

ADHD Referral Management Service - Complaints Policy

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Executive Sponsor:	Director of Quality and Safety
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Purpose:	This policy: • Ensures all complaints are treated seriously and handled consistently, fairly and promptly. • Provides a clear and accessible pathway for individuals to raise concerns about any aspect of the service. • Promotes a culture of openness and transparency regarding feedback and complaints. • Facilitates learning from complaints to identify areas for improvement in service delivery, clinical practice, and administrative processes.
Scope:	This policy applies to: • All of our employees. • All contractors providing our services. • All aspects of the service provided by the organisation, including and not limited to: ○ Remote ADHD referral appointment. ○ Information provision and communication. ○ Administrative processes and appointment scheduling. ○ The conduct of employees and contractors. ○ Any other service-related issues that may be raised as a complaint.

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Summary of Policy

This policy outlines our commitment to provide a fair, transparent, and effective process for managing all complaints received from a patient, their representatives, or other stakeholders.

We are dedicated to resolving concerns promptly, learning from complaints and taking appropriate action to resolve complaints in a timely manner.

1. Introduction

- 1.1 We welcome the views from patients, families, and other stakeholders, and we are committed to delivering a fair, open and clear process for managing concerns, complaints and compliments.
- 1.2 We take all concerns and complaints seriously, seeking to resolve them promptly, and to the satisfaction of everyone involved. We support duty of candour and a culture of openness and honesty, learning from concerns and complaints to reduce the likelihood of recurrence and ensure that services are improved. Compliments will be used as an opportunity to share good practice.
- 1.3 We expect colleagues to seek feedback from people in our service and stakeholders to understand their opinions, questions, worries and perspectives on care, the service or

wider issues. This can include positive, negative and/or neutral information that helps to support people in our service.

- 1.4 This policy complies with relevant UK legislation, including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Data Protection Act 2018 (GDPR), Equality Act 2010, and best practice guidance from the Care Quality Commission (CQC) and other professional bodies.

2. Definitions

Complaint	Any expression of dissatisfaction, whether written, email or oral, where a response or resolution is explicitly or implicitly expected. The complaint may be about such aspects as the services provided, the overall experience, or the conduct of an individual, whether on an employed or contractor basis.
Concern	A concern is an issue that can be raised in a number of ways, however unlike a complaint these may not need to be investigated but should be resolved through local resolution and within two working days. Concerns have the potential to escalate to formal complaints, however dealing with these effectively and quickly can reduce the likelihood of this happening. Responding to concerns through local resolution is more informal than a complaint, and can be done verbally or via email, but the preference of the person raising the concern and the outcome that they expect, should be considered.
Compliment	A compliment is an expression of praise towards one or more people and can be in relation to the services provided. It's important to record compliments so that we can identify where we are making good progress and excelling either generally or in specific areas. We can then understand more about this good practice and share this learning with other departments.
Complainant:	The individual making the complaint. This may be the service user themselves, or a person acting on their behalf (e.g., a relative, advocate, or legal representative).
Investigation	The process of gathering all relevant facts, evidence, and perspectives related to a complaint to determine its validity and identify any necessary actions.

Resolution	The outcome of the complaint process, which may include an explanation, an apology, remedial action, a change in practice, or a combination thereof.
Early resolution response	A written email/letter or phone call to the complainant outlining the agreed early resolution of a concern.
Formal response	A written letter from the complaints team detailing the investigation into the formal complaint, which includes outcomes and lessons learned.
Working Day	Monday to Friday, excluding public holidays.

3. Principles of Complaints Handling

3.1 We are committed to the following principles when handling complaints:

- a) **Accessibility:** Ensuring the complaints process is easy to understand and access for all individuals, including those with communication needs or disabilities.
- b) **Fairness and Impartiality:** Treating all complaints objectively, without prejudice, and ensuring a balanced consideration of all evidence.
- c) **Transparency:** Clearly communicating the complaints process, progress, and outcomes to the complainant.
- d) **Promptness:** Handling complaints efficiently and within defined timescales, providing updates where delays occur.
- e) **Confidentiality:** Protecting the privacy of all parties involved, adhering strictly to data protection regulations (GDPR/Data Protection Act 2018). Information will only be shared on a need-to-know basis.
- f) **User-Centred Approach:** Focusing on the complainant's perspective, actively listening to their concerns, and striving for a resolution that addresses their dissatisfaction.
- g) **Learning and Improvement:** Using complaints as valuable feedback to identify systemic issues, improve service quality, and prevent recurrence of similar problems.
- h) **Accountability:** Taking responsibility for actions and decisions and providing appropriate remedies where errors or shortcomings are identified.

4. Confidentiality and Complaints

4.1 Maintain confidentiality and protect privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018.

- 4.2 Only collect and disclose information to our employees, or contractors who provide services to us, that are involved in the consideration of the complaint. Documents relating to a complaint investigation are securely stored and kept separately from the Referral Management System or other patient records. They are only accessible to those involved in the consideration of the complaint.
- 4.3 Complaint outcomes can be anonymised and shared within our organisation as applicable.

5. Process and Timescales

5.1 Early resolution

In most cases, people raising a complaint will want our service to work proactively, be accountable and take action. To support this, colleagues must feel able to quickly and effectively resolve the issue that has been raised if it is possible to do so. If a solution can be offered within two working days, then the 'early resolution' process should be applied, to resolve the issue as a concern.

- 5.2 Employees and contractors who provide our services, must always offer an immediate explanation to the person and apologise that they have needed to raise a concern.
- 5.3 If a complaint is made verbally and is resolved within two working days by an employee, contractor who provide our services, individual who received the complaint, or any other person, then they must confirm with the complainant that they are satisfied the issue has been resolved. If they agree, then we do not need to follow the formal complaint route.
- 5.4 Our Patient Support Team must make sure complaints that have been resolved through early resolution are still recorded, including brief details of action taken and lessons learned, on our systems.
- 5.5 Some complaints, verbal or written, will be viewed as more serious or complex and it will not be possible, or appropriate, to address and resolve these through the early resolution process. In these situations, those working for, or on behalf of our service, should ensure the complainant is supported in understanding that a formal investigation will be arranged by the complaints team and be given a single point of contact for any additional information they need while this is being coordinated (this should be the appointed investigator if known).

5.6 **Formal investigation**

In circumstances where early resolution is not possible or appropriate (serious or complex issues), the complainant has requested an investigation or the complaint is from an MP or Officer of the Crown, then a formal investigation will be required.

5.7 As soon as possible, a review by the complaints team should be completed to ensure the matter can be dealt with as a complaint. This will also include consideration of the timeframes and if it appears a complaint is the correct procedure to follow.

5.8 Full details of the complaint must be recorded on RADAR and a note made of the system generated Complaint Reference Number.

5.9 The complaints manager is responsible for delegating each complaint to a complaint officer and monitoring progress.

5.10 A written acknowledgement must be sent out within three working days.

5.11 A formal complaint should be responded to in writing, within 30 working days. In exceptional circumstances it may not be possible to resolve the complaint within 30 working days. In these instances, the complainant must be kept informed, including a reason for the delay and an expected resolution date.

5.12 **Timescales for raising concerns or making a complaint**

In most cases, the concern or complaint will need to be made within 12 months of the date of the event or issue occurring, or the date when the person complaining found out about it (whichever is later). We do not automatically refuse to consider any issue that is 'out of time' and each must be considered on a case-by-case basis.

5.13 Exceptional circumstances - In some cases, there may be a very good reason for not making the complaint before the deadline and we need to consider if it is still possible to respond to the complaint. This may be due to the person's individual circumstances e.g. they were too unwell and didn't feel able to raise within timeframes. If this applies, then the complaints manager will need to carefully consider the reasons and if they feel able to agree to accept the complaint. If needed, further advice should be requested from the associate director of clinical governance.

6. Roles and Responsibilities

6.1 **All employees and contractors** have a responsibility to:

- a) Be aware of this complaints policy and the complaints procedure.
- b) Treat all expressions of dissatisfaction seriously and with empathy.
- c) Log all complaints within the RADAR system for review.
- d) Attempt to resolve minor concerns informally and promptly where appropriate and possible, at the first point of contact.
- e) Immediately escalate any formal complaint or unresolved concern to the complaints team.
- f) Cooperate fully with any complaint investigation, providing accurate and timely information as requested.

6.2 **Complaints investigator** has a responsibility to:

- a) Be the primary point of liaison for all formal complaints as needed and as allocated by the complaints manager.
- b) Liaise with relevant employees or contractors clinicians to gather necessary information and evidence.
- c) Ensure compliance with all relevant legislation and CQC requirements throughout the complaints process.
- d) Maintain accurate and confidential records of all complaints.

6.3 **Complaints manager** has a responsibility to:

- a) Manage and oversee the entire complaint process, including acknowledgement, investigation and response, ensuring it is thorough, fair, comprehensive and timely.
- b) Identify any trends and themes from complaints and report these to senior management and leads for service improvement.
- c) Ensure employees involved in complaints are supported and receive appropriate feedback.

6.4 **Clinical employees and contractors who provide services to Psychiatry UK** have a responsibility to:

- a) Provide expert clinical input and advice during complaint investigations relating clinical aspects.
- b) Review relevant clinical records and provide explanations of clinical decisions where required.
- c) Participate in meetings or discussions related to complaints, as necessary.
- d) Engage in reflective practice following complaints to enhance their professional development and personal clinical practice.

- 6.5 **Registered manager / nominated individual** has a responsibility to:
- a) Have overall accountability for the effective implementation and adherence to this policy.
 - b) Ensure that adequate resources are allocated for effective complaint handling.
 - c) Review complaint trends and ensure that lessons learned are embedded into service improvements.
 - d) Provide oversight and final approval for responses to complex or high-risk complaints.
 - e) Ensure compliance with CQC fundamental standards regarding complaints.

7. Training

- 7.1 Effective communication and comprehensive training are crucial for the successful implementation and adoption of this complaints policy.
- 7.2 Initial communication: Upon approval, this policy will be disseminated to all employees and contractors via email. It will also be added to SharePoint. Line managers of employees will be responsible for verbally communicating the policy's key principles to their teams during scheduled team meetings within one month of its release. Contractors will be expected to keep current with policies as per the terms and conditions of their engagement with our organisation
- 7.3 Ongoing communication: Regular reminders about the policy, including updates or revisions, will be circulated quarterly via internal newsletters and reinforced during annual performance reviews. Key changes will be highlighted in all-employee emails and discussed in team meetings. Contractors will be expected to keep current with policies as per the terms and conditions of their engagement with our organisation via the Contractor Information Directory.
- 7.4 **Training products**
- Workshop sessions: Face-to-face or virtual workshop sessions will be available to provide in-depth training on complaint resolution techniques, de-escalation strategies, and effective communication with complainants.
- 7.5 Quick reference guides: Concise quick reference guides will be distributed to all relevant people and made available digitally. These will summarise key steps and contact information for support.

8. Monitoring Compliance

- 8.1 We will know that this complaints policy has been consistently adopted and is delivering its intended outcomes and objectives through a combination of qualitative and quantitative measures.

8.2 Success criteria

- a) Increased complaint resolution rate: Aim for an 85% response rate for all complaints within the stipulated period.
- b) Reduced complaint escalation: A 20% reduction in the number of complaints escalated to senior management or external bodies within the first year of policy implementation.
- c) Improved complainant satisfaction: Achieve an average satisfaction score of four out of five in post-resolution surveys conducted with complainants.
- d) Timely acknowledgment and response: 95% of complaints acknowledged within three working days.
- e) Consistent application of procedures: Internal audits will reveal a high level of adherence to the documented complaint handling procedures across all departments.
- f) Positive employee and contractor feedback: Surveys will indicate a clear understanding of the policy and confidence in applying its principles.

8.3 Monitoring compliance

Compliance with this policy will be monitored through a multi-faceted approach:

- a) Complaint log analysis: The quality and safety team will regularly review the centralised complaint log to track key metrics such as volume, resolution times, types of complaints, and outcomes. This analysis will be conducted monthly and reported quarterly to the senior leadership team.
- b) Key metrics: The quality and safety team will report on key metrics regarding complaints quarterly at each quality and safety committee.
- c) Internal audits: The internal audit team will conduct bi-annual audits of complaint handling processes across various departments. These audits will assess adherence to procedures, documentation standards, and the quality of resolutions. All complaints will be subject to a 10% quality check monthly from the complaints manager this will be reported to the relevant committees, managers, and individuals within the organisation.
- d) Complainant feedback surveys: We will administer post-resolution surveys to a representative sample of complainants to gather feedback on their experience with

the complaints process and resolution. This data will be collected continuously and reviewed monthly.

- e) Employee and contractor feedback: Regular pulse surveys and feedback mechanisms will be utilised to gauge understanding and confidence in applying the policy.
- f) Training completion rates: The People and Culture Team will monitor mandatory training completion rates for all relevant roles. Non-compliance will be flagged to line managers and clinical leads for follow-up.

8.4 Reporting

A comprehensive report detailing compliance metrics, trends, and areas for improvement will be presented to the executive committee annually by the associate director of clinical governance.

9. Consultation and Review

- 9.1 This policy will be reviewed every three years or sooner if there are significant changes to our services, regulatory requirements, or organisational structure. The review will ensure the policy remains effective, relevant, and aligned with our commitment to providing a high-quality, safe, and accessible ADHD Referral Management Service. We will continuously incorporate learnings from complaints or patient safety incidents to influence our evolving PSIRF guidance.
- 9.2 This complaints policy has been developed through a collaborative consultation process to ensure it is comprehensive, practical, and reflects the diverse needs and perspectives within our service. The quality and safety team will review the complaints; the key metrics will be part of the suite of metrics produced by the data analytics team each month. It is the quality and safety team's role to review them and share learning/themes.

10. Equality Statement

- 10.1 This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any employee or contractor and it helps to promote equality in our services.

11. References and Resources

11.1 Internal Documents

Standard Operating Procedures:

ADHD Referral Management Service - Management of Concerns and Complaints
SOP

11.2 External References

- [Data Protection Act 2018](#)
- [Equality Act 2010](#)
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)
- [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)
- [Regulation 16: Receiving and acting on complaints - Care Quality Commission](#)
- [NHS Resolution website](#)
- [Parliamentary and Health Service Ombudsman website](#)
- [Parliamentary and Health Service Ombudsman - Good complaint handling guides for the NHS](#)
- [Ombudsman Association | Ombudsman Association](#)

Appendix A - Version Control and Review Log

Version No.	Published Date	Reviewer	Approval Process	Summary of Amendments and Rationale for Changes
01	29.06.2026	Complaints Manager	Associate Director of Clinical Governance	New Policy