VILLAGE MEDICAL CENTRE

POLICY FOR LISTENING AND RESPONDING TO CONCERNS AND COMPLAINTS

SUMMARY
This Policy has been developed to outline the mechanisms employed by Village Medical Centre to ensure an established and structured system is in place for listening and responding to concerns and complaints.

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1. Introduction

1.1 Village Medical Centre herein after referred to as the Practice is committed to ensuring the effective implementation of robust procedures for listening and responding to the concerns and complaints of patients, their relatives and carers.

1.2 The Practice has a statutory and moral duty to monitor its clinical standards, as concerns and complaints are an important indicator of these standards as they
provide an important source of feedback about the quality of NHS services. This will give the Practice an opportunity to continuously improve its services to patients, their relatives, carers and members of the public by sharing lessons learnt and best practice across all services.

1.3 The Practice takes seriously any concerns and complaints and seeks to ensure their satisfactory and speedy resolution.

1.4 The Practice aims to promote a learning, fair blame culture with processes for listening and responding to concerns/complaints of patients, their relatives and carers that are open and transparent without being defensive and ensuring that patients, their relatives and carers are not treated differently as a result of raising a concern or a complaint. This does not preclude the use of disciplinary procedures if an investigation identifies these to be appropriate. In this event, staff will immediately be informed and the normal disciplinary procedure will be followed in line with the Practice Disciplinary Policy Procedure.

1.5 All matters relating to individual complaints will be treated with the strictest confidence. Any information shared for the purposes of learning will be done so anonymously, both in terms of patients and staff involved.

2. Purpose

2.1 As an NHS organisation the Practice is subject to the NHS Complaints Regulations. In addition the Practice must comply with NHSLA (Litigation Standards): Concerns/Complaints and the Care Quality Commissions Essential Standards of Quality and Safety.

2.2 This policy sets out a framework for the management of concerns and complaints and explains the process by which the Practice meets its associated obligations.

2.3 The policy reinforces the requirement for all services to ensure that the complaints process is available, understood and well publicised.

2.4 This policy aims to ensure that the patient, carer or the patient's representative has access to an impartial and fair system that deals quickly and effectively with any complaint made in accordance with the NHS Complaints Procedure.

2.5 The policy will ensure that information received following the result of a concern raised or a complaint received is reviewed to ensure that the Practice benefits from lessons learnt, acts to prevent recurrences and strives to improve the service provided as a result of concerns/complaints being raised.

2.6 Sets out the process for the handling of joint complaints between organisations.

2.7 The policy will ensure that habitual or vexatious complaints will be dealt with appropriately.

2.8 The policy will set out the process the Practice intends to take to ensure compliance with this policy.

3. Scope

3.1 This document describes the Practice's policy regarding concerns and complaints. It will be implemented by employees of the Practice (whether permanent or temporary) receiving a written or oral concern or complaint.

3.2 Concerns and Complaints to the Practice may be about any matter reasonably connected with the exercise of its functions, including any matter reasonably
connected with its provision of healthcare or any other services:

3.4 The following complaints are excluded from the scope of this Policy:
A complaint made by an NHS body which relates to the exercise of its functions by another NHS body.
A complaint made by an employee of an NHS body about any matter relating to his/her contract of employment.
A complaint which is being or has been investigated by the Care Quality Commission or the Health Service Ombudsman.

4. Definitions

WHAT IS A COMPLAINT?
A complaint is an expression of dissatisfaction which requires a response

WHO CAN COMPLAIN?
A complaint may be made by a user of services, their representatives or any person who is affected by or is likely to be affected by any decision within the Village Medical Centre or indeed any agency under the jurisdiction of the Practice

4.1 Concern Raised

4.1.1 Patients, relatives or carers (or any other stakeholder) may raise concerns about the service they receive from the Practice. Such concerns can be made verbally or in writing (concerns raised in writing are normally considered as complaints unless specifically stated that the individual would like the issue to be dealt with informally). Where such a concern is raised confirmation should be sought as to whether the individual would like this concern to be logged as a formal complaint.

4.2 Complaint Raised

4.2.1 Patients, relatives or carers (or any other stakeholder) may raise a complaint about the service they receive from the Practice. Such complaints can be made verbally or in writing, and it must be confirmed with the complainant that they wish to formally complain;

4.2.2 Where the complaint is made in writing it is treated as being ‘made’ on the date on which it is received by the Managing Partner;

4.3 Claim

4.3.1 If a complainant intimates in writing that they require financial compensation, or if legal action is served, a complaint becomes a claim and advice should immediately be sought from medical defence organisations.

5. Responsibilities

5.1 Lead Partner

5.1.1 The Managing Partner will maintain ultimate accountability for the implementation of this policy, although specific responsibilities will be delegated to others within the Practice.

5.1.2 The Managing Partner or an appropriate person designated by him/her shall sign all final response letters to complainants, unless delegated appropriately;

5.1.3 The Managing Partner or an appropriate person designated by her shall provide feedback to the appropriate member of staff to whom the complaint is addressed;

5.2 Managing (Lead) Partner

The Lead Partner will:

5.2.1 Ensure complaints are graded and investigated in line with the Practice Policy Incident investigation and Reporting Policy

5.2.2 Ensure that the Practice provides information to patients/clients, their relatives and carers on how to raise a concern or make a complaint about any aspect of services provided by the Practice;

5.2.3 Ensure that written complaints are acknowledged within three working days;

5.2.4 Ensure that a response is made in writing to the complainant within the timescale agreed;

5.2.5 Manage all formal complaints in accordance with the policy assisting in the preparation of letters of response to be signed by the Lead Partner or an appropriate person designated by her;

5.2.6 Maintain up-to-date records of all concerns and complaints under this policy;

5.2.7 Be responsible for establishing a system for the monitoring of complaints and concerns to support the Practice in fulfilling its statutory obligations;

5.2.8 Ensure that all information relating to the complaint is retained and if requested, provided to the Parliamentary & Health Service Ombudsman (PHSO) in the format required. Normally this will be a chronology of events and a summary of the investigation and any findings. Information provided to the PHSO will include copies of all correspondence;

5.2.9 Inform all Partners if a request for information has been received from the Care Quality Commission;

5.2.10 Produce a detailed report on complaints activity for the Department of Health on an annual basis as well as providing an Annual Report for the Care Quality Commission, as requested;

5.2.11 Collect data on all concerns and complaints and make it available to
The Practice generally duly anonymised to use as a mechanism to improve services and prevent recurrences.

5.3 Operational Clinical Leads/Managers

The Lead Partner will:

5.3.1 Ensure that they and all their staff understand the procedure for concerns and complaints; and they carry out that procedure when such situations arise;

5.3.2 Empower all staff to effectively listen and respond to verbal complaints or concerns locally wherever possible and to recognise when to escalate concerns or complaints to a more senior level;

5.3.3 Ensure that all written concerns and complaints including e-mails, are sent to the Practice Manager as soon as possible; methods of communicating may include sign language;

5.3.4 Ensure that a fully completed incident report form detailing a verbal concern or complaint is entered onto the incident reporting module of the current spreadsheet;

5.3.5 Provide appropriate information to assist any subsequent investigation of a concern or complaint and will co-operate fully and support the independent investigator with the investigation;

5.3.6 Ensure all staff involved in a complaint/concern, receive details/copies of the complaint and are informed in a sensitive manner as soon as practically possible and kept informed of developments;

5.3.7 Ensure that all staff involved in the investigation of a complaint are dealt with fairly and sensitively and provided with appropriate support including the provision of:

- immediate support as appropriate (internal and, if necessary, external), including time away from duties, e.g. in order to deal with any investigations arising, facilitate the preparation of statements required and related meeting attendance); (Lead Partner/Practice Manager to designate an appropriate time to cover such eventuality)
- ongoing support as appropriate (internal and if necessary, external), including the offer of meetings as appropriate to discuss progress and where a staff member experiences difficulties associated with the event, direction to the staff counselling service;
- any appropriate advice required e.g. in the event of them being called as a witness;

5.3.8 Ensure that the patient, their relatives and carers are not treated differently as a result of raising a concern or complaint;

5.3.9 Ensure that the timescales identified in the policy are adhered to and information requested by the Managing/Lead Partner needed to produce the response is provided within those identified timescales;

5.3.10 Ensure that an Action Plan is developed which appropriately addresses any quality issues, gaps in service provision and lessons learnt highlighted by a concern or complaint and that these actions are completed and the action plans are shared across the team;

5.3.11 Ensure that, where it is appropriate, improvements are introduced;

5.4 Staff

All staff will:

5.4.1 Take all concerns and complaints raised seriously ensuring that they listen and respond appropriately and in accordance with their professional code to concerns/complaints raised by patients, their relatives and/or carers and to immediately escalate the concerns where necessary;

5.4.2 Follow the identified procedure for all concerns/informal complaints (which are resolved locally) by recording informal complaints or concerns in the patients records and on the incident reporting system where appropriate;

5.4.3 Report all concerns/complaints to the Managing/Lead Partner, on the day the complaint is received or at the earliest opportunity;

5.4.4 Co-operate promptly and fully in any investigation relating to a complaint, record any lessons learnt and assist in the preparation of Action Plans;

5.4.5 Implement any agreed changes to the service resulting from the investigation of a concern or complaint;

5.4.6 Ensure that they do not treat patients, their relatives and carers any differently as a result of a concern/ complaint being raised;

5.5 Being Open

5.5.1 The Village Medical Centre's policy is to provide those raising concerns or complaints with a full and frank explanation of the events giving rise to their concern/complaint. Care must be taken to ensure that sufficient information is given to explain what happened and any subsequent action that might be necessary. Where appropriate, an apology for any error or inconvenience caused should be given. The person raising the concern or complaint must be assured that they will not be treated differently as a consequence. An admission that something has gone wrong is not an admission of negligence.

5.6 Records

5.6.1 An incident report form must be filled in for each concern raised locally and this may be sufficient in the first instance. However where the concerned individual requests a meeting or a response in writing, the issues raised could be more complex or could result in litigation full notes must be made of all conversations with those raising concerns and any other relevant person;

5.6.2 Where a formal complaint is made and the complainant agrees to meet a representative of the Practice to discuss in further detail, this meeting must be minuted.

5.6.3 All complaints records are stored independently of the patient's medical record.

5.8 Concerns

5.8.1 Concerns raised will be managed sensitively and with flexibility according to the seriousness of the concern, the practicality of carrying out an investigation and the circumstances of the concern;

5.8.2 All Village Medical Centre staff will try to resolve verbal concerns satisfactorily at the time they are made. Any concern made directly to a member of staff should be reported to the Practice Manager whether or not it has been successfully resolved. An incident report should be completed on the current spreadsheet detailing what actions have been taken to resolve the issue and what lessons have been learnt;

5.8.3 If a member of staff is not able to resolve a concern satisfactorily, or if a written concern is received, the matter should be referred to the Lead Partner/Manager who will ensure that a formal written acknowledgement is sent.

6. Complaints Protocol/Procedures

MANAGEMENT OF COMPLAINTS

A complaint must be made in writing or by email, where a complaint is received in writing it is treated as being made on the date on which it is received by the Practice. We appreciate, however, that there may be some instances whereby it is more appropriate or necessary for a verbal complaint. Where a complaint is received verbally and the seriousness suggests it will be formal, a transcript of the complaint will be produced and sent to the complainant to be checked for accuracy. Once the complainant has agreed the account of the complaint is accurate the complaint is deemed to have been made as formal.

In the event that the Practice is unable to resolve the complaint within a period of 6 months the complainant may take their complaint to the Parliamentary and Health Services Ombudsman and ask for it to be investigated

The complainant will invariably be kept informed of all developments.
Complaints will be responded to within 2 working days providing due acknowledgement

6.1.1 A complaint may be made by a representative acting on behalf of someone who;
- has died
- is a child
- is unable by reason of physical or mental incapacity to make the complaint himself; or
- has requested the named representative to act on his or her behalf, providing appropriate consent is in place.

6.1.2 In the case of a patient or person affected who has died or who is incapable of making a complaint, the representative must be a relative or other person who, in the opinion of the Managing/Lead Partner, had or has, a sufficient interest in his or her welfare and is a suitable person to act as a representative;

6.1.3 In the case of a child, the representative must be a parent, guardian or other adult person who has care of the child and where the child is in the care of the local authority or a voluntary

organisation, the representative must be a person authorised by the local authority or the voluntary organisation;

6.1.5 The Managing/Lead Partner or someone delegated by her, will send a written acknowledgement of the
complaint within three working days of the date on which the complaint was received. Where a formal complaint has been made verbally, the acknowledgement will be accompanied by a copy of the written record for the complainant's agreement; (if the complaint suggests it is serious and deemed to be looked upon as formal)

6.1.6 The Managing/Lead Partner will, following discussion with the Partners, and the complainant agree a timescale for the investigation to be completed and a response provided to the complainant. The Lead Partner/Manager following discussion with the Partners and the complainant will also make arrangements for conciliation, mediation or other assistance for the purpose of resolving the complaint. The Practice will ensure that appropriate conciliation or mediation services are available if required;

6.1.7 The acknowledgement sent to the complainant must include information about the right to assistance from the Independent Complaints Advocacy Service (ICAS) together with details about the Complaints Policy and Procedure

6.1.8 The Lead Partner/Manager will forward the complaint on to the Senior Partner who will ensure that an appropriate independent individual is identified to undertake the investigation and that this is completed within the timescale agreed with the complainant. This investigation will ensure that all matters of clinical judgement are agreed with the clinician involved;

6.1.10 Copies of the response will be sent to the relevant staff, being mindful of potential sensitivities of any issues;

6.1.11 All matters relating to individual complaints will be treated with the strictest confidence. Any information shared for the purposes of learning will be done so anonymously, both in terms of patients and staff involved.

6.2 Managing Joint Complaints between Organisations

6.2.1 If a complaint involves more than one NHS Organisation, for example, VMC and an Acute Trust, Mental Health Trust or Ambulance Trust, then a local
agreement is reached that one organisation will take the lead in managing the complaint and respond to the complainant. This is usually the organisation that is featured more prominently in the complaint.

6.3 Vexatious Complainants

6.3.1 Occasionally correspondence will be received from those raising concerns or complaints or from others who are dissatisfied, which can be threatening or verbally aggressive. In the event of receiving such correspondence, either in writing or by phone, staff should report the matter immediately to the Lead Partner/Manager who in turn should ensure that the Partners are informed. They will decide what action is to be taken.

7. Training

7.1 Staff will be made aware of the policy for listening and responding to concerns or complaints;

7.2 The Managing/Lead Partner will ensure staff are made aware of the procedures for listening and responding to concerns or complaints locally through local induction and ongoing training processes;

8. Compliance Monitoring

8.1 The Partners and Practice Team will receive regular updates on complaints received, progress regarding response and annual reports providing detail on patterns and trending;

8.2 All Partners will monitor the action plans for formal complaints and ensure they are being progressed in a timely manner;

8.3 All Partners will receive an annual report, the report will:

- specify the number of complaints received;
- specify the number of complaints that were felt to be well-founded;
- summarise:
  - the subject matter of complaints that the responsible body received;
  - any matters of general importance arising out of those complaints, or the way in which the complaints were handled;
  - any matters where action has been or is to be taken to improve services as a consequence of those complaints;
- specify the number of complaints that the Practice has been informed have been referred to the Parliamentary Health Services Ombudsman to consider.

8.4 Annually the complaints will be discussed with the whole clinical team.