

COMPLAINTS POLICY

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Date	Amended By	Amendments Made
June 2017	Caroline Brock	Updated in line with suggestions by SEE CCG Quality Review Team



COMPLAINTS POLICY

1. INTRODUCTION

- 1.1. This procedure sets out the Clinic's approach to the handling of complaints and is intended as an internal guide which should be made readily available to all staff.
- 1.2. From 1st April 2009 a common approach to the handling of complaints was introduced across health and adult social care. This policy & procedure complies with this common approach.

2. POLICY

- 2.1. Tollgate Clinic will endeavour to make patients aware of:
 - the complaints procedure
 - the role of the Clinical Commissioning Group (CCG) and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the CCG as an alternative to a complaint to the Clinic, and to escalate to the Ombudsman where dissatisfied with the outcome. *Note: There is no right of escalation to the CCG where a patient is dissatisfied with the Clinic response and all escalations are to the Ombudsman only.*
 - their right to assistance with any complaint from independent advocacy services

3. PROCEDURE

3.1. Receiving of complaints

The Clinic may receive a complaint made by, or (with his/her consent) on behalf of a patient, or former patient, who is receiving or has received treatment at the Clinic, or:

(a) where the patient is a child:

- by either parent, or in the absence of both parents, the guardian or other adult who has care of the child;
- by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989;
- by a person duly authorised by a voluntary organisation by which the child is being accommodated

(b) where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.

All complaints, written and verbal will be recorded, and written complaints will be acknowledged in writing within 3 working days of receipt. Patients will be encouraged to complain in writing where possible. The reply to the patient should be made within 10 working days, or the patient should be provided with an update and an estimated timescale.

3.2. Period within which complaints can be made

The period for making a complaint is normally:

- (a) 12 months from the date on which the event which is the subject of the complaint occurred; or
- (b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Complaints should normally be resolved within 6 months. The Clinic standard is 10 days for a response.

The General Manager and Directors have the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the General Manager and Directors take into consideration that the passage of time may prevent an accurate recollection of events by the staff concerned or by the person bringing the complaint. The collection of evidence, Clinical Guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.

3.3. **Action upon receipt of a complaint**

Complaints may be received either verbally or in writing and must be forwarded to the General Manager, who must:

- Acknowledge in writing within the period of 3 working days beginning with the day on which the complaint was received.
- Include an offer to discuss the matter in person. The discussion will include agreement with the patient as to how they wish the complaint to be handled
- Ensure appropriate consent has been received if required.
- Advise the patient of potential timescales and the next steps.
- Where the complaint is made verbally a written record will be taken and a copy will be provided to the complainant.
- Ensure the complaint is properly investigated. Where the complaint involves more than one organisation the General Manager will liaise with his / her counterpart to agree responsibilities and ensure that one coordinated response is sent;
- Where the complaint has been sent to the incorrect organisation, advise the patient within 3 working days and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details;
- Provide a written response to the patient as soon as reasonably practicable ensuring that the patient is kept up to date with progress as appropriate. Where a response is not possible within 10 working days provide an update report to the patient with an estimate of the timescale. The final reply will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required

3.4. **Unreasonable Complaints**

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the patient:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact
- The number of contacts in a time period will be restricted
- A witness will be present for all contacts
- Repeated complaints about the same issue will be refused
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records

3.5. **Final Response**

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition
- A focus on fair and proportionate outcomes for the patient, including any remedial action or compensation
- A clear statement that the response is the final one, or that further action or reports will be sent later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail

3.6. **Annual Review of Complaints**

The Clinic will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This report is to be made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme ^[1].

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Subject matter / categorisation / clinical care
- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted

3.7. **Confidentiality**

All complaints must be treated in the strictest confidence

Where the investigation of the complaint requires consideration of the patient's medical records, the General Manager must inform the patient or person acting on his/her behalf if the investigation will involve disclosure of information contained in those records to a person other than the Clinic or an employee of the Clinic.

The Clinic must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records.

4. RESPONSIBILITIES

The Complaints Manager for the Clinic is Caroline Brock
The lead Director for complaints handling is Richard Spooner.

5. RESOURCES:

Complaint Form ^[1]
Complaint Review Form (suitable for annual review) ^[1]
Complaints Brochure (Patient information) ^[1]
Complaints Consent Form – third party ^[1]