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**DOCUMENT CONTROL**

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**Introduction**

The reporting and management of complaints within Yardley Wood Health Centre (YWHC) is an essential part of the organisation’s clinical governance, risk and business management. All complaints will be uploaded using the GP TeamNet portal.

The purpose of the Complaints Policy and Procedure is to clearly set out the process for complaints handling to staff and demonstrate that YWHC values and effectively deals with comments and complaints. These could be from patients, families or the public. They will be investigated robustly and YWHC will learn from the outcomes. The policy also aims to incorporate The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (referred to as Regulations) which will be highlighted where appropriate.

In summary, this policy serves to:

* Promote suitable early management and remedial action, to address concerns and prevent complaints and adverse events occurring in the future.
* Define YWHC’s systems and procedures for the management of complaints to minimise harm or risk of harm to service users, carers, employees, GP members and other stakeholders and improve satisfaction and reduce the risk of litigation.
* Develop a culture that enables the reporting of complaints, ensuring all YWHC’s clinical and non-clinical staff have adequate knowledge to report and respond appropriately to patient complaints.
* Support a robust complaint handling process at YWHC which is positive, supportive and non-threatening and encourages staff to participate in the investigation, promote learning from patient complaints
* Fulfil YWHC obligations to manage patient complaints and YWHC’s service commitment to future contracts and externally and internally report and record patient complaints using GP TeamNet.
* Ensure that YWHC makes a co-ordinated and efficient response to all patient complaints, to increase patient satisfaction, improve communication and ensure continuing service improvements.

In addition, YWHC receives feedback from staff, patients and doctors which also assists our corporate learning.

**Key principles: [ Regulation 3]**

* People who access YWHC’s services are to be treated in a manner that respects their human rights and diversity in a fair and equal way
* All complainants are to be treated with respect and sensitivity and encouraged to be open about their concerns.
* All staff must ensure that patients, carers, and relatives are not discriminated against because of having made a complaint.
* All complainants are to be communicated with fully throughout the complaints process.
* Actions shall be taken within stated timelines in accordance with this policy and clear records kept of all communications.
* Complaints are considered an opportunity for individual and organisational learning. Resulting actions help improve the quality of patient care, the safety of staff and patients, and reduce the risk of repeated complaints.
* Complainants must not be discriminated against for making a complaint, or for any of the protected characteristics listed in the Equality and Diversity Policy.

## 1.0 Definitions

## The Complaint

* In this policy, a complaint is defined as “An expression of dissatisfaction, either verbal or written, and whether justified or not, which requires a response”. A complaint may be made by anyone who is receiving, or has received, treatment or services from YWHC’s or alternatively a friend or relative. A complaint may be made in writing (by email, letter, fax, comments card) or verbally, to any member of staff. [Regulation 5]
* Complaints should normally be made within one year of the events which gave cause for concern. However, YWHC can waive this requirement if there have been exceptional circumstances, such as bereavement or illness. [Regulation 12]

**Scope**

This policy applies to all YWHC staff. This policy also applies to all organisations from which YWHC commissions services.

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# Confidentiality

* YWHC have a Duty of Confidentiality to its patients.
* Confidential patient information must be exchanged securely i.e. secure nhs.net to nhs.net transmission
* Patient identifiable information must not be uploaded to GP TeamNet

# Responsibilities

* **YWHC**

YWHC has a responsibility to make information available on how to make a complaint to patients, clients and their relatives and carers and make the process accessible to all service users. Relevant leaflets will be available in all practice clinic reception areas and from staff.

* **Staff**

YWHC staff have a responsibility to report any patient complaint, formal or informal to the complaints officer at the practice.

* + The complaints officer for each practice is required to:
    - Ensure appropriate timely communication with the complainant
    - Acknowledge complaint, advise of process and request consent if required.
    - Keep the complainant informed of the progress of any investigation
    - Advise of the outcome.

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* + Update GP TeamNet on receipt of complaints and report on progress at regular intervals
  + Ensure that complaints reporting procedures are maintained and adhered to via GP TeamNet.
  + Contact appropriate clinician / member of staff to provide details of what happened and/or prepare response letter as appropriate
  + Collate all correspondence relating to each complaint and store appropriately. Maintain and update these files
  + Upload each anonymised complaint letter and complaint responses from the clinician / member of staff concerned onto GP TeamNet (or advise amendment before approval) and sign completed complaint response letter.

NB: If the complaint relates to a **death or serious untoward incident**

* Complete an Incident Report form for incidents / SEs where none has been completed
* Update GP TeamNet accordingly
* Notify key personnel within 24 hours:
  + The CQC if the incident has resulted in a death that meets with their reporting guidelines - <https://www.cqc.org.uk/content/regulation-16-notification-death-service-user>

## 2.0 Complaints Officer Responsibility

The Complaints Officer for each practice will

* **Conduct a full Root Cause Analysis Investigation into any SEs** in line with the Incident and SE Policy and Procedure.
* Ensure completion of investigation into all incidents
* Record all incidents onto GP TeamNet

**2.1 Complaints Officer - Dealing with Complaints**

* Ensure that each complaint is responded to in line with NHS and YWHC policy and procedure and that investigations are completed within time lines
* Liaise with patients, families and external bodies as appropriate.
* Undertake a full investigation of any patient complaint, in liaison with other managers where necessary.
* Record information onto GP TeamNet
* Facilitate the response letter, working with clinicians as necessary.
* Ensure member of staff or duty clinician has access to support if required
* Prepare an action plan to address any issues identified.
* Monitor and ensure that appropriate action and learning have been undertaken following any complaint.
* Contribute to dissemination of lessons learned and implement any actions identified to be their responsibility, or the responsibility of their team.
* Review and monitor the Complaints Log to monitor trends

# 3.0 Conflict of Interest

* In the event of a conflict of interest being identified in a complaint, the investigation will be carried out by a manager, director of the same level or GP member of relevant ICB.

# 4.0 Record Keeping

* Regardless of the method used to resolve the complaint, GP TeamNet must be used to keep clear anonymised records of complaints, all associated correspondence and actions to demonstrate compliance with requirements.
* A Complaints Log will be kept of all complaints on GP TeamNet and an analysis of all complaints will be conducted to understand trends, enable appropriate remedial action to be taken and identify lessons learned for dissemination across the organisation.

**5.0 Monitoring and reporting [Regulation 17]**

This will begin at Practice Level, they will report via GPTeamNet and a sample will be discussed at whole practice meetings.

## 5.1 Audits

* Complaints will be subject to quarterly audits that show:
  + Complaints have been responded to within both the relevant internal and external timescales.
  + Actions are appropriate and taken seriously
  + Remedial works identified are undertaken
  + GP TeamNet will be used to carry audits

# 6.0 The Complaints Procedure

* The complaints procedure is a unified two-stage procedure in line with NHS (Complaints) Regulations 2009
  + Stage 1 - Local Resolution
  + Stage 2 - Independent Review by the Ombudsmen.
* Full details of the Complaints Procedure are shown in Appendix B – Complaints Process Outline

**7.0 Stage 1 – Local Resolution [Regulation 13]**

* Front line staff are empowered to resolve minor issues and problems immediately and informally. However, where a complaint is made, the procedures detailed below must be followed:
  + Recording of the complaint on GP TeamNet
  + The options for local resolution include:
    - Telephone resolution
    - Face to face meetings with the complainant and parties involved.
    - Written responses
  + The complainant should be made aware of their right to complain directly to NHSE rather than direct to the practice, should they choose to do so.
  + <https://www.england.nhs.uk/publication/nhs-england-complaints-policy>

Should local resolution not be possible, then this should be documented in the file and the case closed.

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## 7.1 Stage 2 – The Ombudsmen

* A complaint may be referred to the Parliamentary and Health Service Ombudsmen where Local Resolution has failed to result in resolution, within 12 months of the original complaint date.
* Contact details: Parliamentary &Health Service Ombudsman

Millbank Tower

Millbank

London SW1P 4QP

Tel: 0345 015 4033

[Email: Complaints@healthcarecommission.org.uk](mailto:Email:%20Complaints@healthcarecommission.org.uk)

Website: [www.healthcarecommission.org.uk/](http://www.healthcarecommission.org.uk/)

**8.0 Special Considerations**

**8.1 Legal proceedings**

If the complainant explicitly indicates an intention to take legal action and claim for clinical negligence, the routine complaints procedure will continue in parallel~~.~~ The Complaints Officer from the practice in question must inform any clinician who has seen the patient since the complainant stated the incident began. The clinicians will then inform their medical indemnity providers and local polices regarding clinical negligence claims must be followed.

## 8.2 Disciplinary Proceedings

If disciplinary proceedings are begun against a member of staff because of its investigation, the complainant should be informed that internal disciplinary action will be followed. That will be the extent of the information disclosed to the complainant.

## 8.3 Unreasonably Persistent or Vexatious Complainants

There is no one single feature of unreasonable behaviour. Examples of behaviour may include those who:

* Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted.
* Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services could assist to help them specify their complaint.
* Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice.
* Continue to focus on a ‘trivial’ matter to an extent that it is out of proportion to its significance. It is recognised that defining ‘trivial’ is subjective and careful judgment must be applied and recorded.
* Change the substance of a complaint or seek to prolong contact by continually raising further issues in relation to the original complaint. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately.
* Consume a disproportionate amount of time and resources.
* Threaten or use actual physical violence towards staff.
* Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails).
* Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.
* Make excessive telephone calls or send excessive numbers of emails or letters to staff.
* In this situation, the Practice Manager can review the case to ensure that the points made have been properly considered and that the complaint has been managed in a fair and consistent manner. This can be done anonymously should the patient not consent to share their personal information.
* The Practice Manager can then recommend ending the complaint as vexatious if every effort has been made to answer the complaint appropriately and the complainant is exhibiting one or more of the above list.
* In such cases, a letter will be written to the patient informing them that:
  + The reply to the complaint has fully responded to the points raised
  + Every effort has been made to try to resolve the complaint
  + There is nothing more that can be added and the correspondence is now at an end
  + Future letters will not be acknowledged, unless they relate to a new issue. Contemporary issues will be dealt with as per the process.
* They have the right to an Independent Review or to take their complaint to the Health Ombudsman.

## 8.4 Complaints Involving Multiple Organisations [Regulation 9]

* Where a complaint also has elements of a complaint about another NHS or Social Care organisation the practice manager in question should write to the complainant within three working days and **request consent** from the complainant before sending a copy of the complaint to the other organisation.
* Discussions should take place between the relevant complaints managers, in conjunction with the complainant, as to whether the issues should be handled separately or as part of a joint response.
* When the issues raised in complaints are interconnected, it is usually better to arrange a joint response.

## 8.5 Joint Responses [Regulation 9]

* One officer should be nominated to co-ordinate the investigation and be the main point of contact for the complainant during the investigation. The complainant should be provided with details of how the investigation will take place and the appropriate timescales should apply.
* The officer in question writing the response should ensure that they inform the complainant which organisation is responsible for each part of the complaint.
* Joint responses should ideally be jointly signed by the respective Chief Executives of the commissioning organisation, Medical Directors or Service Heads as appropriate.

**APPENDIX A: Consent Form**

CONSENT FORM

COMPLAINTS/INVESTIGATION AND RESPONSE

I(name)………………………………of(address)………………………………………….………………………………………………

……………………………………………………………………….

……………………… and a patient of (GP Practice) ……………

...................................................................................................

hereby give permission for YWHC to investigate and respond to the complaint made on (date) ………………………………… regarding……….………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signed: …………….……………………

Name: ……………….………………….

(please print)

Date: ………………….……………….

# Appendix B: Complaints Process Outline

**Complaint registered.**

* Log anonymised complaint on GP TeamNet database
* Prepare case file: collate case information including records & call recording where necessary
* Inform Complaints Co-Ordinator if necessary

**Initial call contact with complainant**

* Personal YWHC introduction & ongoing contact
* Outline complaints process
* Clarification of concerns
* Address concerns if possible
* Agreement of timescales for response if concerns not addressed

**Formal written contact**

* Letter acknowledging complaint and confirming detail of conversation   
  (See Appendix C)
* Concerns detailed
* Timescales agreed
* Include the following:
  + Consent form
  + YWHC how to make a complaint leaflet

**Follow-On Action & Investigation**

* Clinical complaints
  + Inform clinician of complaint
    - Send copy of case notes, complaint and acknowledgement letter to complainant
    - Timescales for response
    - Support and advice available from the Board / Defence organisation
* Operations complaints - Inform Operations Team if necessary
  + Liaise with the Complaints Co-Ordinator/Team Supervisor to ensure deadlines for intervening actions are complete

**Actions following Investigation**

*If WITHIN agreed timescale:*

* Ensure findings of investigation have been documented

*If OUT OF agreed timescale:*

* Identify and manage factors contributing to delay
* Inform doctor or staff member if necessary that failure to respond may result in a restriction of shifts
* Contact complainant to apologize for the delay and request a specified extension period
* (Once clinician / staff response letter received, continue as for ‘WITHIN timescales’ above).

**Follow up**

If complainant is dissatisfied with response / outcome of the complaint, options available:

* Review of complaint
* Ask for doctor / staff member to provide an amended response letter considering outstanding concerns
* Offer a Resolution Meeting between doctor / staff member and complainant, facilitated by Complaints Co-Ordinator/PM and attended by the following as indicated:
  + Complainant representative e.g. family member, ICAS
* Complainant has right of referral of complaint matter directly to Ombudsman

**If complainant remains dissatisfied**

* The complainant then has the right to refer the complaint to Ombudsman
* Such referral must be within 12 months of initial date of complaint.

**If the complainant notifies the practice of planned litigation:**

* contact medical indemnity organisation or insurers immediately
* notify any clinical staff involved to seek advice from their medical professional insurers

**Closure**

* In final letter explain the complaint file will be closed unless we receive further correspondence within the next 10 working days
* Record closure on database and complete reporting summary

**Timelines**

* Acknowledge within 3 working days
* Agree timeline for actions with complainant, normally YWHC agrees to 25 working days
* Timeline starts when consent form is received
* Extensions to timelines must be arranged 3 days prior to deadline

# APPENDIX C: Acknowledgement letter

Our Ref: C/ [Insert reference number]

[Insert date]

[Complainant Name]

[Insert Address line 1]  
[Insert Address line 2]  
[Insert/delete Address line 3]

[Insert Postcode]

IHL

IHL Branding and address

Dear [Insert Name of Complainant]

**Re: [Insert Patient Name] DOB [Insert Date of birth]**

I want to thank you for the concerns you raised on [Insert Date], detailing your experience of our services.

I am sorry to learn of your concerns and want you to know that we will be investigating the matter.

I would like to make sure I understand your concerns and have summarised below. If you feel that this does not accurately represent the issues you have raised, please contact me. I will be investigating the following points:

* [Insert Elements of Complaint]

I will reply to you with the results of this investigation within 25 working days, which will be [Insert Date]. If there is any delay, I will write to inform you of this.

Yours Sincerely,

[Insert Author Name]

**[Insert Author Position]**