

PCMH Complaints Handling and Reporting Process

August 2025



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|-----------------------|----------------|---------------------|----------|---------------------------|
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| SOP Lead | | Melanie Hall | | |
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Contents

| | |
|--|---|
| 1. Policy Statement..... | 4 |
| 2. Scope | 4 |
| 3. Definitions | 4 |
| 4. Roles and Responsibilities..... | 4 |
| 5. Complaints Pathways..... | 4 |
| 5.1 Informal Complaints Process..... | 5 |
| 5.2 Formal Complaints Process | 5 |
| 6. Complaints Involving Representatives..... | 6 |
| 7. Confidentiality and Data Protection | 7 |
| 8. Monitoring, Learning and Review | 7 |
| 9. Contact Details for Complaints..... | 7 |
| Appendix A: Equality Impact Assessment..... | 8 |

1. Policy Statement

The Primary and Community Mental Health Team (PCMH) is committed to providing high-quality, person-centred care and values all feedback, positive and negative, as an opportunity for learning and service improvement. This policy outlines the procedures for managing compliments, concerns, and complaints in a consistent, transparent, and fair manner, in line with the Ombudsman's principles of good complaint handling:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

2. Scope

This policy applies to all PCMH staff (clinical and non-clinical) involved in receiving, managing, or responding to compliments, concerns, and complaints from patients, carers, families, or their representatives.

3. Definitions

- Compliment: positive feedback from a patient, carer, or other stakeholder recognising an aspect of care or service provision.
- Concern: an expression of worry or dissatisfaction requiring clarification or reassurance.
- Informal Complaint: a concern or issue that can be resolved quickly without a formal written investigation or response.
- Formal Complaint: a concern requiring a full, structured investigation and formal written response.

4. Roles and Responsibilities

- All Staff: must report any feedback (compliments, concerns, or complaints) to their line manager or relevant contact and ensure it is documented appropriately.
- Quality Support Manager: oversees complaints logging, tracking, and coordination. Acknowledges complaints, ensures timelines are met, and assigns Investigating Officers for formal complaints.
- Investigating Officers: responsible for investigating formal complaints thoroughly and objectively, documenting findings, and providing a report.
- Head of Service/Clinical Lead: holds overall responsibility for ensuring complaints are managed appropriately, responses are accurate, and learning is embedded.

5. Complaints Pathways

The service supports two levels of complaints handling:

5.1 Informal Complaints Process

This approach reflects the values of early resolution, listening, and responsiveness. Informal complaints are typically resolved promptly and do not require a formal written response.

1. Receiving a Complaint

- Informal complaints may be received verbally (e.g. in person, over the phone), by email, or in writing.
- The complainant may be a patient, carer, or representative with appropriate consent or legal authority.
- Communication needs must be considered and reasonable adjustments arranged in partnership with the referring clinician if needed.

2. Acknowledgement and Logging

- Acknowledgement is usually provided by phone within 3 working days by a relevant clinician or the Quality Support Manager.
- During this initial call:
 - The concern is acknowledged.
 - The complainant's desired outcome is clarified.
 - Resolution may be achieved during the call.
- Informal complaints are logged on TeamNet, including the patient name, complainant name, summary, date received, and outcome.

3. Resolution

- Resolutions are typically delivered verbally or via email.
- A formal written response is not required.
- If the issue escalates or cannot be resolved informally, the complaint should be escalated to the Formal Complaints Process.

5.2 Formal Complaints Process

This route is followed when the complaint:

- Involves serious or complex concerns
- Cannot be resolved informally
- Requires a written response
- Or is referred directly to the formal pathway

1. Receiving a Complaint

- Formal complaints can be submitted in writing or by email by patients or authorised representatives.
- Communication needs must be considered, with reasonable adjustments agreed with the referring clinician where appropriate.
- Complaints may be received directly or forwarded by NHSE or another organisation acting on the complainant's behalf.

2. Acknowledgement and Logging

- The Quality Support Manager will:
 - Acknowledge the complaint in writing within 3 working days.
 - Confirm the expected response timeframe (usually 30 days).
 - Provide details of the NHS Complaints Advocacy Service.
- All complaints are logged in the internal complaints system, with full details, status, and outcome.

3. Investigation

- An Investigating Officer is appointed:
 - Clinical complaints → Clinical Lead
 - Non-clinical complaints → Head of Service
- A blank Investigation Report Template is provided, and the investigation is expected to be completed by day 25.
- The investigation must be:
 - Thorough and impartial
 - Evidence-based
 - Documented using the template provided
 - Inclusive of any conversations with the complainant
- Confidentiality and data protection requirements must be strictly observed.

4. Response

- On receiving the investigation report, the Quality Support Manager and Quality Lead will draft the formal response, which will:
 - Explain how the complaint was reviewed
 - Summarise the conclusions and outcomes
 - Confirm whether the complaint was upheld, partially upheld, or not upheld
- The response is sent within 30 days via the complainant's preferred communication method (email or post).
- If there is an unavoidable delay, the complainant will be contacted in writing with an explanation and a revised timeframe.

6. Complaints Involving Representatives

Complaints may be made on behalf of a patient if:

- The patient has given written consent
- The patient lacks capacity and the representative has legal authority (e.g. under the Mental Capacity Act 2005)
- The patient is a non-Gillick competent child and the representative is a legal guardian
- The patient has died

If there are doubts about a representative's authority or intent, the Head of Service may decide not to respond and will explain this decision in writing.

7. Confidentiality and Data Protection

- All complaints are handled in line with the Data Protection Act 2018 and GDPR.
- If consent to share personal information is not available, or where confidentiality must be preserved, the complaint may be limited in scope or anonymised where appropriate.
- Complaints involving data breaches must be reported immediately to the PCS Commercial Director.

8. Monitoring, Learning and Review

- The Complaints Log is maintained by the Quality Support Manager and updated throughout the complaint process.
- Each complaint is marked with its status: upheld, partially upheld, or not upheld.
- Complaints and concerns are reviewed monthly:
 - Clinical complaints and key non-clinical complaints are discussed at the Joint Management Team (JMT) meeting.
- Themes, trends, and learning are shared through:
 - Staff newsletters
 - Training sessions
 - Team meetings

9. Contact Details for Complaints

Post: Primary and Community Mental Health Team
28 Kenwood Park Road
Nether Edge
Sheffield S7 1NF

Email: sct-ctr.pcmht-admin@nhs.net

Appendix A: Equality Impact Assessment

| Characteristic / Group | Impact | | Please explain your assessment |
|---|------------------|--|--|
| Age | Positive | | The policy is applicable across all age ranges |
| | Negative | | |
| | No impact | | |
| | Impact not known | | |
| Gender Re-assignment | Positive | | The policy is applicable to all genders |
| | Negative | | |
| | No impact | | |
| | Impact not known | | |
| Marriage and Civil Partnership | Positive | | The policy is applicable to everyone irrespective of marital status. |
| | Negative | | |
| | No impact | | |
| | Impact not known | | |
| Pregnancy and Maternity | Positive | | The policy is not affected by pregnancy |
| | Negative | | |
| | No impact | | |
| | Impact not known | | |
| Race | Positive | | This policy is applicable to everyone |
| | Negative | | |
| | No impact | | |
| | Impact not known | | |
| Religion or Belief | Positive | | This policy is applicable to everyone |
| | Negative | | |
| | No impact | | |
| | Impact not known | | |
| Sex | Positive | | This policy is applicable to everyone |
| | Negative | | |
| | No impact | | |
| | Impact not known | | |
| Sexual Orientation | Positive | | This policy is applicable to everyone |
| | Negative | | |
| | No impact | | |
| | Impact not known | | |
| Other – socio-econ status, employment, carers, migrant status, location, homeless etc | Positive | | This policy is applicable to everyone |
| | Negative | | |
| | No impact | | |
| | Impact not known | | |