

# Pioneering Care Partnership (PCP) Formal Complaints Policy and Procedure

## Aim

PCP has a responsibility on behalf of its staff, volunteers and partners to work to ensure the highest possible standards of service is delivered to all those with whom PCP interacts. This service should be in line with our charitable purpose, core values and meet PCP's Charter of Service Standards. PCP views complaints as an opportunity to learn and this Policy supports the organisation to deal effectively with complaints in order to improve.

The Procedure explains how PCP will respond to complaints made by users, external organisations or partners.

## Policy Statement and Principles

PCP is committed to working in an open and accountable way that builds the trust and respect of all our stakeholders. We also want to ensure the highest standards of activities across all areas within our organisation.

One of the ways in which we can continue to improve our service is by listening and responding to the views of others, and by responding positively to complaints to find suitable resolutions, where possible.

PCP will, through the implementation of this policy:

1. Recognise that complaints provide valuable information, which can inform and improve quality.
2. Publicise this policy internally and externally, via PCP's website, [www.pcp.uk.net](http://www.pcp.uk.net).
3. Make sure all formal complaints are investigated fairly and in a timely manner.
4. Wherever possible, maintain confidentiality throughout any investigation or fact-finding exercise. We will handle any complaint sensitively and follow any relevant data protection requirements.
5. Resolve complaints, wherever possible, and ensure relationships are sustained.

## Scope

The Formal Complaints Policy and Procedure applies to all stakeholders, service users, partners and the general public. This includes PCP trustees, voting members and volunteers. It does not apply to employees. Employees should use PCP's Grievance Procedure, or other relevant internal process.

## Definitions

**Formal Complaint** - A formal complaint is any written (email/letter) expression of dissatisfaction, whether justified or not, about any aspect of PCP where the complainant would like the matter to be reviewed and resolved.

**Comment** – PCP welcomes ad-hoc comments, both positive and negative, and have a separate process to capture, record and respond to these.

## Formal Complaints Procedure

The process for making a formal complaint is as follows:

### Stage 1

1. All formal complaints should be made in writing and addressed to the Chief Executive.  
Emailed to: [pa@pcp.uk.net](mailto:pa@pcp.uk.net)  
Or posted to: The Chief Executive  
Pioneering Care Partnership  
Carer's Way  
Newton Aycliffe  
County Durham DL5 4SF
2. We will acknowledge your complaint within 5 working days upon receipt and send you a copy of PCP's Complaints Policy and Procedure.
3. The Chief Executive will determine the most appropriate approach, this could include appointing another member of staff to investigate.
4. The aim of reviewing any complaint will be to reach an appropriate resolution, therefore PCP may ask the complainant to explain the outcome they hope to achieve.
5. The Chief Executive will ensure effective communication with the complainant keeping them informed of the route taken and proposed timeline.
6. PCP will endeavour to respond to complaints in a timely manner, however in complex cases this could take between 4-6 weeks.
7. The complainant will receive a written response to their complaint detailing any findings, learning points or resolution.
8. All complaints will be recorded in the complaints log along with the outcome/resolution.

Should the complaint be about the Chief Executive, complaints should be addressed to the Deputy Chief Executive. The same procedure above would apply but led by the Deputy Chief Executive.

### Stage 2

If the complaint is not resolved satisfactorily the complainant can request that the complaint is reviewed at Board level. Once at this stage the Board of Trustees may investigate the facts of the case themselves or appoint a suitably senior person to do so.

The person who dealt with Stage 1 should be kept informed of progress.

Ideally complainants should receive a definitive reply with 4 weeks, if this is not possible the complainant will be kept informed.

The full reply will explain the action taken to investigate the complaint, any conclusions from the investigation and any action taken. The decision at this stage is final.

### External Stage

PCP is a charity registered in England and Wales and the complainant can complain to the Charity Commission at any stage. Information about the kinds of complaints the Charity Commission can involve itself in can be found at: [Raising Concerns - Starter Portal \(charitycommission.gov.uk\)](https://www.charitycommission.gov.uk/Raising-Concerns-Starter-Portal)

Further information is also available at: <https://www.gov.uk/complain-about-charity>

## Situations where we may not respond to a complaint

- When a complaint is made anonymously we cannot respond to the complainant, but we will investigate the complaint and use the information to improve in any way that we can.
- When a complaint is about something that PCP has no direct connection to. We may choose to reply to clear our name but we are not obliged to.
- When someone unreasonably pursues a complaint, which PCP has already responded to. We will always inform the complainant of our decision to do this.
- When a complainant is being obviously abusive, prejudiced or offensive in their manner.
- When a complainant is harassing an employee or volunteer.
- When a complaint is incoherent or illegible.
- When a complaint has clearly been sent to us and numerous other organisations as part of a bulk mailing or email. In this instance PCP will decide whether it is necessary to reply.

## Using Your Personal Data

1. The investigating manager will use your personal data to communicate with you.
2. Your complaint will be recorded and held in records for 6 years following the final outcome.
3. In certain circumstance complaints may need to be reported/shared externally during or after the investigation:
  - to communicate with you
  - to comply with a legal obligation
  - where it is necessary for legitimate interests (or those of a third party)
  - where PCP has to process this data for legal claims

## Responsibilities

**Trustees** are responsible for approving and reviewing this Policy as part of the review cycle. Trustees are responsible for effectively managing processes at Stage 2, and for ensuring relevant senior staff are fully briefed to support the process.

**Chief Executive (or Deputy)** is responsible for leading complaints process and reaching satisfactory resolutions where possible. They are responsible for effective escalation to the Board of Trustees, external agencies (such as the Charity Commission, Health & Safety Executive etc) or insurers where appropriate.

**The Complainant** is responsible for providing clear and factual information regarding any complaint and for working with PCP to resolve any issues.

**PCP's Operations Manager** is responsible for ensuring this policy is available via PCP's website and for supporting the Chief Executive, Deputy or Trustees to source any external support as required.

**Senior Leaders** are responsible for ensuring that the Policy is disseminated and implemented and for addressing any concerns raised through this Policy.

**Line Managers** are responsible for applying the Policy and procedure, communicating it to staff, ensuring staff operate in the public interest and eradicating any potential poor practice within teams.

**Employees & Volunteers** are responsible for upholding best practice standards, reading and operating within PCP policies and procedures and adhering to PCP Core Values and Charter of Service Standards.

### Related Policies and Procedures

This Policy should be read in conjunction with the following PCP policies, procedures or guidance:

- Charter of Service Standards
- Core Values Statement
- Equality, Diversity and Inclusion Statement
- Confidentiality Policy
- Data Protection Policy
- Data Subject Access Request (DSAR) Procedure
- Quality Policy
- Whistleblowing Policy
- Comments Procedure
- Grievance Procedure

### Monitoring and Review

This Policy will be reviewed by the Governance and Development Manager on a regular basis to ensure that it remains compliant. A full formal review will also take place every 3 years by Senior Management Team as part of the Policy Review Cycle.

**This policy must be approved by the Board of Trustees.**

**September 2023**

### Policy document tracking

Action	Date(s)
Draft to SMT:	July 2023
Draft to Board:	September 2023
Ratified by Board:	11 September 2023
Approved Policy circulated to SLT:	3 October 2023
Approved Policy uploaded to shared:	3 October 2023
Approved Policy circulated to staff:	3 October 2023
Interim Review Date:	N/A
Main Review Date:	June 2026
SMT Lead for Review	Governance and Development Manager