

The Old Station Surgery

Complaints Policy

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Reference	COM-PS	Review frequency	2 yearly
Version	2.1	Review done	03.11.2023
Status	Final	Next Review Due	03.11.2025
Document Purpose	This policy set out practice's processes with regards to complaints received from patients and their relatives.		
Target Audience	This policy applies to any person directly employed, contracted, working on behalf of the Practice or volunteering with the Practice.		

1. Introduction

This procedure sets out how we handle complaints and the standards we will follow. This procedure follows the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations).

2. Accountability, roles and responsibilities

Overall responsibility and accountability for the management of complaints lies with the 'Responsible person'. In our organisation this is Business Practice Manager. In her absence this responsibility is delegated to the Operations Manager and/or any other relevant person as delegated.

Responsible person will make sure action is taken on all identified learning arising from complaints so that improvements are made to our service and will be demonstrated by:

- leading by example to improve the way we deal with compliments, feedback and complaints
- understanding the obstacles people face when making a complaint, 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 independent complaints advocacy and advice services
- making sure everyone knows when a complaint is a serious incident or safeguarding or a 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.

Complaints management

Our Complaints Managers are Dr Fardon (clinical complaints) and Practice Management Team, comprising of Business Practice Manager and Operations Manager (non-clinical complaints). They are responsible for managing this procedure and for overseeing the handling and consideration of any complaints we receive.

The complaints management team retain ownership and accountability for the management and reporting of complaints. They are responsible for preparing, quality assuring or signing the final written response. They should therefore be satisfied that the investigation has been carried out in accordance with this procedure and guidance, and that the response addresses all aspects of the complaint.

They will review the information gathered from complaints annually and consider how services could be improved or internal policies and procedures updated. They will report on the outcomes of these reviews via the organisation's governance structure.

Complaints team is also responsible for ensuring that complaints are central to the overall governance of the organisation. They will make sure that staff are supported both when handling complaints and when they may be the subject of a complaint.

The Complaints Manager also acts as a Complaint Handler and Complaint Lead or may delegate this to another member of the team.

Complaint Handler

The Complaint Handler is the person allocated to oversee and co-ordinate the investigation of the complaint and for the response to a complaint which has not been resolved at Early resolution (stage 1).

They are responsible for making sure that there is a closer look into the issues raised, with the support and input of others. They will make sure that the information and responses they receive from the person making the complaint, and from staff being complained about, clearly addresses all of the issues raised.

The Complaint Handler may also act as a Complaint Lead and may also delegate their responsibilities as set out in this procedure to the Complaint Lead.

Complaint Lead

As appropriate and when required, the Complaint Handler will call for the input of a designated Complaint Lead(s) with knowledge of the care or services complained about. The Complaint Lead will carry out an investigation, as set out in this procedure, and provide the Complaint Handler with:

- an objective account of what happened
- an explanation if something has gone wrong
- details of any action already taken or planned to resolve the matter.

All staff

We expect all staff to proactively respond to service users and their representatives and support them to deal with any complaints raised at the 'first point of contact'. We will provide training so they can do this.

We expect all of our staff who have contact with patients, service users, or those that support them, to deal with complaints in a sensitive and empathetic way. This includes making sure that people are aware of our local independent advocacy provider and/or national sources of support and advice.

We expect all staff to listen, provide an answer to the issues quickly, and capture and act on any learning identified.

3. Identifying a complaint

Our staff speak to people who use our service every day. This can often raise issues 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 want to make a complaint. A complaint is 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. In line with NHS Complaints Guidance people can provide feedback, make a complaint, or do both.

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 service user, or their representative, when they describe the issues they raise (for example, 'issue', 'concern', 'complaint', 'contact').

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 phone
- in writing, by email or online.

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 complaints within three working days of receiving it. This can be done in writing or verbally.

We may receive an anonymous or a general complaint that would not meet the criteria for who can complain. 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 do so.

4. Who can make a complaint

Any person may make a complaint to us if they have received or are receiving care and services from our organisation. A person may also complain to us if they are affected or likely to be affected by any action, inaction or decision by our organisation.

If the person affected does not wish to deal with 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 the representative to raise and discuss the complaint with us and to see their personal information.

If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, then the complaint may be made on their behalf by a representative. There is no restriction on who may act as representative but there may be restrictions on the type of information, we may be able to share with them. We will explain this when we first look at the complaint.

If a complaint is brought on behalf of a child we will need to be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If we are not satisfied we will share our reasons with the representative in writing.

If at any time we see that a representative is not acting in the best interests of the 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 if they are unhappy with our decision.

5. Timescale for making a complaint

Complaints must be made to us within 12 months of the date the incident being complained about happened 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 we 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.

6. Confidentiality of complaints

We commit to maintaining confidentiality and protecting 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 patient 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.

7. How we handle complaints

Making sure people know how to complain and where to get support

We publish clear information about our complaints process and how people can get advice and support with their complaint through their local independent NHS Complaints Advocacy service:

POhWER,
PO Box 14043
Birmingham B6 9BL
Tel: 0300 456 2370
Minicom: 0300 456 2764
Fax: 0300 456 2365
IMCA@pohwer.net

and other specialist independent advice services that operate nationally via Complaints, Compliments and Suggestions leaflet available at reception and on our website.

We will make sure that everybody who uses our services (and those that support them) know how they can make a complaint by having our complaints policy 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 our service users' ongoing or future care and treatment will not be affected because they have made a complaint.

What we do when we receive a complaint

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.

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 to go through the remainder of this procedure. For this to

happen, we will confirm with the person making the complaint that they are satisfied that we have resolved the issues for them. We will then log this encounter as contact.

If we cannot resolve the complaint, we will handle it in line with the rest of this procedure.

For all other complaints, our staff will acknowledge them (either verbally or in writing) within **three working days**. Staff will also discuss with the person making the complaint how we plan to respond to the complaint.

We aim to respond to all complaints in a timely manner and will communicate expected response time to patient when the complaint is acknowledged.

Complainant will be advised of the evidence used to investigate the concerns and who the lead investigator will be.

We will respond to all complaints in the way/format agreed with patient and refer to Ombudsman if they disagree with the outcome or are dissatisfied with our decision. This information may be provided to patients in a form of a leaflet enclosed with a acknowledgment letter.

We keep anonymised written record of all complaints and contacts and discuss these with staff for training and service improvement purposes.

8. Monitoring and Review

The Business Practice Manager has an overall responsibility for regular monitoring of this policy.

This policy will be reviewed every 2 years unless new legislation, codes of practice or national standards are introduced.