

Complaints Policy

[Mandatory Read]



<h1>Complaints Policy</h1> <h2>[Mandatory Read]</h2>	
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1 Purpose and Objectives

This policy sets out how we handle complaints and the standards we will follow.

At present, the Fundraising and Retail parts of the organisation have separate complaints policies. The scope of this policy therefore applies to all other areas of The Children's Trust. It is, however, the intention and ambition of the organisation to amalgamate all complaint-handling processes into one overarching policy within the next twelve months, supported by specific standard operating procedures for individual operational areas.

The Children's Trust is committed to continually improving the quality of care and services it provides. A key goal is to ensure the satisfaction and wellbeing of the children and young people it supports, as well as their families. To achieve this, we actively welcome feedback, comments, and suggestions from children and young people, their relatives, and service users. This approach reflects the Children's Trust's core values, known as Our Promises.

Any child or young person or member of their family who is dissatisfied is entitled to voice their comments, concerns or complaints, and to have them taken seriously, properly investigated, explained and resolved. This will be accomplished through open conversations, explanations, errors being acknowledged with apologies being made where appropriate and lessons being learnt. The aim will always be to resolve the complaint locally to the satisfaction of all involved.

To help Children and Young People and/or relatives to raise their comments or complaints, the information leaflet "Compliments and Complaints – Help Us to Improve our Service" is available and provides information on how to report comments, concerns and complaints.

The purpose of the Complaints Policy is to provide a system which is non-discriminatory and accessible to all people to ensure that:

- 1.** People who are dissatisfied with the care provided can voice their complaint and receive a response to their concerns.
- 2.** Complaints are efficiently and effectively managed within the Service, which includes auditing the process to monitor and improve performance and provide feedback to the organisation including the Board.
- 3.** Where appropriate, lessons are learnt, and action is taken to improve the quality of the care and experience received.
- 4.** TCT operates an effective, fair and rapid complaints response service.
- 5.** The complaints service is consistent with all relevant legislation and best practice guidance.
- 6.** Staff involved in complaints prevention, handling or resolution have been appropriately trained and supported.

Relevant laws and regulations included but are not limited to:

- Care Standards Act 2000
- Health and Social Care Act 2008 Regulations 2014: Regulation 16

- The Local Authority, Social Services and National Health Service Complaint Regulations 2009
- UK General Protection Data Regulation and Data Protection Act 2018.

2 Scope

This policy applies to all colleagues across The Children’s Trust; **(with exception of Fundraising, Communications, Retail and Prize Led complaints, see policy FR001)**

In the instance a staff member wishes to make a complaint, they should refer to the following as appropriate: the Resolution Policy, Bullying Intimidation & Harassment Policy or Whistleblowing Policy.

3 Definitions

“**Complaint**” is an expression of dissatisfaction, either spoken or written, that requires a response. It can be about an act, omission or decision made, or the standard of service provided. These definitions should be considered within the context of no concern is too big or small to be a complaint’.

“**Complainant**” is the person making the complaint, whether on behalf of themselves or another.

“**Feedback**” is an opinion, whether invited or spontaneous, that can be positive, negative or neutral.

“**Enquiry**” is a form of dissatisfaction either spoken or written that requires a response with an acknowledgement that the enquiry is not a complaint.

“**Working Week**” is defined as Monday to Friday

Informal concern versus formal Complaints :

Informal Concern: An informal concern or enquiry may be received in writing or verbally, which requires staff to act on a local level focusing on early resolution. This may take the form of clarifying the situation or/and acting to remedy the problem.

Informal concerns are resolved promptly, ideally within 24 to 48 hours and does not require a formal written response, although discretion falls with the service as to whether they wish to provide one if deemed appropriate. All informal concerns must be reported on the governance reporting system.

Formal Complaint: A formal complaint is usually (but not necessarily) written.

A formal complaint is one that cannot be resolved immediately and will usually require investigation. All formal complaints must be reported on the governance reporting system as soon as the complaint is raised.

All stage 1 formal complaints require a written response and are to be approved by the relevant Director of the area that the complaint relates to. If the complainant is unhappy with the stage 1 response, then the complaint can be escalated to stage 2 and is required to be approved by the Chief Executive.

There are three stages to the formal complaints process:

- **Stage 1 – Local Resolution** Stage 1 is signed off by the relevant Director of the area that the complaint relates to.

- **Stage 2 – Complaint Review** Stage 2 is signed off by the Chief Executive.
- **Stage 3 – Signposting to an Ombudsman Service** Stage 3 is investigated (once Stages 1 and 2 have been completed) by the Parliamentary and Health Service Ombudsmen if the Child or Young Person is **funded by the NHS**. If the Child or Young Person is privately funded there are the following routes:
 - If the complaint relates to professional conduct or fitness to practice of an individual clinician you can refer to the relevant professional regulator: General Medical Council (Doctors), Nursing and Midwifery Council (Nurses)
 - You can report the matter to the Care Quality Commission

4 Policy Statement

The Children’s Trust is committed to providing consistently high standards of service.

All complaints must be handled without delay and with the aim of satisfying the complainant, learning from the issues raised and to drive continuous improvement to the services we provide whilst being fair and open with those involved.

There is a need to view complaints positively as a valuable contribution to improving services. The Children’s Trust is committed to identifying lessons and applying the learning.

5 Stakeholder Consultation

Appendix 1 details the stakeholders who were consulted in the development of this policy.

6 Related Policies and Procedures

The following policies and procedures stated below support the effective application of this policy and SOP:

- Services for Children Policy Statement
- Child Protection and Safeguarding Policy
- Confidentiality Policy
- Policy and Procedure for Record Keeping in Children’s Records
- Admissions, Discharges and Transitions Policy Data Protection

7 External References and Guidance

The following external resources and guidance were consulted in drafting this policy and SOP:

- Parliamentary Health Service Ombudsman NHS Complaints Standard
- Health and Social Care Act 2008 Regulations 2014: Regulation 16 Receiving and Acting on Complaints
- Independent Complaints Advocacy
- The Patient Association

Standard Operating Procedures (SOP)

1 Roles and responsibilities

Overall responsibility and accountability for management of stage 1 complaints lies with the 'Responsible person' (as defined by Health and Social Care Act 2008 Regulations 2014: Regulation 16), in our organisation this is the Registered Manager who will delegate the responsibility of the management and approval of the complaint to the relevant Director.

Overall responsibility and accountability for management of stage 2 complaints lies with the Chief Executive, this responsibility has been delegated on a day-to-day basis to the Head of Clinical Governance.

We have processes in place to make sure that the responsible person and relevant senior managers regularly review insight from the complaints we receive, alongside other forms of feedback on our care and service. They will make sure action is taken on learning arising from complaints so that improvements are made to our service.

They demonstrate this by:

- leading by example to improve the way we deal with compliments, feedback, enquiries and complaints,
- understanding the obstacles people face when making a complaint to us, and taking action to improve the experience by removing them,
- knowing and complying with all relevant legal requirements regarding complaints,
- making information available in a format that people find easy to understand,
- promoting information about complaints advocacy and advice services,
- making sure everyone knows when a complaint is a serious incident, or a safeguarding or legal issue and what must happen,
- making sure that there is a strong commitment to the duty of candour so there is a culture of being open and honest when something goes wrong,
- making sure we listen and learn from complaints and improve services when something goes wrong.

1.1.1 Complaints management, roles and responsibilities

The Registered Manager has the overall responsibility for managing this policy and for overseeing the handling and consideration of any complaints received in their area of responsibility.

The Regulations allow us to delegate the relevant functions of the Registered Manager to our staff where appropriate. We do this to ensure we can provide an efficient and responsive service. Within TCT the following is agreed:

- **Relevant Director** – The Registered Manager (stage 1 complaints) will delegate the management and response of the complaint to the relevant Director of the area that the complaint relates to. The relevant Director will be responsible for the effective implementation of the complaints policy, by enabling a full analysis and investigation into the issues raised, ensuring that stage 1 complaints are responded to within the prescribed timetable, ensuring that the relevant organisational learning from the complaint is implemented and releasing staff for relevant training events. They are responsible for the acknowledgement, overall investigation and response, but they may delegate this

responsibility to an investigation manager, however, all stage 1 complaint response letters must be reviewed and signed by the relevant director (see 'The formal written response').

- **The Investigation manager** is responsible for adhering to the agreed timescales for the management of complaints. They will co-ordinate the investigation across all parties, keep accurate records of conversations and actions and update records on the day these take place. They will attend meetings with complainants when required and keep the complainant and their representatives involved throughout the course of the enquiry and define the support needed for any meetings required as part of the investigation. They must use a recognised methodology for identifying the root cause of the dissatisfaction and develop an action plan that addresses the root causes identified. They will attend relevant training when required.
- **The Clinical Governance team**, with overall responsibility of the Head of Clinical Governance, is responsible for operating an effective, responsive complaints management system. This includes ensuring appropriate recording and acknowledgement of all complaints, ensuring that thorough investigations are conducted by appropriate staff members, and that appropriate, full responses are sent to the complainant within the agreed time frame
- **Clinical staff** are responsible for co-operating fully in complaint investigations and providing accurate reflections when requested within the stated timescales (usually 5 working days). See appendix 6 for Reflection template, and appendix 7 for Complaint Reflection guidance.
- **All staff** are empowered to handle complaints that can be resolved quickly at the time they are raised, or very soon after. We encourage our staff to do this as much as possible so that people get a quick and effective answer to their issues. Staff are also responsible for ensuring that, as far as possible, their attitude, approach or behaviour do not give the Child and Young Person's/relatives cause for complaint, that they deal with any issues courteously and efficiently, (including keeping good quality records), and that they refer on to an appropriate manager if the limits of their authority or experience is exceeded.
- **The Chief Executive (Stage 2 complaints)** is responsible for the effective implementation of the complaints policy, by enabling a full analysis and investigation into the issues raised, ensuring that stage 2 complaints are responded to within the prescribed timetable, ensuring that the relevant organisational learning from the complaint is implemented. They are responsible for the overall investigation and response to the stage 2 complaint, but they may delegate this responsibility to an investigation manager, however, all stage 2 complaint response letters must be reviewed and signed by the Chief Executive (see 'The formal written response').

2 Process/ Procedure

Identifying a complaint

Our staff speak to the children and young persons and their family members who use our service every day. This can often raise issues, questions or worries that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint.

When people want to make a complaint

We recognise that we cannot always resolve issues as they arise, and that sometimes people will want to make a complaint. The NHS Complaint Standards define a complaint as: an expression of dissatisfaction, either spoken or written, that requires a response. It can be about:

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

Feedback and complaints

People may want to provide feedback instead of making a complaint.

Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.

People do not have to use the term 'complaint'. We will use the language chosen by the Child or Young Person, or their representative, when they describe the issues they raise, (for example, issue, enquiry, 'concern', 'complaint' 'tell you about'). We will always speak to people to understand the issues they raise and how they would like us to consider them.

Complaints can be made to us:

- in person
- by telephone
- in writing via letter or email
- through social media

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.

We will acknowledge a complaint within three working days of receiving it.

We may receive an anonymous or general complaint that would not meet the criteria for who can complain (see below). In this case we would normally take a closer look into the matter to identify if there is any learning for our organisation unless there is a reason not to.

Who can make a complaint

Any child or young person, their responsible adult, a family member, friend or professional may make a complaint to us if they have received or are receiving care and treatment from our organisation. A person may also complain to us if they are not in direct receipt of our care or treatment but are affected, or likely to be affected by, any action, inaction or decision by our organisation.

If the child or young person or responsible adult affected does not wish to raise the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their consent for their representative to raise and discuss the complaint with us and to see their personal information (including any relevant medical records). If the child or young person or person affected lacks capacity to consent, then the registered manager and investigation manager can agree for the complaint response to be shared if there is sufficient belief that the complainant is acting in the best interests of the affected. Please see appendix 8

If consent is not obtained, complaints can still be investigated and any response provided should not include any personal information of the individual involved.

If at any time we see that a representative is not acting in the best interests of the child or young person affected, we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such circumstances we will advise the representative that they may complain to the Parliamentary and Health Service Ombudsman (NHS funded) or professional regulators (private funded) if they are unhappy with our decision.

Timescale for making a complaint

Complaints must be made to us within 12 months of the date the incident being complained about occurred, or the date the person raising the complaint found out about it, whichever is the later date. If a complaint is made to us after that 12-month deadline, we will consider it if:

- we believe there were good reasons for not making the complaint before the deadline, and
- It is still possible to properly consider the complaint.

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. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman (NHS funded) or professional regulators (private funded)

Complaints and other procedures

We make sure staff who manage the complaints are supported to identify when it may not be possible to achieve a relevant outcome through the complaint process on its own. When this happens, the staff member managing the complaint will inform the person making the complaint and give them information about any other process that may help address the issues and has the potential to provide the outcomes sought.

This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- trigger a safety investigation,
- trigger our safeguarding procedure,
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals,
- involve a relevant legal issue that requires specialist advice or guidance.

When another process would support an outcome, our staff will seek advice and provide clear information to the individual raising the complaint. We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

This will not prevent us from continuing to investigate the complaint. We will make sure that the person raising the complaint gets a complete and holistic response to all the issues raised. This includes any relevant outcomes where appropriate. The staff member dealing with the complaint will engage with other staff or organisations who can provide advice and support on the best way to do this.

If an individual is already taking part or chooses to take part in another process but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint, but the timeline may change.

The only exceptions to this are if:

- The individual requests or agrees to a delay,
- There is a formal request for a pause in the complaint process from the police, a coroner or a judge.

In such cases the complaint investigation will be put on hold until those processes conclude.

If we consider that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, we will advise the person raising the complaint. We will share as much information with them as we can while complying with data protection legislation. If the person raising the complaint chooses to refer the matter to a health professional regulator themselves, or if they subsequently choose to, it will not affect the way that their complaint is investigated and responded to. We will also signpost to sources of independent advice on raising health professional fitness to practice concerns.

If the person dealing with the complaint identifies at any time that anyone involved in the complaint may have experienced, or be at risk of experiencing, harm or abuse then they will discuss the matter with relevant colleagues and initiate our safeguarding procedure.

Confidentiality of complaints

The Children's Trust will maintain confidentiality and protect privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those staff who are involved in the consideration of the complaint. Documents relating to a complaint investigation are securely stored and kept separately from medical records or other children and young person's records. They are only accessible to staff involved in the consideration of the complaint.

Complaint outcomes may be anonymised and shared within our organisation and may be published on our website to promote service improvement.

How we handle complaints

We publish clear information about our complaints process and how people can get advice and support with their complaint through their local Advocacy service and other specialist advice services that operate nationally.

We will make sure that everybody who uses (or is impacted by) our services (and those that support them) know how they can make a complaint by having our complaints procedure and/or materials that promote our procedure visible in public areas and on our website. We will provide a range of ways to do this so that people can do this easily in a way that suits them. This includes providing access to our complaints process online.

We will make sure that the child and young person's ongoing or future care and treatment will not be affected because they have made a complaint.

We will make sure that the child and young person are provided with an opportunity to seek a second opinion on their care.

What we do when we receive a complaint

We want all people, the child and young person, their family members and carers to have a good experience. If somebody feels that the service received has not met our standards, we encourage people to talk to staff who are dealing with them and/or to contact the service to see if we can resolve the issue promptly.

We want to make sure we can resolve complaints quickly as often as possible. To do that, we train our staff to proactively respond to the child and young person and their representatives and support them to deal with any complaints raised at first point of contact.

All our staff who have contact with the children and young people, or those that support them, will handle complaints in a sensitive and empathetic way. Staff will make sure people are listened to, get an answer to the issues quickly wherever possible, and any learning is captured and acted on.

Our staff will:

- listen to the child and young person and their representative to make sure they understand the issue(s)
- ask how they have been affected
- ask what they would like to happen to put things right
- carry out these actions themselves if they can (or with the support of others)
- explain why, if they cannot do this, and explain what is possible
- capture any learning to share with colleagues and improve services for others.

Complaints that can be resolved quickly

Our frontline staff often handle complaints that can be resolved quickly at the time they are raised, or very soon after. We encourage our staff to do this as much as possible so that people get a quick and effective answer to their issues.

In keeping with the Health and Social Care Act 2008 Regulations 2014: Regulation 16, if a complaint is made verbally (in person or over the phone) and resolved by the end of the next working day, it does not need go through the remainder of this procedure. For this to happen, we will confirm with the person making the complaint that they are satisfied we have resolved the issues for them. If we cannot resolve the complaint within that timescale, we will handle it in line with the rest of this procedure.

This should be documented in the notes.

Acknowledging complaints

For all other complaints, the responsible director will acknowledge them in writing within three working days. They will discuss with the person making the complaint how we plan to respond to the complaint.

All complainants should be contacted via telephone by the investigation manager on receipt of their complaint to confirm the complainants concerns and issues to be investigated. Please see 'Clarifying the complaint and explaining the process' below for further details.

A written summary of all conversations with complainants should be saved and sent to the clinical incident mailbox so it can be uploaded into the relevant complaint file.

Focus on early resolution

Informal Complaints

When we receive a complaint, we are committed to making sure it is addressed and resolved at the earliest opportunity. Our staff are trained to identify any complaints that may be resolved at the time they are raised or very soon after. If staff consider that the issues cannot be resolved quickly, we will take a closer look into the matter.

When our staff believe that an early resolution may be possible via the informal route, they are authorised to take action to address and resolve the issues raised and put things right for the person raising them. This may mean giving a quick explanation or apology themselves or making sure a colleague who is more informed of the issues does. Our staff will resolve informal complaints in person or by telephone wherever possible.

If we think a complaint can be resolved quickly, we aim to do this in a matter of days. We will always discuss with those involved what we will do to resolve the complaint and how long that will take.

If we can resolve a complaint

If we can answer or address the complaint early, and the person making the complaint is satisfied that this resolves the issues, our staff have the authority to provide a response on our behalf. This will often be done in person, over the telephone, or in writing (by email or letter) in line with the individual circumstances.

We will capture a summary of the complaint and how we resolved it, and we will upload to our online governance reporting system. This will make sure we build up a detailed picture of how each of the services we provide is doing, and what people experience when they use these services. We will use this data to help us improve our services for others.

We ask our staff to notify the clinical governance team if we are not able resolve a complaint.

If we are unable to find an appropriate way to resolve the complaint to the satisfaction of the person making it, we will look at whether we need to take a closer look into the issues.

Stage 1- Formal Complaint Process

Not every complaint can be resolved quickly, and sometimes we will require more time to carry out a closer look into the issues and carry out a formal investigation. In these cases, we will make sure the complaint is allocated to an appropriate member of staff, who will take a closer look into the issues raised. This will always involve taking a detailed and fair review of the issues to determine what happened and what should have happened.

We will make sure staff involved in carrying out a closer look are properly trained to do so. We will also make sure they have:

- the appropriate level of authority and autonomy to carry out a fair investigation
- the right resources, support and time in place to carry out the investigation, according to the work involved in each case.

Where possible, complaints will be looked at by someone who was not directly involved in the matters complained about. If this is not possible, we will explain to the person making the complaint the reasons why it was assigned to that person. This should address any perceived conflict of interest.

Clarifying the complaint and explaining the process

The staff member managing the complaint will:

- contact the complainant to engage with the person raising the complaint (preferably in a face-to-face meeting or by telephone) to make sure they fully understand and agree:
 - the key issues to be looked at
 - how the person has been affected
 - the outcomes they seek
- provide a written acknowledgment letter, which will be sent within 3 working days and provide the complainant with a contact number to enable them to contact the investigation manager.
- make sure that any staff members specifically complained about are made aware at the earliest opportunity (see 'Support for staff' below)
- share a realistic timescale for how long the investigation is likely to take with the person raising the complaint, depending on:
 - the content and complexity of the complaint

- the work that is likely to be involved
- agree how they will keep the person regularly informed
- explain how they will carry out the closer look into the complaint, including:
 - what evidence they will seek out and consider
 - who they will speak to
 - how they will decide if something has gone wrong or not
 - who will be responsible for the final response
 - how the response will be communicated

Investigation

Investigations will give a clear and balanced explanation of what happened and what should have happened and addresses all the issues raised. This includes obtaining evidence from the person raising the complaint and from any staff involved or specifically complained about.

If the complaint raises clinical issues, they will obtain a clinical view from someone who is suitably qualified using the reflection template (appendix 6. Reflections should be returned to the requestee within 5 working days, unless otherwise stipulated. Ideally, they should not have been directly involved in providing the care or service that has been complained about.

The investigator will aim to complete the investigation within 20 working days of the receipt of the complaint letter.

Should circumstances change they will:

- notify the person raising the complaint (and any staff involved) immediately by calling the complainant and following up with a holding letter
- explain the reasons for the delay
- provide a new target timescale for completion.

Unless they have agreed a longer timescale with the person raising the complaint the investigator will inform the complainant if they cannot conclude the investigation and issue a final response within 20 working days.

The relevant Director will write to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed and a final written response issued.

Before sending a final written response to the complaint, the staff member carrying out the investigation will share and discuss (by telephone, in a meeting or in writing) the outcome of our investigation and the actions we intend to take, with all the key parties to the complaint. This will be decided on a case-by-case basis and will be based on the complexity of the issues and the identified impact. We will always consider any comments they receive before issuing a final written response.

Following the investigation, if the person investigating the complaint identifies that something has gone wrong, they will seek to establish what impact the failing has had on the individual concerned. Where possible they will put that right for the individual and any other people who have been similarly affected. If it is not possible to put the matter right, they will decide, in discussion with the individual concerned and relevant staff, what action can be taken to remedy the impact.

Supporting change

- an acknowledgement, explanation and a meaningful apology for the error
- reconsideration of a previous decision
- expediting an action
- changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

In line with good practice recommendations, requests for compensation where the stage 1 or 2 investigation into the issues raised by a complainant identifies that TCT systems were at fault, will be considered on an individual basis. This is not an automatic right, and each case will be considered on a case-by-case basis.

TCT may give a gesture of goodwill for loss of earnings or travel costs or for the loss of personal property. The final decision on whether to pay any such gesture will rest with the relevant Director.

If the complaint highlights the possibility of a financial claim against either the service or a staff member within the service, the complaint must be discussed urgently with the Chief Executive and the relevant Director. Any advice received from these parties must be followed.

The following is a non-exhaustive list of circumstances that may lead to a financial claim:

- Clinical negligence leading to harm caused to a child and young person.
- Administrative errors leading to harm caused to a child and young person.
- Health and safety incidents that have resulted in an injury.

The formal written response

Formal response will be within the template will include:

- a reminder of the issues investigated, and the outcome sought
- an explanation of how we investigated the complaint
- the relevant evidence we considered
- what the outcome is
- an explanation of whether something went wrong that sets out what happened compared to what should have happened, with reference to relevant legislation, standards, policies, procedures and guidance
- if something went wrong, an explanation of the impact it had
- an explanation of how that impact will be remedied for the individual
- a meaningful apology for any failings
- an explanation of any wider learning we have acted on/will act on to improve our service for other users
- an explanation of how we will keep the person raising the complaint involved and updated on how we are taking forward all systemic learning or improvements relevant to their complaint
- details of how to contact the relevant Director if the complainant is unsatisfied with the response

The final stage

Stage 2- Formal Complaint review

Should the complainant wish to escalate their complaint to Stage 2, they must do so in writing addressed to the Chief Executive within 6 months of the final response to the complaint at Stage 1.

The Chief Executive will assign an independent investigation manager for the complaint.

The concerns will be investigated as per the above process by an independent investigation manager, who has not been previously involved in the complaint investigations for this complaint.

The timescales for a stage 2 complaint are the same as those for a stage 1 complaint.

A response letter will be sent from the Chief Executive. The letter will contain signposting to the next stage of the complaint's procedure; 1 external adjudication via Parliamentary and Health Service Ombudsman (NHS funded Children and Young People) or alternative routes for privately funded Children and Young People. Requests for external adjudication should be made in writing within 6 months of receipt of the Stage 2 response letter as stipulated by the Ombudsman. Requests for external adjudication will be allowed outside this timeframe only in exceptional circumstances.

Support for staff

We will make sure all staff are supported to investigate and respond to complaints effectively.

This includes how to manage challenging conversations and behaviour.

We will make sure staff affected by a complaint are made aware of the complaint and we will give them advice on how they can get support from within our organisation, and externally if required. We will make sure staff involved in/affected by a complaint can give their views on the events and respond to emerging information. Our staff will act openly and transparently and with empathy when discussing these issues.

The person carrying out the investigation will keep staff updated. Staff will have an opportunity to see the complaint response before it is issued.

Referral to the Ombudsman

In our stage 2 response we will clearly inform the person raising the complaint that if they are not happy with the outcome of our investigation, they can take their complaint to the Parliamentary and Health Service Ombudsman (NHS funded) or professional regulators (private funded)

Complainants may also wish to share their experience with the Care Quality Commission (CQC). Although the CQC cannot investigate complaints about health care or social care services, they are still happy to hear from children and young people /relatives if they are dissatisfied about the care they receive. Complainants should be advised to contact the Care Quality Commission on 03000 616161, email enquiries@cqc.org.uk or at their website: www.cqc.org.uk

Complaints involving multiple organisations

If we receive a complaint that involves other organisation(s) we will make sure that we investigate in collaboration with those organisations. The people handling the complaint for each organisation will agree who will be the 'lead organisation' responsible for overseeing and coordinating consideration of the complaint.

The person investigating the complaint for the lead organisation will be responsible for making sure the person who raised the complaint is kept involved and updated throughout. They will also make sure that the individual receives a single, joint response.

Persistent and vexatious complainants

In a minority of cases, complainants can become persistent in pursuit of their complaint, despite reasonable attempts to resolve matters. This can result in a disproportionate amount of time and resources and may place undue strain upon the staff that are required to deal with them.

Appendix 5 identifies complaints that may be considered unreasonable and suggests ways of responding to these.

Monitoring, demonstrating learning and data recording

We expect all staff to identify what learning can be taken from complaints and see this as feedback.

Our managers take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users.

We maintain a record of the following on our reporting system:

- Each complaint
- Subject matter
- Outcome
- Whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation
- Letters received from complainants
- Letters sent to complainants
- Minutes of meetings at which the complaint is discussed
- Emails or other correspondence between staff regarding the complaint
- Action plans created as a result of the complaint

All records pertaining to the complaint and investigation notes should be uploaded onto our governance reporting system.

To measure our overall timescales for investigating and responding to all complaints and our delivery of the NHS Complaint Standards, we seek feedback on our service from:

- people who have made a complaint and any representatives they may have
- staff who have been specifically complained about
- staff who carried out the investigation.

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

At the end of each financial year, we will produce and publish a report on our complaint handling within our quality account. This will include how complaints have led to a change and improvement in our services, policies or procedures.

Document Change Control

Version	Status	Description (of changes)	Reviewed by	Reviewed/ Issued Date
14	Approved		CGSC	July 2016
15	Approved		CGSC	April 2018
16	Approved		CGSC	April 2020
17.0	Final	Approved	Board	July 2023
17.1	Draft	Full rewrite to include a 3 stage complaints process		
18.0	Final	Approved	Board	November 2025
18.1	Draft	Removed ISCAS references		April 2026
19.0	Final	Approved	QPS	April 2026

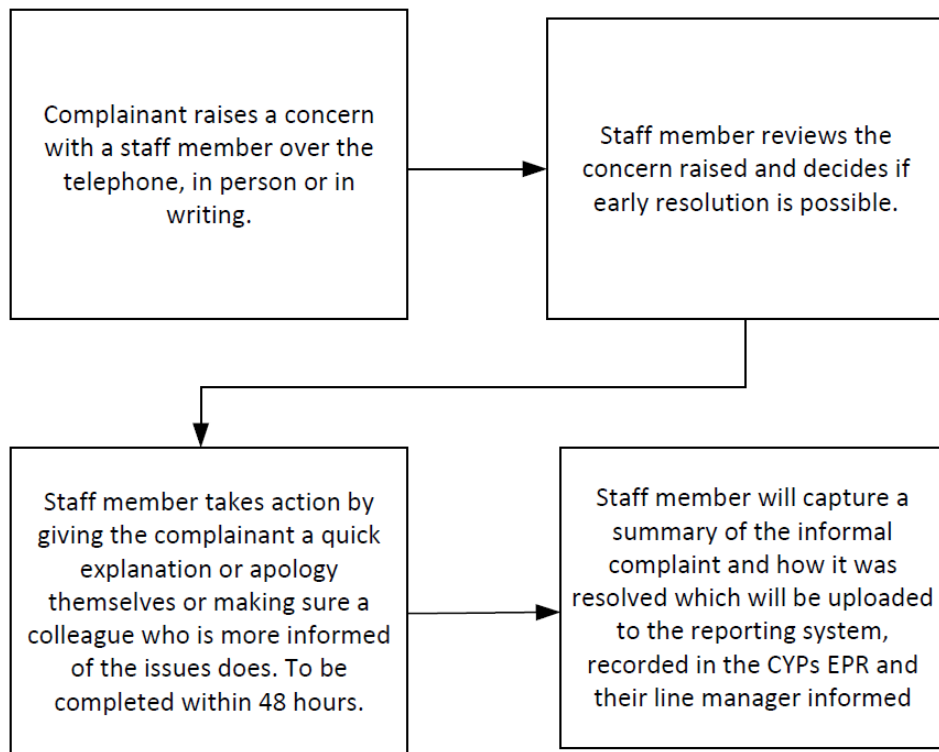
Appendix 1 – Stakeholder Engagement Checklist

Review and complete the following checklist to indicate which stakeholders were consulted in the development of this policy.

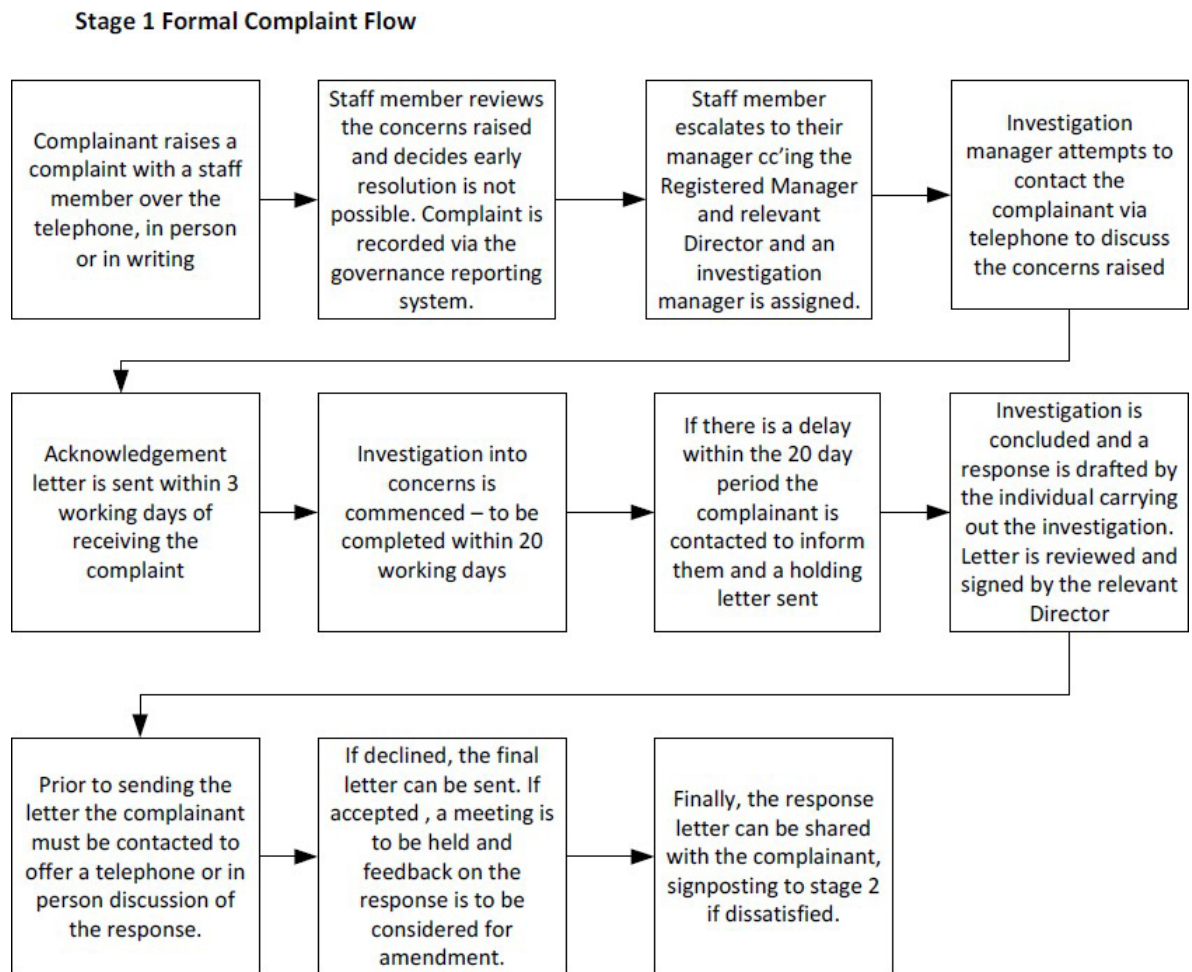
#	Question	Yes/ No	Stakeholder(s) to be consulted
1	Is there a statutory requirement to have in place this policy/ does the policy need to comply with detailed legislation?	Yes	Audit, Risk and Governance team
2	Is implementation of the policy (or any element of it) dependent on the use of new or existing information technology?	No	Head of IT
3	Does implementation of the policy (or any element of it) place any demands on/ or affect the activities of the Estates and Facilities teams (e.g. does it impact the provision or maintenance of premises, equipment, vehicles or other TCT assets)?	No	Head of Estates
4	Does implementation of the policy or any element of it involve/ impact the processing of personal data?	Yes	Data Protection Officer
5	Does implementation of the policy require significant unbudgeted operational or capital expenditure?	No	Finance Director
6	Does implementation of the policy (or any element of it) directly or indirectly impact on the delivery of services / activities in other areas of the organisation? E.g. a policy written by a clinical lead in CF&S might impact on the delivery of care for the child and young person attending the school.	Yes	Relevant, impacted OLT members
7	Is there a need to consider Health and Safety or potential environmental impacts in developing and implementing the policy?	No	Health and Safety Manager
8	Have you consulted with a representative of those who will be directly impacted by the policy?	Yes	
9	Is there a need to consider Equity, Diversity and Inclusion in developing and implementing the policy?	Yes	EDI Lead
10	Is there a need to consider sustainability and potential environmental impacts in developing and implementing the policy?	No	Lead for Responsible Organisation
11	Please detail any other stakeholder groups consulted, if applicable.		School and Community Therapies People Operations Audit Risk and Assurance Fundraising and Communications Finance Clinical Leads

Appendix 2 – Informal Complaint flow chart

Informal Complaint Flow

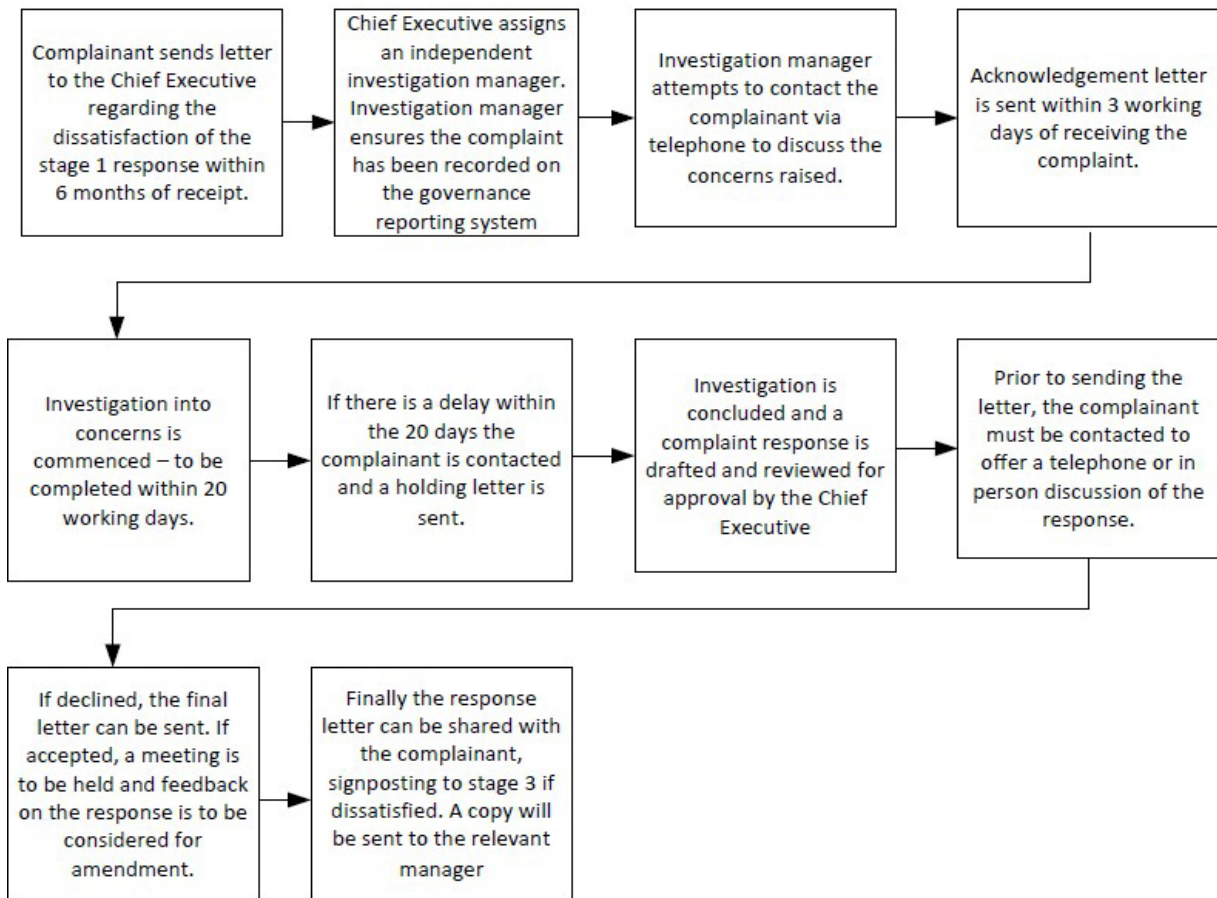


Appendix 3 – Stage 1 Formal Complaint flow chart



Appendix 4 – Stage 2 Formal Complaint flow chart

Stage 2 Formal Complaint Flow



Appendix 5 – Handling Persistent and Vexatious Complainants

Introduction

In a small number of cases, some people can become unreasonably persistent in pursuit of their Complaint, despite reasonable attempts to resolve matters. This can result in a disproportionate amount of time and resources and may place undue strain upon staff who are required to deal with them. The aim of this policy is to identify situations where complainants may be considered persistent or vexatious, and to suggest ways of responding to these.

It is important to remember that a person making a complaint may be distressed due to events that have happened- they may be bereaved, or have health problems and, therefore, they may act out of character at times of stress. Some may find it difficult to communicate, others may appear to show aggression, have a mental illness or be lonely and lack support. These factors should be taken into consideration when dealing with any member of the public who makes a complaint and before implementing this policy.

It should be emphasised that this process should only be used when all reasonable measures have been taken to try and resolve complaints through the Complaints Procedure.

Definition of a persistent or vexatious complainant

Where complainants:

- Persist in pursuing a complaint where the complaints procedure has been fully and properly implemented and exhausted or refuse to accept the remit of the complaint's procedure.
- Change the substance of their complaint or add trivial or irrelevant issues to prolong contact with the service. Care must be taken not to disregard new issues where they are genuinely identified late in the investigation and are significantly different to the original complaint. These will need to be addressed as separate complaints.
- Repeated focus on conspiracy theories and/or will not accept documented evidence of treatment given e.g. information from the child's or young person's records, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Have, had an excessive number of contacts with the service, placing unreasonable demands on staff. A contact may be in person, telephone or in writing.
- Do not clearly identify the precise issues, which they wish to be investigated, despite reasonable efforts made by staff or advocacy service to help them.
- Have harassed or been verbally abusive or aggressive on more than one occasion towards staff dealing with their complaint or failed to engage with staff in a manner which is considered appropriate e.g. repeated use of unacceptable language. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress. All incidents should be documented.
- Focus on a relatively trivial matter to an extent that is out of proportion to its significance. It is recognised that this can be subjective and, therefore, careful judgment must be used in applying this criterion.
- Have threatened or used actual physical violence towards staff at any time. If this applies, no other criterion is necessary to invoke the policy. All incidents should be documented.

Options for handling persistent or unreasonable complaints

Where complainants are identified as persistent or unreasonable, in accordance with the above criteria, the relevant director will discuss and agree any further action with the Head of Safety, Clinical Governance, Risk and Quality. The following will be considered before acting:

- Ensure that the complainant's issue(s) have been dealt with appropriately and that reasonable action has been followed.
- Ensure that any new or significant issues have been considered.
- Apply criteria with fairness, and due consideration for the complainant's circumstances (any known physical or mental health conditions, impact of bereavement or sudden change in lifestyle that may explain their behaviour).
- Consider the proportionality of any restrictions enforced in comparison with the level of unreasonableness or behaviour of the complainant.
- Consider whether there are further actions that can be taken to resolve the matter.
- Try to resolve matters, before invoking the policy, by outlining to the complainant the type of behaviour expected if The Children's Trust is to continue investigating the complaint under the complaints policy

Where all the above have been considered and the complaint is considered persistent and/or unreasonable, the relevant Director will notify the complainant in writing of any action taken and the reasons why The Children's Trust feels that this is necessary. Details of this will be recorded via the reporting system.

The options to consider are as follows:

- If a complainant is abusive or threatening, it is reasonable to require him/her to communicate only in a particular way. The Children's Trust may, therefore, withdraw contact with the complainant in person, by telephone, by email by letter or any combination of these provided that one form of contact is maintained. It may also be helpful to nominate one individual to maintain contact.
- Place time limits on any telephone conversations and personal contact and only in the presence of a witness.
- Require any future contact via an advocate e.g. Complaints Advocacy Service, The Patients Association, etc.
- Advise the complainant that The Children's Trust will not deal with correspondence that is abusive or contain allegations that lack substantive evidence.
- Notify the complainant in writing that their complaint has been responded to fully and all the issues raised have been addressed, and that continuing contact on the matter will serve no useful purpose. The complainant will be notified that the investigation into their complaint is complete and that any further correspondence relating to the issues previously addressed will be acknowledged but not answered.
- Temporarily suspend all contact with the complainant or investigation of the complaint whilst seeking legal advice.
- In extreme circumstances inform the complainant that The Children's Trust reserves the right to pass persistent or unreasonable complaints to the organisation's solicitor and this may result in legal action.
- Where staff have been threatened, assaulted or harassed, The Children's Trust will consider whether it is appropriate to refer the matter to the police for investigation

Withdrawal of Persistent or Unreasonable status

Having deemed a complainant as persistent or unreasonable, this status may be withdrawn at any time. This should be exercised with discretion, where for example, the complainant agrees and demonstrates a more reasonable approach, or they submit a further complaint for which the normal complaints procedure would appear appropriate. The Head of Safety, Clinical Governance, Risk and Quality will discuss options with the relevant director, and if considered appropriate, the organisations complaints procedure will apply, and the complainant notified.

Support

The Children's Trust recognises that persistent or unreasonable complainants can place undue stress upon staff who may require additional support from their immediate manager.

Appendix 6 – Reflection template

Name:	Job Title:
Email:	Contact No:
Work Location:	Location of Event:
Subject of Reflection: (event headline/date and time of occurrence)	
Complaint Reference Number:	
Reflection of Event	
<i>The contents of the reflection are true to the best of my knowledge and belief.</i>	
Signed:	
Date:	
<i>Please identify the number of pages submitted for the reflection.</i>	

Appendix 7 – Complaint reflection guidance

Purpose

If a formal complaint is received and you were involved with the episode of care/have knowledge of the issues raised, you may be asked to provide a written reflection to help draft a response.

Guidance:

As an employee of The Children's Trust, you are obliged to provide a reflection if asked to do so. Make sure that you know why you have been asked to provide a reflection and what the key pieces of information are that you are being asked to explain or describe. There may be several reasons why this has been requested, and it is vital that you understand what is being asked of you. It is your reflection. No-one can tell you what you should write. If you are in any doubt whatsoever about writing your reflection, seek advice from the investigation manager or your line manager. Try to be objective and thorough. Where possible, ensure that you take the opportunity to reflect on the incident, issue or formal complaint that you are writing about. Ensure you can document an accurate account of events by referring to related records, for example the child and young person's medical records. Try to make sure that you are calm and composed when you write your reflection. When providing a reflection during the investigation of a formal complaint, it is important to ensure that all points raised are answered in full and send it to the person who requested your reflection. Do not send your reflection or a response directly to the complainant. If you have any questions about the complaint or your reflection, please direct them to the person who is coordinating the response.

Constructing your reflection:

Your reflection is part of an investigation into a formal complaint. You should therefore bear the following in mind:

- Your reflection must be legible. Wherever possible it should be typed.
- The information you give must be factual, consistent and accurate.
- Your reflection must provide clear evidence of events.
- Your reflection must not be speculative or apportion blame or innocence.
- The information given in your reflection must be relevant to the issue being considered. Where the relevance of the information may be unclear, you must give an explanation.
- Do not use abbreviations or jargon.
- Keep a copy as you may need to refer to it later.
- Following the introduction of the Freedom of Information Act (2005) the exemption under the Data Protection Act on releasing complaint files to the complainant has been withdrawn. If a complainant requests their complaint file, The Children's Trust must release it. This includes reflection written by members of staff regarding the complaint.

Appendix 8 – Consent to allow a person to raise a concern or a complaint on behalf of a patient

Ref House Name
Address of person submitting form
Date

Consent to allow a person to raise a concern or a complaint on behalf of a child or young person or responsible adult.

I am writing on behalf of (insert name of who the person is acting upon) who has asked me to act on his/her behalf and who has countersigned this letter to confirm that I am authorised to act on his/her representative, and to confirm his/her agreement with its contents.

He/she is aware that access to his/her medical records may be required by the investigation team to facilitate the investigation of the concern/complaint and consents to allow access to his/her medical records.

Letters writers name
Signature
Date

Name of person who is being represented
Signature
Date

Appendix 9– Financial remedy guidance

The following is based on the Putting things right ([Principles for Remedy.pdf \(ombudsman.org.uk\)](#)) guidance issued by the Ombudsman’s office. This is guidance only and each case will be considered on an individual basis by the Chief Executive and the relevant Director with the relevant senior manager for all stage 1 and 2 complaints, this guidance is not applicable for stage 3 external adjudication cases.

Where maladministration or poor service has led to injustice or hardship, TCT will try to offer a remedy that returns the complainant acting on behalf of child to the position they would have been in otherwise. If that is not possible, the remedy should compensate them appropriately.

There are no automatic or routine remedies for injustice or hardship resulting from maladministration or poor service. Remedies may be financial or non-financial

An appropriate range of remedies may include:

- an apology, explanation, and acknowledgement of responsibility
- remedial action, which may include reviewing or changing a decision on the service given to an individual complainant; revising published material; revising procedures to prevent the same thing happening again; training or supervising staff; or any combination of these
- financial compensation for direct or indirect financial loss, loss of opportunity, inconvenience, distress, or any combination of these

Factors to consider when deciding the level of financial compensation:

- for inconvenience or distress should include:
- the impact on the individual – for example whether the events contributed to ill health, or led to prolonged or aggravated injustice or hardship
- the length of time taken to resolve a dispute or complaint
- the trouble the individual was put to in pursuing the dispute or complaint

Remedies may need to take account of injustice or hardship that results from pursuing the complaint as well as the original dispute. Financial compensation may be appropriate for:

- reasonable costs that the complainant incurred in pursuing the complaint
- any inconvenience, distress or both that resulted from poor complaint handling by the public body. This is not the same as the complainant disagreeing with the outcome of the complaint investigation.

Remedial action may include improvements to the organisations complaints policy or procedures