and Personal Social Services (HPSS)	Complaints in health and social care: Standards and guidelines for resolution and learning - replaces the existing HPSS complaints procedure 1996. It provides a streamlined process that applies equally to all health and social care organisations. As such, it sets out a simple, consistent approach for staff who handle complaints to follow, and can be used by people raising complaints across all health and social care services.
NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011	As above, in relation to Wales.
'Essential Standards of Quality and Safety'. (Care Quality Commission, March 2015)	Regulator standards.
Regulation and Quality Improvement Authority Northern Ireland 2005, 2009 (RQIA)	'The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services'. The reviews undertaken by the RQIA are based on the 2006 'Quality standards for health and social care'. In 2009, the duties of the Mental Health Commission were also transferred to the RQIA.

Care Inspectorate Wales (CIW). Nurse Agencies National Minimum Standards	Standard 7 of the Nurse Agencies National Minimum Standards guides the provider through complaint handling, it states that the agency is required to maintain a clear written procedure for handling complaints.
Care Inspectorate Wales (CIW). National Minimum Standards for domiciliary care agencies in Wales	Standard 26 of the National Minimum Standards for domiciliary care agencies in Wales guides the provider through complaint handling. It states that there should be an easily understood, well publicised and accessible procedure to enable service users, and their relatives or representatives, to make a complaint, or compliment, and for complaints to be investigated.
The Nurse Agencies (Wales) Regulations 2003	'Part 3, section 18', states that the registered personnel shall, within the period of 28 days beginning on the date on which the complaint is made, inform the person who made the complaint of the action that is to be taken in response.
The Domiciliary Care Agencies (Wales) Regulations 2004	'Part 3, section 21', states that the registered personnel shall, within 28 days after the date on which the complaint is made, inform the person who made the complaint of the action (if any) that is to be taken.
Health and Social Care Act 2014 – now the Care Act 2014	The relevant part of this Act to the Policy is the introduction of the CQC, which is an integrated regulator for health and adult social care, bringing together existing health and social care regulators under one regulatory body. The CQC has new powers to ensure safe and high quality services.
'Listening, Responding, Improving.' Department of Health, 2009.	Customer care guidance issued by the Department of Health.
Health and Social Care Complaints in Procedure Directions (Northern Ireland) 2009	Provides a simple, consistent approach for staff who handle complaints, and for people raising complaints, across all health and social care services.
Social Care and Social Work Improvement Scotland, September 2011. (SCSWIS) (known as the Care Inspectorate)	The independent regulator of social care and social work services across Scotland. They regulate, inspect, and support improvement of care, social work and child protection services for the benefit of the people who use them.
Guidance in relation to the health and social care complaints procedure (Department of Health NI April 2019) www.health-ni.gov.uk	A document that provides a simple and consistent approach setting out complaints handling procedures with clear standards and guidance for both the staff who handle complaints and for the public who may wish to raise a complaint.

2 Equality and diversity

2.1 Under the Race Relations (Amendment) Act 2000, Acacium Group has a statutory duty to 'set out arrangements to assess, and consult, on how their policies and functions impact on race equality'; in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of EIA in relation to disability.

An EIA must be completed by the author of this Policy using the checklist provided in Appendix A. See also the Acacium Group Equality and Diversity Policy and the EIA Policy.

Appendix D: RQIA Standards

Northern Ireland Standard 5: Investigation of Complaints

All investigations will be conducted promptly, thoroughly, openly, honestly and objectively.
Rationale:
HSC organisations will establish a clear system to ensure an appropriate level of investigation. Not all complaints need to be investigated to the same degree. A thorough, documented investigation will be undertaken, where appropriate, including a review of what happened, how it happened and why it happened. Where there are concerns the HSC organisation will act appropriately and, where possible, improve practice and ensure lessons are learned.

Criteria

1. Investigations are conducted in line with agreed governance arrangements
2. Investigations are robust and proportionate, and the findings are supported by the evidence
3. A variety of flexible techniques are used to investigate complaints, dependent on the nature and complexity of the complaint and the needs of the complainant
4. Independent experts or lay people are involved during the investigations, where identified as being necessary or potentially beneficial and with the complainants consent
5. People with appropriate skills, expertise and seniority are involved in the investigation of complaints, according to the substance of the complaint
6. All HSC providers/commissioners and regulatory bodies will co-operate, where necessary, in the investigation of complaints
7. The HSC organisation will investigate and take necessary action, regardless of consent, where a patient/client safety issue is raised, and
8. All correspondence and evidence relating to the investigation will be retained in line with relevant information governance requirements

Standard 6: Responding to Complaints

All complaints will be responded to as promptly as possible and all issues ri9ased will be addressed

Rationale:
All complainants have a right to expect their complaint to be dealt with promptly and in an open and honest manner

Criteria:

1. The time scales for acknowledging and responding to complaints are in line with statutory requirements
2. Where any delays are anticipated or further time required the HSC organisation will advise the complainant of the reasons and keep them informed of progress
3. HSC organisations must consider alternative methods of responding to complaints
4. Responses will be clear, accurate, balanced, simple fair and easy to understand. All issues raised in the complaint will be addressed and, where appropriate the response will contain and apology
5. The Chief Executive may delegate responsibility for responding to a complaint where, in the interest of a prompt reply, a designated senior person may undertake this task
6. Complainants should be informed, as appropriate, of any change in system or of practice that has resulted from their complaint and

7. Where a complainant remains dissatisfied, he/she should be clearly advised of the options that remain open to them

Appendix E: Complaints Process