

Policy and Procedure for the Management of Complaints

Distribution: Clinical Partners and all staff

Date of issue January 2017

Review date January 2019

Owner – Barny Guthrie, CEO



Clinical Partners
It's about getting better

Contents

- 1 Introduction and policy statements
- 2 Purpose
- 3 Scope
- 4 Definitions
- 5 Duties and responsibilities
- 6 Complaints procedure
- 7 Performance standards
- 8 Process for monitoring and compliance with the policy

Policy and Procedure for the Management of Complaints

1 Introduction

Clinical Partners is committed to ensuring that those who use its services are readily able to access information about how to make a complaint and that the issues raised are dealt with promptly and fairly.

We make sure that the care of people who make complaints about our services will not be adversely affected because they have complained. Complaints correspondence is stored and recorded separately from clinical records.

We recognise that the information derived from complaints provides an important source of data to help make improvements in our services. Complaints can act as an early warning of failings in systems and processes which need to be addressed.

2 Purpose and objectives

The **purpose** of this policy is to detail the following:

- The objectives, values and principles of the complaints process as well as the roles and responsibilities of staff dealing with complaints.
- The processes to be followed when dealing with complaints

The **key objectives** of this policy are:

- To provide an open and accessible mechanism by which people can raise concerns.
- To be easily understood by those who access our services
- To seek early reconciliation between the Company and the person(s) complaining
- Whenever possible to ensure that complaints are dealt with at the time that they arise.
- To ensure that complaints are investigated thoroughly and fairly.
- To ensure that lessons are learnt from complaints and that appropriate action is taken to make improvements where deficiencies are identified.

3 Scope

This policy relates to complaints brought by users of our services. All formal patient complaints, however received, will be managed as set out in this policy. Complaints from partner Clinicians will be managed under human resource arrangements in the company.

4 Definitions

Within this policy the term **formal complaint** refers to any written complaint received from a patient or a representative of the patient.

A **verbal complaint** may be treated as a formal complaint if on discussion with the complainant he/she wishes his/her concerns to be treated formally. In this case a detailed written record must be made by the recipient of the complaint and sent to the complainant with an invitation for it to be signed for accuracy and returned to the Complaints Manager.

5 Duties and Responsibilities

5.1 Chief Executive

The Chief Executive is accountable for ensuring that complaints made against the company are managed fairly and effectively under this policy. The Chief Executive is ultimately responsible for the response made to any complainant.

5.2 Investigating Officer

The CEO may appoint an appropriate investigating officer to carry out an investigation and prepare a draft reply for a complaint

5.3 Head of Triage

The responsibilities of this role are as follows:

- Be the identified link with complainants
- Manage the complaints handling process
- Raise any issues related to an inability to complete the complaints process in line with this document with the Chief Executive
- Ensure that the Chief Executive is aware of any actual or potential issues arising from complaints that could put the company at risk, including potential legal claims

5.4 Clinical Advice

Where needed, the CEO will seek relevant clinical advice from an appropriately skilled and experienced clinician with no connection with the matter of the complaint.

6 Complaints Procedure

6.1 Key objectives of the procedure

The key objectives of the procedure are:

- Each complaint is investigated promptly, fairly and thoroughly
- Lessons are identified and action taken when appropriate
- Communication with the complainant is timely, suitable and satisfactory that appropriate remedial actions are taken
- Complainants have confidence that their concerns are heard and addressed

6.2 Time Limit for Making a Formal Complaint

A complaint should usually be made within twelve months of the time the event(s). This time limit can be extended at the discretion of the Chief Executive.

6.3 Who May Complain

A complaint may be made by a patient, a person acting on behalf of a patient, or anyone who has been affected by any action/omission/decision of the Company.

Where a complainant is acting on behalf of a patient, written consent must be obtained from the patient before a response can be sent.

Where the patient is a child without capacity, a complaint may be made by the parent or guardian. Where the patient has died, the complaint may be made by the named next of kin or by a person nominated by the named next of kin. In other circumstances where the complainant may have difficulty complaining on their own behalf or have other requirements e.g. vulnerable children and adults, or people with mental health difficulties, the Chief Executive will review each situation in light of current legal requirements and offer help and support to a complainant as appropriate.

6.4 Handling a Complaint

On receipt of a formal complaint the CEO will arrange to:

- Acknowledge a written complaint within three working days of receipt. Enclose complaints leaflet, or give a brief indication of the process and the anticipated time for response.
- Send a copy of the complaint to the appointed investigation officer asking them to advise on the most appropriate way of resolving the complaint, e.g. by a meeting, telephone call or investigation and formal letter
- Arrange for the preparation of a formal response letter at the conclusion of the investigation
- Ensure that the response includes details of any action, which is being taken to implement changes in practice and procedure identified as a result of the complaint.
- Send approved final response to complainant within agreed set timescale. If the final response will be delayed inform complainant in writing.
- Ensure copies of the response to the complaint are sent to the relevant staff.
- Records of complaints and allegations are recorded on the relevant staff / Clinician / patient files. These records will include details of the investigations and any conclusions or actions taken.

6.5 Action Plans

Where the investigation of a complaint identifies the need to make changes in practice and systems, it is important that all remedial measures are clearly documented, acted upon and monitored.

If previously unidentified risks are apparent from the complaint, then a formal risk assessment should be considered.

6.6 Complaints that have medico-legal implications

In the event that a complaint may result in a claim of negligence being the CEO will always take advice from and the Company Lawyer before replying.

6.7 Details of Complaints Which Warrant Professional Disciplinary or Criminal Investigation

The CEO will consider making a referral of a complaint to the clinicians' relevant professional body in the event that a complaint is upheld which relates to professional misconduct

7. Performance Standards

The Company has set the following performance standards:

- Formal complaints must be acknowledged by the complaints department within three working days of receipt.
- The target timescale for responding to formal complaints is thirty working days, unless the matter is complex, in which case the target time will be agreed with the complainant.

8. Process for monitoring compliance with the policy

The CEO will provide a monthly update on complaints to the Board together with details of lessons learned and actions taken.

Any significant risk issues identified via the complaints system will be subject to risk assessment and action planning, and actions will be monitored by the Board.