

# Finney Lane Surgery

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## COMPLAINTS POLICY & PROCEDURE

Complaints are an integral element of improving the patient's overall experience of health care and help to assure safe, high-quality care. We will ensure strategies are developed to disseminate learning and make changes where needed.

### 1. Aim of the Policy

The aim of this policy is to have an easily identifiable and recognisable process for dealing with complaints as a practice.

The complaints process should:

- Be easily accessible and open, (details are available on the practice website and inhouse on the notice board)
- Resolve complaints quickly and effectively.
- Be fair to staff and complainants alike.

Information gained from handling complaints should be used to:

- Contribute to practice processes.
- Be complementary to Patient Advice and Liaison Services (PALS) if the complaint also involves e.g. the hospital or ambulance trusts.
- Promote learning in the organisation and, where things have gone wrong; avoid similar situations arising again.
- Monitor complaints that come into the practice to identify trends that might cause concern.
- Identify training needs.
- Maintain good practice and quality standards.

Effective complaints handling can enhance the reputation of the practice. All staff employed by the practice should be made aware of the complaints policy and procedure. Training will be provided for new staff via staff induction and existing staff on a one to one basis if requested and at relevant ad-hoc training events.

## **2. Principles**

The practices' complaints procedure states that arrangements for dealing with complaints must ensure that:

- a. Complaints are dealt with efficiently.
- b. Complaints are properly investigated.
- c. Complainants are treated with respect and courtesy.
- d. Complainants receive so far as is reasonably practical:
  - (i) assistance to enable them to understand the complaints procedure  
or
  - (ii) advice on where they may obtain such assistance.
- e. Complainants receive a timely and appropriate response.
- f. Complainants are told the outcome of the investigation of their complaint and action is taken, if necessary, in the light of the outcome of the complaint.

### **Human Rights Core Values**

Putting human rights at the heart of the way healthcare services are designed and delivered can make for better services for everyone, with patient and staff experiences reflecting the core values of fairness, respect, equality, dignity and autonomy. Complaints should be dealt with in line with these five core values.

### **Ensuring fairness and equity in complaints handling**

The Practices are committed to treating all complainants equally and fairly, regardless of age, caring responsibility, disability, gender, gender identity, race, religion and sexual orientation.

Under the regulations, complainants must not be discriminated against because they have made a complaint about any service of the practice, or any decisions made by the practice. The Practice is committed to dealing with complaints in a non-discriminatory manner. Complainants can seek advice and support on how to make their complaint from the practice Reception staff and Practice Manager.

**Process to ensure that service users, relatives and carers are not treated differently as a result of their complaint:**

It is important that patient care is not affected by a complaint and that complainants are not treated differently because of a complaint. Therefore, the following steps should be taken:

- Ensure any that details of any complaint should not be kept in the patient notes.
- Only staff involved in the complaint should be aware of details.
- Allow debrief time for staff and reflection on events surrounding the complaint.
- Staff should be aware of the Practice Being Open Policy.

If a complainant does feel that they have been discriminated against in any way because of making a complaint, they can contact the Manager to discuss how these issues will be addressed.

The Practice commits to operating a learning, fair blame culture when dealing with complaints providing staff have not:

- Intended to cause harm.
- Acted recklessly and taken an unjustifiable risk.
- Negligently brought about a consequence which a reasonably competent person with his/her skills should have foreseen and avoided.
- Acted illegally by committing a criminal act including circumstances resulting in a police investigation or prosecution.
- Inappropriately or deliberately failed to comply with protocols or policies applicable to the practice.
- Repeated poor performance that has not improved with training.
- Breached legal requirements, contractual obligations, or Professional Codes of Conduct.

### **3. Objectives**

The complaints procedure is designed to:

- Enable complaints to be dealt with as swiftly as possible, in a conciliatory and courteous manner.
- Not distinguish between verbal and written complaints and to grant them a full and fair investigation, other than those minor complaints which can be dealt with immediately.
- Empower staff to deal with complaints wherever possible, including training staff in the handling of complaints.

- Entitle the complainants a full and fair investigation of their complaints, without fear of retribution.
- Ensure that the complaints procedure is fair to both staff and complainants.
- Ensure that the complaints system is simple and accessible.
- Use the complaints policy as a means of improving the quality of services we commission and the process by which we commission to ensure we learn lessons.
- Keep managers, staff, clinicians, and the complainant informed and involved throughout the process.
- Ensure that all complaints are properly monitored and recorded, and appropriate reports submitted.

The practices have named individuals responsible for the investigation of complaints. In all cases the appropriate person will support the process. GP Partners may, in exceptional circumstances, appoint investigators from outside of the practice if they believe the complaint is of a sufficiently serious or complex nature.

Any issues highlighted by complaints investigations about service provision, clinical practice or of a disciplinary nature will always be dealt with by the GP partners in accordance with policies and procedures.

Where appropriate, staff should have access to support throughout the investigation of a complaint. Staff may seek peer support, support from line management or, should they feel this to be inappropriate, may access HR services for confidential counselling service, their professional body (if they have one) and / or trade union.

#### **4. Definition of a Complaint**

A complaint may be defined as an expression of dissatisfaction or concern with any aspect of a service, including Staff performance, whether relating to Patient Care, the environment, facilities, systems or processes by a patient, visitor, carer, representative group or member of the public.

If practice employees have complaints or concerns that relate to other employees these should be raised through existing Human Resources policies and procedures e.g. grievance procedure, whistle blowing policy, dignity and respect policy and/or disciplinary / disagreement procedure and by initially speaking with their Line manager or Operational Manager.

#### **5. Responsibility & Accountability**

The GP Partners will retain overall responsibility for complaints and compliance with the arrangements made under the regulations and in particular ensuring that action is taken, if necessary, in the light of the complaint. The GP partners can authorise another officer(s) to act on their behalf within the complaints process eg. The

Manager. GP Partners will have ultimate responsibility for the implementation of the complaints procedure.

The Manager has responsibility for approval of final responses.

The Coordinators and Practice Managers have responsibility for assisting with investigating and responding to complaints and implementing any service improvements that arise from complaints.

Front Line Staff should all be aware of this policy and direct any queries to their Coordinator in the first instance.

**Breaches of policy** A failure to follow this policy will result in the continued duplication of documentation, resulting in lack of clarity and possible conflicting practice. This not only wastes practice resources but leaves the practice at risk of potential claims.

## 6. Who may make a complaint?

In general terms a complaint may be made by:

- a. a person who has received services at the practice or
- b. any person who is affected by or likely to be affected by an action, omission or decision of the practice.

A complaint may be made by a person (referred to as a representative) acting on behalf of a person where that person:

- has died;
- is a child (for example by a parent or foster carer)
- is unable by reason of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005
- has requested the representative to act on his/her behalf and provided written consent - if a complaint is received on their behalf, the patient will be provided with a third party consent form to complete and sign.

Where the representative makes a complaint on behalf of a child, the practice

- a. must not consider the complaint unless it is satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child; and
- b. if it is not satisfied, must notify the representative in writing and state the reason for its decision.

Where a representative –

- a) makes a complaint on behalf of a child or a person who lacks capacity within the meaning of the Mental Capacity Act 2005 and
- b) the practice is satisfied that the representative is not conducting the complaint in the best interests of the person,

the complaint must not be considered or further considered, and the representative must be notified in writing and state the reason for the decision.

## **7. Confidentiality / Consent**

The use of the patient's information to investigate a complaint is a purpose for which it is not necessary to obtain the patient's express consent. Care must be taken at all times throughout the Complaints Policy and Procedure, to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint, and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint.

## **8. Exclusions**

The following complaints are not required to be dealt with in line with the regulations:

- a) a complaint about private treatment
- b) a complaint made by another responsible body
- c) a complaint made by an employee of a local authority or NHS body about their employment.
- d) a complaint which is made orally and resolved to the complainants satisfaction no later than the next working day on which the complaint is made
- e) a complaint that has already been resolved in (c)
- f) a complaint which has already been investigated under these regulations, the 2004 regulations, the 2006 regulations or a relevant complaints procedure before 01 Nov 2015
- g) a complaint which is being or has been investigated by the Local Commissioner
- h) a complaint arising from the alleged failure to comply with a request for information under the Freedom of Information Act 2000
- i) a complaint which relates to any scheme established under section 10 (superannuation of persons engaged in health services, etc) or section 24 (compensation for loss of office, etc) of the Superannuation Act 1972[5], or to the administration of those schemes

Where the practice considers a complaint falls within the above exclusions it must (except in point c above) as soon as reasonably practicable, notify the complainant in writing of its decision and the reason for that decision.

## **9. Duty to cooperate – a coordinated approach**

When considering a complaint, where it appears to an organisation that the complaint contains issues that if sent to another organisation would be a complaint that requires investigation, both organisations must cooperate to:

- a) coordinate the handling of the complaint and
- b) ensure the complainant receives a coordinated response to their complaint.

The duty to cooperate includes in particular a duty for each organisation-

- a) to agree which organisation takes the lead in coordinating the handling of the complaint and communicating with the complainant
- b) to provide information relevant to the complaint when requested by the other organisation and
- c) to attend any meeting reasonably required when considering the complaint.

## **10. Time limits**

A complaint must be made no later than 12 months after: -

- (a) the date on which the matter which is the subject of the complaint occurred; or
- (b) if later, the date on which the matter which is the subject of the complaint came to the notice of the complainant.

The time limit shall not apply if the organisation is satisfied that –

- (a) the complainant had good reasons for not making the complaint within that period; and
- (b) notwithstanding the delay it is still possible to investigate the complaint effectively and fairly.

Flexibility and sensitivity should be used when considering late complaints e.g. where a complainant has suffered such distress or trauma that prevented him/her from complaining earlier.

Discretion may on occasion be used to extend the time limit in discussion with the GP partners, the Manager and the complainant.

If a decision to process a complaint is turned down on the “out of time” basis then a complainant can use this policy to complain about that decision.

## **11. How are complaints investigated?**

The complaints procedure has two stages:-

- a) Local Resolution
- b) Review by the Health Service Ombudsman.

**a) Local Resolution (the' first stage')**

*"Receive, acknowledge, investigate, respond"*

Ideally complaints and concerns will be and are, where appropriate, resolved on the spot by front-line staff effectively and efficiently.

**Receive**

A complaint may be made orally, in writing or electronically.

When a complaint is made orally, the practice must make a written record of the complaint and provide a copy of the written record to the complainant. The complainant must be given a named contact for any further issues relating to the oral complaint. This will usually be the Practice Manager.

**Acknowledge**

All complaints must be acknowledged no later than 3 working days after the day the complaint is received (except where a complaint is referred for investigation to another organisation or where a complaint is received verbally and resolved within one working day).

The acknowledgement may be made orally or in writing.

When a complaint is acknowledged, the organisation must offer to discuss with the complainant –

- a) the way the complaint is to be handled and
- b) the response period within which the investigation of the complaint is likely to be completed and the response is likely to be sent to the complainant.

If the complainant does not accept the offer of a discussion, the organisation must determine the response period and notify the complainant in writing of that period.

**Investigate**

When a complaint is received, the practice must:

- a) investigate the complaint in a manner appropriate to resolve it speedily and efficiently and
- b) throughout the investigation, keep the complainant informed as far as reasonably practicable of the progress of the investigation.



## **Respond**

Once the investigation is completed, a response must be sent and signed by the responsible person or any person delegated with responsibility on their behalf. This should be done as soon as possible and include:

- a) a report into the complaint containing an explanation of how the complaint has been investigated, the conclusions reached and any actions to be taken.
- b) confirmation that any action needed as a result of the complaint will be undertaken and a timescale identified.
- c) the complainants right to take the complaint to the ombudsman.

Complainants have the right to a complete reply to their complaint as quickly as possible. In exceptional circumstances this may not be possible. If the practice does not send a complaint response within 6 months of receiving the complaint, they must:

- a) notify the complainant in writing that the complaint is still under investigation and explain the reasons why they have not received a response and
- b) send the complainant a full response in writing as soon as reasonably practicable.

If a complainant contacts the practice after receiving the response to their complaint requesting further information or explanation, every effort should be made to answer these enquiries at local resolution. For instance, further information / explanation can be provided with consent and by agreement of all parties by the relevant Manager. Alternatively, a meeting to discuss the issues raised in the complaint could be offered. Should a complainant raise new issues at this stage that were not included with the original complaint, these must be investigated as a separate new complaint.

It is important to note that this should not be considered a review or appeal of their complaint. If the complainant remains unhappy with the response following local resolution and any further efforts to explain they should be advised to go to stage two of the procedure and contact the ombudsman.

## **b) Complaints to the commissioners**

Complainants should complain to the practice or the commissioner, not both.

## **Use of email / electronic communication**

Email and electronic communication may be used where the complainant has consented in writing or electronically and has not then withdrawn their consent in writing or electronically.

When complaints documentation is to be sent electronically, it can be signed by the individual authorised to sign the document by typing their name or producing their name using a computer or other electronic means (electronic signatures).

## **12. Special considerations**

### **Complaints of a Clinical Nature**

Where a complaint involves clinical issues, a relevantly qualified clinician should be involved to ensure full and appropriate investigation.

### **Complex complaints**

If a complaint relates to more than one service or more than one provider, or local authority, the Manager will acknowledge these complaints, explain how they will be dealt with (including timescales) and who the complainant can expect will lead on and respond to the complaint.

### **Clinical negligence claims, legal action, and Police involvement**

Where the GP partners and Manager considers that a complaint may result in legal action, this must be logged at the earliest opportunity.

Where a possible clinical negligence claim is intimated as part of a complaint or it becomes apparent that other legal action or Police involvement is underway whilst a complaint is being investigated, the practice must consider whether by dealing with the complaint it might prejudice the potential defence of any legal claim or investigation.

Where there is any doubt, legal advice should be sought. Where it is thought that dealing with the complaint might prejudice the legal action, resolution of the complaint can be delayed until the legal action has concluded. The complainant must be informed why the complaints process has been put on hold.

## **13. Corporate Performance, Monitoring and Reporting**

### **a) Publicity**

Information should be made available on the practice website to the public on the arrangements for making complaints and how further information on those arrangements may be obtained. Staff should be made aware of the regulations and their role in dealing with complaints.

### **c) Monitoring complaints**

Each organisation must maintain a record of each complaint received, the subject matter and outcome of each complaint, the agreed response period (including any amendments to that period) and whether a response was sent out within the response period.

### **c) Performance Targets**

- “On the spot” verbal concerns should be resolved immediately or within one working day. (In this case, a note should be made of the complaint details).

- Written complaints should be acknowledged within three working days.
- The final response to a complaint should be sent out within the timescale agreed with the individual complainant. Where the complaint is of a complex nature and the investigation might exceed these timescales, the complainant will be kept informed of the reasons for delay and the progress made and given the opportunity to respond to this to register their disagreement.

#### **d) Reporting**

The Complaints Manager for each practice will monitor complaints and ensure that the appropriate action is taken in line with the practice complaints monitoring process.

The practice must produce an Annual Report for the Governing Body that will:

- a. specify the number of complaints received.
- b. specify the number of complaints upheld by the practice.
- c. summarise the subject matter of complaints received, any matters of importance arising out of the complaint itself or the investigation, any matters where action has been taken to improve services because of complaints.
- d. be available to the public on request.

### **14. Training**

All staff will be made aware by their line manager of the complaints policy and procedure.

Training will be provided to staff/Primary Care Providers and/or their staff and to specific staff groups where it will be tailor made to suit the group's needs. Electronic training, guidance and support may be given on an ad-hoc basis.

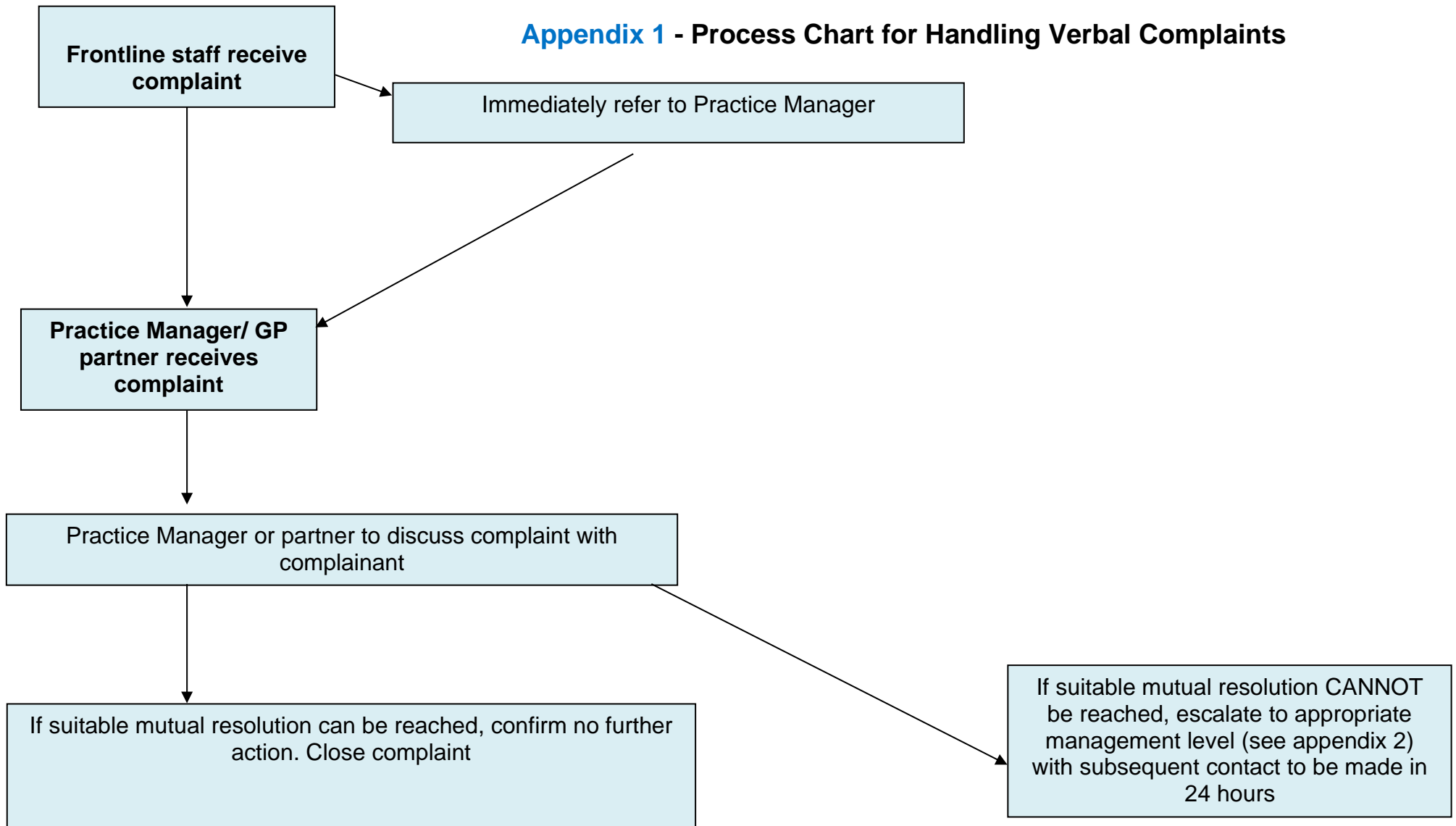
### **15. Independent Advocacy**

All service users or their carers who wish to make a complaint, should be made aware of their right to independent advocacy to support them to make a complaint and in particular the Independent Complaints Advocacy Service (ICAS). This is a free of charge independent service designed to give advice and support to those who wish to complain about the NHS. The Independent Complaints Advocacy Service (ICAS) can be contacted on 0300 456 2370.

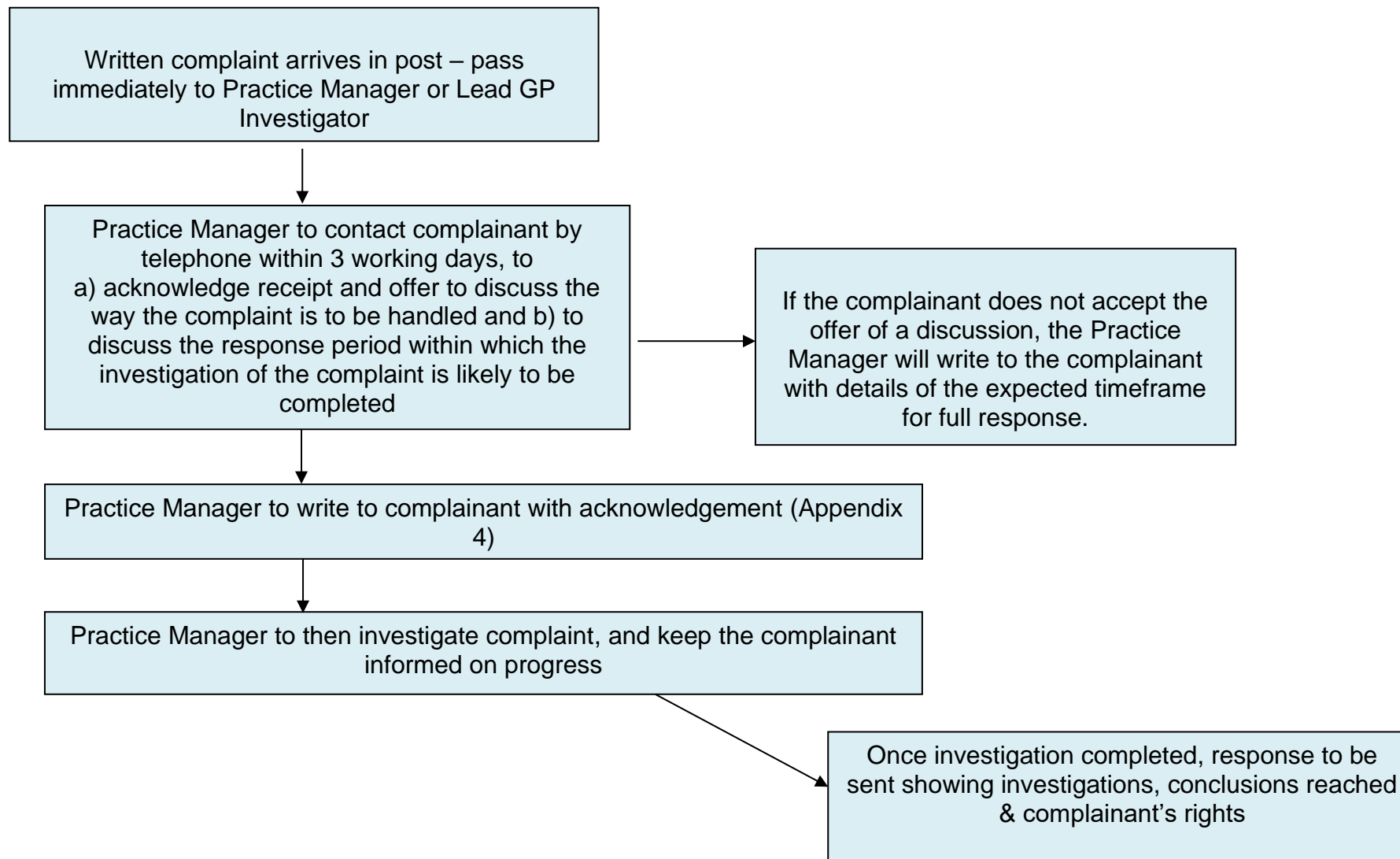
### **16. Media interest**

All media enquiries should be referred to the Practice Manager.

## Appendix 1 - Process Chart for Handling Verbal Complaints



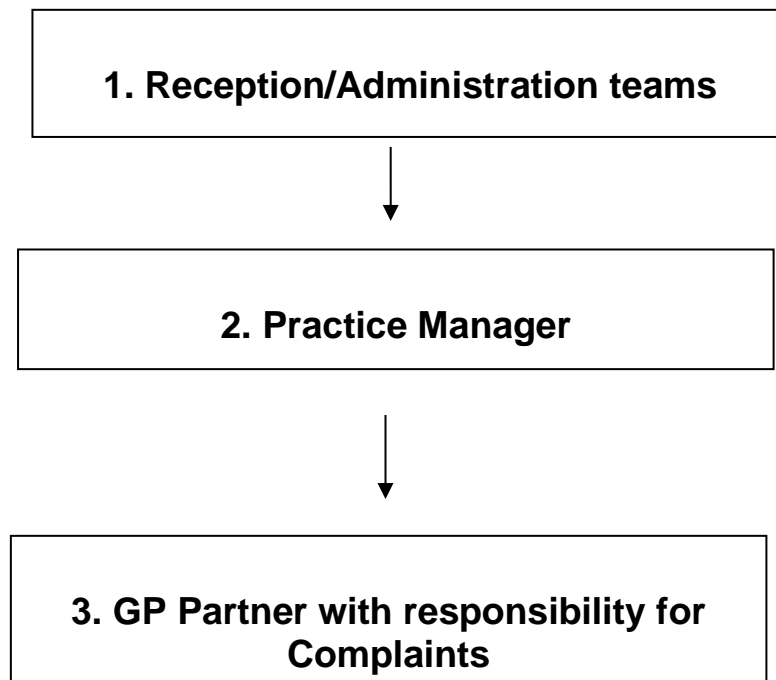
## Appendix 2 - Process Chart for Handling Written Complaints



### **Appendix 3** Complaints escalation reporting procedure

If a verbal complaint is received by anyone in the below chart and cannot be resolved by them, they should escalate to the next level of complaints handling authority who should then follow the complaints procedure

**N.B** All written complaints to go straight to Manager first for assessment of severity of complaint



## Appendix 4 - Template acknowledgment letter

Dear...

I am going to investigate this for you, however in order to review this thoroughly I would need to follow our complaints procedure where I complete an investigation and then provide you with a written response within 21 business days.

I will of course try and respond to you earlier than this.

If you are unhappy regarding this, you do have the right to ask the Parliamentary and Health Service Ombudsman (PHSO) to review your complaint. The PHSO would normally expect any request to be lodged within 12 months from the date you became aware that you had cause to complain. However, you are encouraged to make the approach as soon as possible after local resolution is complete.

Their contact details are:

The Ombudsman  
The Health Service Ombudsman for England  
Citygate  
Mosley Street  
Manchester  
M2 3HQ

Kind regards,

Practice Manager

## Appendix 5 Consent form for complaints on someone else's behalf

### PATIENT DETAILS

|                      |  |                         |  |
|----------------------|--|-------------------------|--|
| <b>Full name</b>     |  | <b>Title</b>            |  |
| <b>Date of birth</b> |  | <b>Email address</b>    |  |
| <b>Address</b>       |  | <b>Telephone number</b> |  |
| <b>Postcode</b>      |  |                         |  |

### THIRD PARTY DETAILS

|                      |  |                         |  |
|----------------------|--|-------------------------|--|
| <b>Full name</b>     |  | <b>Title</b>            |  |
| <b>Date of birth</b> |  | <b>Email address</b>    |  |
|                      |  | <b>Telephone number</b> |  |

### FOR THE PATIENT TO COMPLETE:

I give consent to the above third party to make this complaint on my behalf and to receive information about my care which is relevant to the complaint.

|                  |  |
|------------------|--|
| <b>Full name</b> |  |
| <b>Signature</b> |  |
| <b>Date</b>      |  |



