Health Services Safety Investigations Body

Policy

Complaints Policy

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Brief summary of changes since previous version:

Version	Date	Update
V0.1	February 2025	First draft version for Senior Leadership Team (SLT) in March 2025.
V0.2	March 2025	Second draft version following input from the Director of Investigations and Project Manager.
V0.3	April 2025	Amendments made following SLT meeting in March 2025. - The word interim removed, prior to CEO. - Acronym BGRM replaced with Governance Team. - Section 5a – extra line added to be explicit that HSSIB would only need this if specific information is required for an investigation. - Section 7 – changed to respond within 5 working days rather than 3 in case its via post which may cause delay. - Section 9 – noted that if there is a delay in responding, then HSSIB will notify straight away (rather than original 3 months).

Version	Date	Update
		- Section 11.3 – 'white mail' changed to 'letter'. - Section 12.1 reviewed and amended to ensure we are being balanced and proportionate and taking a trauma informed approach. Focus is now on inappropriate behaviour, e.g. threatening behaviour.

1. Introduction

1.1 The policy outlines the Health Services Safety Investigations Body's (HSSIB) commitment to handling complaints about the services and investigation work that we provide / do. HSSIB handles complaints in line with the Local Authority Social Services and NHS Complaints Regulations 2009 (the Regulations).

2. Scope

2.1 This policy applies to the handling of complaints relating to HSSIB's services and/or investigation process. For the purposes of this policy, a complaint is defined as an expression of dissatisfaction about an act, omission, or decision, either verbal or written, and whether justified or not which requires a response.

2.2 All our staff, and any contracted organisations or individuals, without exception, are within the scope of this policy. This includes Board members.

3. Roles and Responsibilities

3.1 The Chief Executive Officer has overall accountability for ensuring that the HSSIB complaints policy meets the statutory requirements as set out in the Regulations. The Regulations permit the approval and signing of complaint response letters to be delegated appropriately.

3.2 The Chief Executive Officer can delegate this responsibility, in exceptional circumstances (e.g. a period of extended absence). If deemed appropriate or necessary, the delegation will be to the Director of Investigations and the Education Director.

3.3 The Governance Team has the lead responsibility for complaints and for ensuring this policy is implemented and becomes an active document within HSSIB.

3.4 It is the responsibility of the Governance Team to consider whether informal and therefore early resolution of an issue may be possible. If an issue can be resolved quickly, HSSIB will aim to do this in around 10 working days and, with the agreement of the enquirer, would categorise this as a concern. However, if the enquirer is clear that they wish to make a formal complaint then we will follow our complaints policy in full.

4. How To Make a Complaint

Email: governance@hssib.org.uk

Post: Lytchett House, 13 Freeland Park, Wareham Road, Poole, Dorset, BH16 6FA

We will seek to make the necessary reasonable adjustments in order to handle any complaint. For example, we will call the complainant if they would prefer a telephone conversation if they can provide their telephone number via email / post.

We will seek to make the necessary reasonable adjustments in order to handle any complaint. Our website asks people to inform us of any additional services required, such as British Sign Language, translation services or alternative formats such as Braille so we can facilitate this on a case-by-case basis.

5. Who Can Make a Complaint?

In line with the Regulations, a complaint may be made by “a person who receives or has received services” or “a person who is affected, or likely to be affected, by the action, omission or decision….which is the subject of the complaint.”

A complaint may be made by a representative acting on behalf of a person mentioned above who:

a) Has died

The complainant would usually be the personal representative of the deceased. In order to respond to the personal representative, HSSIB may request some formal documentation from this person such as a copy of a will (to demonstrate their role as executor) or a lasting power of attorney relating to health care. This information will only be asked for if specific information is required for an investigation.

b) Is a child

HSSIB must be satisfied that there are reasonable grounds for the complaint to be made by a representative of the child (rather than by the child themselves), and that the representative is making the complaint in the best interest of the child (a child is considered anyone up to the age of 18).

c) Has physical or mental incapacity

In the case of a person who is unable to make the complaint themselves because of either physical incapacity or who lacks capacity within the meaning of the Mental Capacity Act 2005, HSSIB needs to be satisfied that the complaint is being made in the best interest of that person. In relation to points a, b, and c above, where HSSIB is satisfied that the representative is not conducting the complaint in the best interests of the person on whose behalf the complaint is made, the complaint will not be considered under this policy. HSSIB must notify the representative in writing of this decision and state the reason for that decision.

d) Has given consent to a third party acting on their behalf.

In this case HSSIB will require the following information.

- Name and address of the person making the complaint
- Name and either date of birth or address of the person who is the subject of the complaint
- A consent form signed by the person who is the subject of the complaint. This information is recorded as part of the complaint file.

e) Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs

f) Is an MP, acting on behalf of and by instruction from a constituent where the constituent is not the patient or the person who is the subject of the complaint, we will pursue consent in the usual way.

6. Time Limit for making a Complaint

A complaint must be made no later than 12 months after the date on which the matter, which is the subject of the complaint occurred or, if later, the date on which the matter which is the subject of the complaint came to the notice of the complainant. The time limit shall not apply if HSSIB is satisfied that the complainant had good reasons for not making the complaint within that time limit and, notwithstanding the delay, it is still possible to investigate the complaint

effectively and fairly. If we do not see a good reason for the delay or think it is not possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this.

7. Acknowledgement of Complaints

Where a complainant has specified the way in which they wish to be addressed all communication from the acknowledgement stage onwards will follow that request, including the use of pronouns.

An acknowledgement to a complaint:

- Should be within 5 working days;
- Will be in writing unless in exceptional circumstances where it may be verbal (if made verbally it must be followed up in writing as soon as is possible);
- Must include an offer to discuss the handling of the complaint;
- Must include an offer to discuss the timeframe for responding to the complaint;
- Should include a summary of what the complaint is about and, where unclear, offer to discuss the desired outcome;
- When the complaint has been made verbally, it must include the written statement which has been recorded as the formal complaint;
- Must include information about local NHS Complaint Advocacy Services (and consideration be given to providing information about specialist advocacy services such as when the complaint may also be a serious incident or claim);
- Will address any issues of consent; and
- Must include the name and title of the complaints handler who will be the point of contact for the complainant throughout the complaints process.

8. Investigation of a Complaint

Our Chief Executive Officer will be made aware of all complaints received by HSSIB.

An investigation into a complaint will usually involve the relevant staff member at HSSIB and the Director for the relevant area.

9. Response to a Complaint

The response to the complaint will be co-ordinated by the Board, Governance and Records Manager.

A response to a complaint must:

- Include an explanation of how the complaint has been considered.
- Provide information about who has been involved in the investigation.
- Include a meaningful apology where it is due.
- Refer to any records, documents or guidelines that have been considered.
- Conclude and evidence how a decision was reached.
- Tell the complainant what has been done to put things right where appropriate.
- Signpost the complainant to next steps including details of the Parliamentary and Health Service Ombudsman (PHSO).

Before sharing a response with the complainant, consideration should be given to any response which may contain sensitive, unexpected, and/or potentially harmful information or which may be delivered at a sensitive time (such as the anniversary of a death).

HSSIB aims to respond within 40 working days. If there is a delay, we will write to the complainant to explain the reasons for the delay and outline when they can expect to receive a response. At the same time, we will notify the complainant of their right to approach the PHSO without waiting for local resolution to be completed.

10. Confidentiality

HSSIB has a legal duty to maintain the confidentiality of personal information. All personal data received is recorded and stored on a secure server with limited authorised access. Information is retained in accordance with HSSIB's Document and Records Retention Schedule.

11. Exceptions to the Policy

11.1 Fraud

Any allegations of fraud or financial misconduct should be referred to the National Fraud Reporting Line at NHS Counter Fraud Authority. Full details of the methods for reporting are available at their website.

HSSIB staff should refer to the internal Bribery and Fraud Policy which is available on the SharePoint.

11.2 Safeguarding and patient safety

There may be circumstances in which information disclosure is in the best interest of the patient, or the protection, safety or wellbeing or a child or adult at risk. In these circumstances, a complaint will be escalated as necessary in line with NHS England's safeguarding policy and procedure (HSSIB adhere to this policy and procedure via an agreement with NHS England). A staff member receiving a complaint of this nature should forward it to the HSSIB Safeguarding Lead on enquiries@hssib.org.uk.

11.3 The safety of staff dealing with complaints

Most contact with complainants is via telephone, email, or letter. However, there may, on rare occasions, be face-to-face meetings with complainants and appropriate measures need to be in place to support staff in the engagement.

Whilst the complainant may wish to discuss a confidential matter, it is essential that based upon the knowledge of the complainant, the staff dealing with the complaint make a considered decision about where they will speak to the complainant. In these circumstances staff dealing with the complaint should not meet the complainant alone and should be accompanied by a colleague. A neutral and safe venue should be sought for such a meeting. Good practice would suggest that the staff dealing with the complaint advise other colleagues of where they are

12. Inappropriate behaviour

12.1 Definition of inappropriate behaviour

There is no one single feature of inappropriate behaviour. Examples of inappropriate behaviour may include those who:

- Persist in pursuing an issue when actions have been fully and properly implemented and exhausted.
- Threaten or use actual physical violence towards staff.
- Have harassed or been personally abusive or verbally aggressive (this may include written abuse e.g., emails).
- Make or send inappropriate telephone calls, emails or letters to staff.

12.2 Actions prior to designating a person's contact as inappropriate.

It is important to ensure that the details of a complaint/concern are not lost because of its presentation. There are several points to bear in mind when considering imposing restrictions upon a person. These may include:

- Ensuring the person's case is being, or has been dealt with appropriately, and that reasonable actions will follow, or have followed, the final response.
- Confidence that the person has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable or persistent.
- Checking that new or significant concerns are not being raised, that requires consideration as a separate case.
- Applying criteria with care, fairness, and due consideration for the person's circumstances – bearing in mind that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant/sudden changes to the person's lifestyle, quality of life or life expectancy.
- Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff.
- Ensuring that the person has been advised of the existence of the policy and has been warned about and given a chance to amend their behaviour.

Consideration should also be given as to whether any further action can be taken prior to designating the person's contact as unreasonable or persistent.

This might include:

- Raising the issue with a member of the Senior Leadership Team.
- Consider whether the assistance of an advocate may be helpful.
- Consider how communication with the person could be managed, which may include;
- Time limits on telephone conversations and contacts.
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
- Requiring contact to be made with a named member of staff and agreeing when this should be.
- Requiring contact via a third party e.g., advocate.
- Limiting the person to one mode of contact.
- Informing the person of a reasonable timescale to respond to correspondence.
- Informing the person that future correspondence will be read and placed on file but not acknowledged.

- Advising that the organisation does not deal with calls or correspondence that are abusive, threatening, offensive or discriminatory.
- Asking the person to enter into an agreement about their conduct.

12.3 Process for managing inappropriate behaviour

Where a person's contact has been identified as inappropriate, the decision to declare them as such must be made based upon information provided by the staff dealing with the complaint. It is important that all relevant information be made available before a decision is made, to ensure the person is treated fairly when considering imposing restrictions.

Once a decision has been made, a member of the Senior Leadership Team will write to the person informing them that:

- Their complaint/concern is being investigated, and a response will be prepared and issued as soon as possible within the timescales agreed or;
- Their complaint/concern has been responded to as fully as possible and there is nothing to be added. Additionally:
- That repeated contact regarding the complaint/concern in question is not acceptable and that further calls will be terminated and;
- That any further correspondence will not be acknowledged.

All appropriate staff should be informed of the decision so that there is a consistent and co-ordinated approach across the organisation (ensuring that only information pertaining to the restriction is made available rather than information regarding the case). If the person raises any new issues, then they should be dealt with in the usual way. A review of the status should take place at six monthly intervals. The review will include the complaints lead (Governance Team) and the staff dealing with the complaint. If a decision is made to extend the complaint or remove sanctions, this much be signed off by a member of the Senior Leadership Team.

There may be rare occasions when the nature of the contact requires immediate and urgent action such as involving emergency services to safeguard either the person or staff member (or both). In these circumstances follow usual safeguarding processes and retrospectively apply the inappropriate behaviour decision, as necessary.

13. Compliance and reporting

The Governance Team is responsible for monitoring compliance with this Policy.

HSSIB will produce an annual complaints report for the HSSIB Board and the HSSIB Senior Leadership Team (SLT). Complaints information will also be included in the HSSIB Annual Report.

The Governance Team will maintain a complaints log.

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