

Complaints & compliments policy & procedure

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Updated by Jill Walton (to change references from Surrey PCT to Surrey Downs CCG)

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CONTENTS

1. Policy statement
 2. Summary of the procedure
 3. Definition of a complaint
 4. Who can complain?
 5. Compliments
 6. Confidentiality
 7. Timescale for complaints
 8. Independent advocacy for complainants
 9. Support for staff
 10. Equality and fairness
 11. Complaints involving other organisations
 12. Local Resolution – 1st stage procedures
 13. Learning from complaints and compliments
 14. Useful contact details
- Appendix 1 – Flow chart for handling formal complaints
Appendix 2 – Guidelines for handling unreasonable complainants

1. Policy statement

This policy ensures that Dorking Healthcare Ltd (DHC) responds to complaints to a satisfactory standard and in line with the requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

DHC recognises that complaints and compliments are valuable tools for improving the quality of health care, our objectives being:

- To ensure that complaints are handled efficiently and promptly
- To obtain a good outcome for the complainant
- To listen, respond to and learn from people's experiences so that services can be improved
- To identify any areas of risk and take appropriate action where necessary
- To enable an open and honest process that is fair to complainant and to staff.

2. Summary of the procedure

Concerns should ideally be raised with relevant healthcare professionals at the time if at all possible, as they are often best placed to deal with the issues and they will try to put things right on the spot.

Verbal complaints, which can be dealt with within 24 hours, should not be passed through the NHS complaints procedure. Verbal complaints which have not been resolved informally and need to proceed to the formal complaints process should be clarified in writing with the complainant.

Written complaints are handled through local resolution, following national and local guidance. Efforts should be made to obtain a satisfactory outcome for the complainant. If, following the completion of the response, complainants remain dissatisfied, they will be advised that they have the option of asking the Health Service Ombudsman for an independent review of their complaint. There is no appeal beyond that to the Ombudsman.

The amount of time and effort spent on investigating and resolving a complaint will be proportional to its seriousness and/or risk of recurrence.

3. Definition of a complaint

A complaint is defined as an expression of dissatisfaction about a service provided or not provided, which requires a response. Examples include: concerns about the quality of service provided, the following of standard procedures and practice, the accuracy of clinical records, unreasonably long waiting times, poor communication or behaviour of a member of staff.

4. Who can complain?

A complaint may be made by:

- (a) a person who is receiving services from DHC
- (b) a person who is affected, or likely to be affected, by the action, omission or decision of DHC.

A complaint may be made by a person acting on behalf of someone who:

- has died
- is a child
- has physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005 or
- has requested the representative to act on their behalf.

5. Compliments

Compliments are important to DHC, and should be seen as a means of learning how things have gone well. Compliments will be collated by the service and cascaded to staff.

Definition of a recordable compliment: Expressions of appreciation by letter, card, gift or donation. Verbal compliments are not formally recorded in the overall statistics, but should nevertheless be passed on to the relevant staff member or clinician.

6. Confidentiality

All DHC staff shall be aware of their ethical and legal duty to protect the confidentiality of patient information, under the Data Protection Act 1998 and the Human Rights Act 1998. Confidentiality should be maintained at all times. The NHS Code of Practice in Confidentiality (2003) must also be observed.

7. Timescales for complaints

Complaints should be made within 12 months of the event, unless the complainant could not reasonably be expected to know about the incident or had appropriate reasons for not complaining before.

Complaints should be acknowledged within 3 days, inviting complainants to agree a plan for how the complaint will be handled and the timescale. Timescales for investigating complaints are not intended to be rigid and DHC will negotiate individual timescales with complainants

which reflect the complexity of the issue. Complainants should be kept informed during a lengthy investigation and advised of any delays. An extension of the timescale will be agreed with them, if necessary. Should a case continue unresolved for more than 6 months, it will be reviewed and the reasons for the slow progress investigated.

The complainant has 12 months from raising the complaint in which to apply to the Health Service Ombudsman for a second stage review, although all possible attempts to resolve the complaint through local resolution should be attempted, including the offer of independent lay conciliation, where appropriate.

8. Independent advocacy for complainants (see end for contact details)

Patients can be advised to contact the local Patient Experience Service at the Surrey Downs Clinical Commissioning Group. This service provides a confidential service for patients to:

- advise and support patients, families and carers
- provide information on NHS services, including the NHS Complaints procedure
- listen to concerns, suggestions and queries
- help sort out problems quickly on behalf of the client

The Independent Complaints Advisory Service is provided through SEAP. It has a statutory role in helping complainants at each stage of the process. The service is independent of the NHS, free and confidential. The purpose of the service is to:

- advise people on how to complain
- support people through the formal complaints process
- provide information on who to complain to
- provide support when drafting complaints correspondence
- provide representation or support at complaints meetings.

9. Support for staff

DHC staff who are involved in a complaint are entitled to be supported professionally and personally through the supervision process by their professional supervisor. This support will include advice, assistance and attendance at meetings if required. Staff subject to a complaint may also seek support from their union representative, where appropriate. In the case of contracted consultants and other clinicians or therapists, support can be obtained through the practitioner's defence organisation.

10. Equality and fairness

Making a complaint does not mean that a patient/complainant will receive less help or that things will be made difficult for them. Everyone can expect to be treated fairly and equally regardless of age, disability, race, culture, nationality, gender, sexual orientation or religious belief. DHC staff must ensure that patients and their carers are not discriminated against when a complaint is made and that their ongoing treatment will be unaffected. Complaint records must be kept separately from clinical records.

11. Complaints involving other organisations

Where the complaint involves more than one healthcare organisation, DHC will co-operate with investigating and formulating a single response to the patient. DHC will lead the response if this is appropriate, and with the agreement of the other organisations involved. For multi-agency complaints, consent must be obtained from the complainant before it is forwarded to the relevant organisation for investigation.

12. Local Resolution – 1st Stage procedures (see appendix for flow chart)

Verbal complaints.

The staff member should listen carefully to the complaint, noting down the date and details of the concern, and then decide how the complaint needs to be handled. This depends on how the complainant wants it handled, and the seriousness of the concerns. The options are:

- Make a note in the compliments/grumbles book, and assure the patient that the concern will be followed up through ongoing review of patient feedback. If appropriate, offer an apology to the patient.
- Arrange for the complainant to speak to the Operations Manager.
- Advise the patient to put the complaint in writing to the organisation.

Written complaints

All written complaints received directly by staff or contracted clinicians must be passed straight away to the Operations Manager for acknowledgment within 3 working days. The Operations Manager will contact the patient by telephone or in writing to agree a timescale for resolution, the desired outcome and how the patient would prefer to be informed.

Investigation

The Operations Manager will lead the investigation, or conduct a root cause analysis if warranted for complex issues. Statements will be requested from staff members or consultants involved, in order to identify the circumstances of the complaint, why it happened, what could have been done to prevent it, and what actions, if any, are needed to prevent a similar complaint being made. This process should endeavour to support a culture of learning and continuous improvement.

For a complaint about a clinician, if appropriate, an informal meeting can be arranged between the patient and clinician. Conciliation may also be arranged through Surrey Downs CCG.

Response

Upon completion of the investigation, and full discussion at the weekly senior management team meeting, the Operations Manager or Medical Director will draft the response, addressing all the points raised in the complaint. The final response letter will be signed by the Medical Director. Should the complainant remain dissatisfied at the conclusion of local resolution, he/she will be advised of the right to contact the Health Service Ombudsman to review their complaint independently. This must be within 12 months of raising their complaint. The response letter from Dorking Healthcare should:

- address the concerns expressed by the complainant and show that each element has been fully and fairly investigated
- include an apology where things have gone wrong, or express regret if no apology is needed
- report the action taken or proposed to prevent a recurrence
- indicate that the complainant may call to clarify any aspect of the letter or request a meeting, with or without an independent lay conciliator.
- advise of the complainant's right to take their complaint to the Ombudsman if they remain dissatisfied with the outcome of the local resolution procedure.

Independent Conciliation

Independent confidential conciliation can be an effective means of bringing parties together in discussion for more complex complaints. Occasionally shuttle conciliation may be preferable to face-to-face meetings. Conciliation is arranged by Surrey Downs CCG at no cost to the complainant or the practitioner.

The complainant can also obtain from help, advice and advocacy through the Independent Health Complaints Advocacy Service, which in Surrey is provided by SEAP (details below).

13. Learning from complaints and compliments

Dorking Healthcare will take appropriate action to resolve any immediate concerns, eg bringing forward an unduly delayed appointment slot due to miscommunications. We will also identify what needs to be done to prevent a recurrence if things have gone wrong.

All written complaints will be discussed at DHC weekly executive team meetings, and actions agreed. A cumulative log of complaint summaries, with actions taken and required, is held by the Operations Manager. This log is brought to the 6-monthly clinical governance meeting, and reviewed to ensure that all follow-up actions have been completed, and to identify possible trends.

Compliments are cascaded back to staff, and, where appropriate, used to improve the quality of service delivery and planning through the good practice identified.

14. Record-keeping

Records of the complaint, the investigation, findings and action taken will be kept in the Complaints File in the Operations Manager's office. Individual files will include

- chronology of the case
- copies of correspondence
- copies of any relevant medical records
- notes from any local resolution meetings
- any local investigation documents
- relevant/related policies or procedures
- the final response letter

These files will be made available to the Health Service Ombudsman in the event of a request for independent review. DHC will comply with any requests from the Ombudsman's office and adhere to their deadlines.

Complaints records must be kept separate from health records, subject only to the need to record information which is strictly relevant to the complainant's ongoing health needs.

Complaints records will be kept for 10 years.

15. Health Service Ombudsman – 2nd Stage

If remaining dissatisfied following local resolution, a complainant can approach the Ombudsman to request a review. The Ombudsman is independent of the NHS, and will only usually consider complaints which have been through the local resolution procedure. Complaints should usually be referred to the Ombudsman within 12 months of the complainant raising the complaint. There is no appeal against a decision made by the Ombudsman, although a complainant is still able to seek a legal remedy e.g. judicial review.

16. Claims

A complainant may wish to take legal action. Depending on the circumstances, it may or may not be necessary for the complaints procedure to cease. Particular care is needed in order not to prejudice any legal action. Complainants may obtain advice through AvMA (Action against Medical Accidents), Citizens Advice Bureaux or a solicitor. The Operations Manager should seek advice from the organisation's lawyers.

If patients request access to their records in the course of a complaint or claim, please refer to the DHC Subject Access Request procedure.

17. Serious incidents & Duty of Candour

Where a complaint leads to the identification of a Serious Incident, the NHS Serious Incident Framework (2015) will be followed, including compliance with the Duty of Candour where appropriate.

18. Persistent or vexatious complainants

DHC has guidelines for handling complaints from unreasonable and persistent complainants for extreme cases, although all possible efforts will be made to resolve matters before this happens. Abuse and assault, verbal or physical, will not be acceptable under any

circumstances, in line with the NHS Zero Tolerance policy (see appendix 2)

19. Useful Contact details

Surrey Downs CCG Patient Experience Service & Complaints Manager,
Surrey Downs CCG, Cedar Court, Guildford Road, Leatherhead, Surrey, KT22 9AE
Tel: 01372 201685 between 9.30am and 5.00 pm (feedback@surreydownsccg.nhs.uk)

SEAP (Independent Complaints Advocacy Service for South of England)
SEAP Hastings, 7th Floor, Cavendish House, Breeds Place, Hastings, East Sussex TN34
3AA. Tel: 0330 440 9000; e-mail: info@seap.org.uk

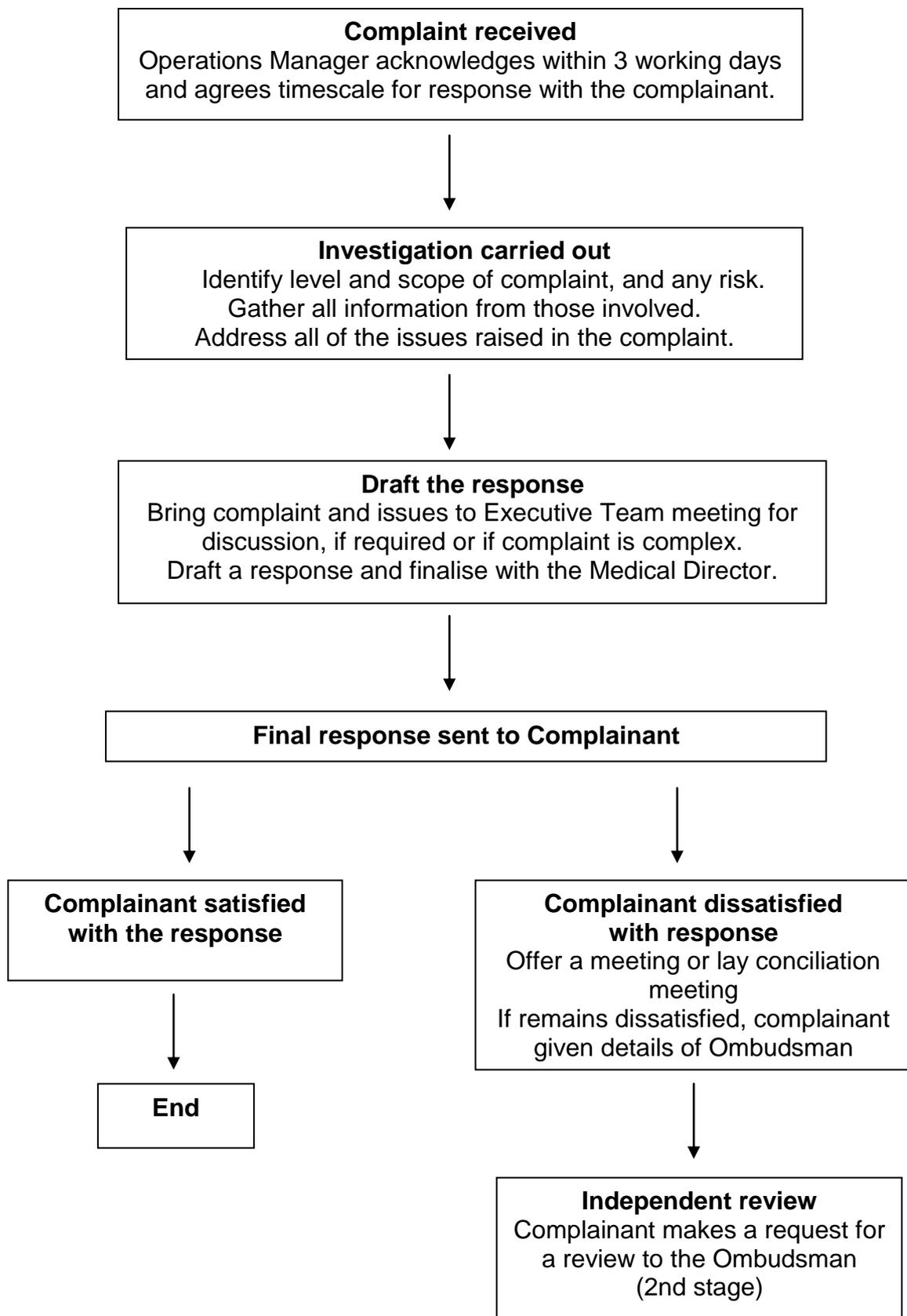
Conciliation

The Surrey Lay Conciliation Service is available across the whole of Surrey.
Conciliation can be arranged by contacting the Complaints Manager at Surrey Downs CCG
(above).

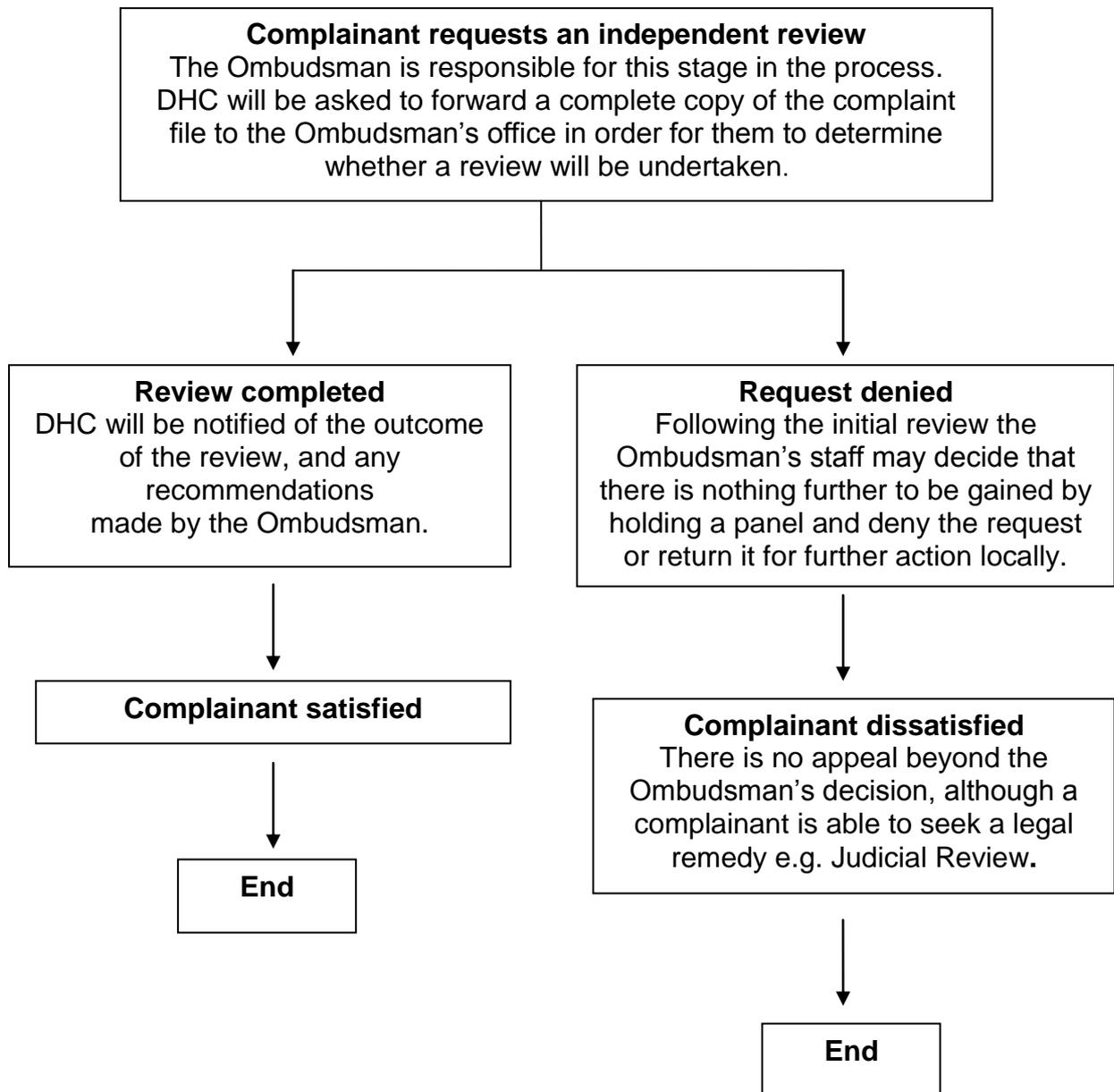
Health Service Ombudsman

11th Floor, Millbank Tower, Millbank, London SW1P 4QP
Tel: 0345 015 4033 (www.ombudsman.org.uk).

This policy to be reviewed every 2 years, or earlier if the NHS complaints legislation changes.

Flow Chart – for written complaints**1st stage – Local Resolution**

2nd Stage – Independent Review



Appendix 2 - Guidelines for Handling Unreasonable or Persistent Complainants

On rare occasions, despite best efforts to resolve a complaint, the person making it can become aggressive, unreasonable or persistent. It is important to ensure that all reasonable efforts have been taken to address the complaint. There are a number of ways to help manage the situation:

- Make sure contact is being overseen by the Operations Manager
- Provide a single point of contact with the Operations Manager and make it clear to the complainant that other members of staff will be unable to help them
- Ask that they contact you only in one way, appropriate to their needs (e.g. by telephone)
- Place a time limit on any contact with the complainant
- Restrict the number of calls or meetings you will have with them during a set period
- Ensure that any contact involves a witness
- Refuse to register repeated complaints about the same issue
- Acknowledge correspondence you receive about a closed matter but take no action
- Explain that you do not respond to communication that is abusive
- Make contact through a third person such as a specialist advocate
- Ask the complainant to agree how they will behave when dealing with DHC in future
- Return any irrelevant documentation and remind them it will not be returned again.

When using any of these approaches to manage contact with unreasonable or aggressive people, it is important to explain what you are doing and why, and to keep a detailed record of the ongoing relationship. Further advice on dealing with unacceptable behaviour and unreasonably persistent complainants can be found at:

<http://www.lgo.org.uk/publications/advice-and-guidance/unreasonable-complainants/>