Complaints Policy

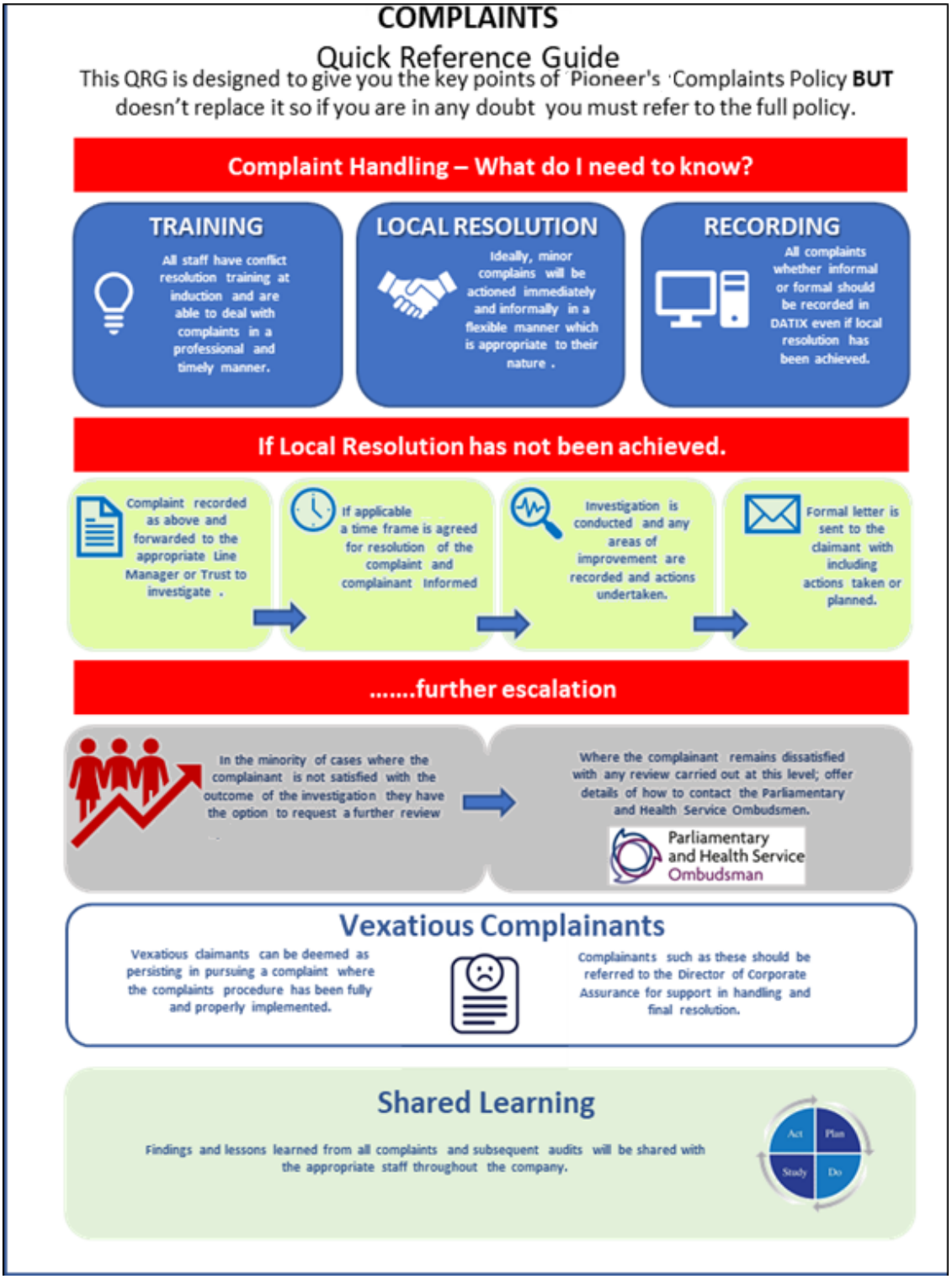
Version Control

Reference Number	**Version**	**Status**	**Sponsor(s)/Author(s)**
CoP1	6	Final	N Salkeld/ J McMullan
Document objectives: The purpose of this Policy Statement is to ensure that appropriate processes are in place to deal with and learn from complaints.			
Intended Recipients: All staff			
Group/Persons Consulted:			
Training/Resource Implications: Awareness of policy			
Approving Body and Date First Approved		Executive Board – March 2018	
Date of First Issue		March 2018	
Next Review Date		April 2029	

The table below logs the history of the steps in development of the document.

Version	Date	Author	Comment
1.0	Sept 2009	P Godbole	
2.0	Jan 2012	P Godbole	
3.0	Jan 2014	P Godbole N Salkeld	Acknowledgement deadline, investigation details and notification of delay.
4.0	Jan 2015	N Salkeld	None
5.0	Mar 2018	N Salkeld	Insertion of Duty of Candour Roles & responsibilities updated
5.1	Apr 2021	N Salkeld	Reviewed, no changes
6.0	April 2024	N Salkeld/ E Seaton	Addition of Quick Reference Guide, updates to roles & responsibilities, addition of Equality & Diversity section.

QUICK REFERENCE GUIDE



INTRODUCTION

This policy sets out Pioneer Healthcare's approach to handling complaints, concerns and comments raised by users of the service, their relatives and their visitors.

Pioneer Healthcare 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. The policy advocates adherence to the principles of good complaint handling as defined by the Parliamentary and Health Service Ombudsman (PHSO):

1. Getting it right
Quickly acknowledging and putting right cases of maladministration or poor service that led to injustice or hardship. Considering all the factors when deciding the remedy with fairness for the complainant and where appropriate others who also suffered

2. Being customer focused
Apologising and explaining, managing expectations, dealing with people professionally and sensitively and remedies that take into account individual circumstances

3. Being open and accountable
Clear about how decisions are made, proper accountability, delegation and keeping clear records

4. Acting fairly and proportionately
Fair and proportionate remedies, without bias and discrimination

5. Putting things right
Consider all forms of remedy such as apology, explanation, remedial action or financial offer

6. Seeking continuous improvement
Using lessons learned to avoid repeating poor service and recording outcomes to improve services.

This policy is designed to ensure that the patient remains at the centre of the process for dealing with complaints, concerns and comments; and that Pioneer Healthcare makes, and embeds, changes as a result of the lessons learned from any issues raised as part of the complaints process. Pioneer Healthcare recognises that the information derived from complaints provides an important source of information to help make improvements in hospital/clinic services. Complaints can act as an early warning of failings in systems and processes, which need to be addressed.

Pioneer Healthcare adopts an "open and fair" culture when investigating and responding to complaints. When things have gone wrong, then Pioneer will ensure that corrective action is taken to improve practice rather than to apportion blame and taken punitive action.

Pioneer Healthcare is committed to ensuring that the care of people who make complaints about our services is not adversely affected because they have complained. As part of this assurance process, any confidential complaints correspondence will be stored and recorded separately from the individual's healthcare records. Pioneer will respond in a way that is most appropriated to the individual and their circumstances and will wherever possible seek local resolution, personalised action plans and remedial outcomes.

Pioneer Healthcare serves a diverse patient population and many different ethnic groups use our services. We are committed to providing a complaints service to all regardless of their ethnicity, gender or sexual orientation, religion or disability. The policy recognises that Pioneer also has a duty to act fairly towards staff involved in the events in question. The aim is to encourage and be open to feedback from all users of the service; investigate concerns fully; and respond in a proportionate, appropriate and fair manner.

In responding to complaints it is important to keep in mind that the complainant has obviously felt strongly enough to make a complaint and that the wording of an apology in itself can be misconstrued (see Appendix 6 for further guidance).

Any concern (however received) must be treated as a complaint and follow the process outlined within this policy. There should be consistency of approach in handling or managing a complaint or concern whatever the method of receipt.

All complaint records should be stored for a minimum period of eight (8) years. In addition complaints involving patients who are children should be kept until they are 25 years old (see GP-Clinical-13 Retention of Records Policy).

Complaints from NHS funded patients are handled according to the NHS Complaints Procedure and Regulations[3]. Sometimes this may mean Pioneer Healthcare and its partner Hospital handling complaints from NHS patients under the Independent Sector Complaints Adjudication Service (ISCAS) Code as part of the investigation under the NHS procedures.

SCOPE

This policy applies to all Pioneer Healthcare staff, Consultants with practising privileges, contractors and users of our services handling complaints, either directly or indirectly.

DEFINITIONS

Patient: the person whose care and treatment is the subject of the complaint, concern or comment.

Complainant: the person who is raising the complaint, concern or comment.

Complaint: a written or oral expression of dissatisfaction with the service provided (or not provided) or the circumstances associated with its provision. Complaints may be received orally, in writing, by fax or by email.

Informal Complaint/Concern: issues of concern that are of a minor nature which are raised often with front line members of staff at the time they occur and can be resolved locally usually within 2 working days.

Formal Complaint: any concern or issue either verbal or in writing (including email correspondence) about any aspect of service provided by Pioneer Healthcare which the patient or representative (with the patient's consent) or any person has specifically asked to be addressed formally.

Parliamentary and Health Service Ombudsman – referral body for complainants when a complaint cannot be resolved at a local level (NHS patients only).

5. DUTY OF CANDOUR REQUIREMENTS

The regulations for Duty of Candour require all providers registered with CQC, both healthcare and adult social care providers, to be open and transparent with service users about their care and treatment. From November 2014 the regulations also imposed a more specific and detailed Duty of Candour on all providers where any harm to a service user from their care or treatment is above a certain harm-threshold.

Where there is a clinical incident involving a patient, the Consultant (or nominated deputy) responsible for the patient together with the appropriate Divisional General Manager, Senior Nurse or nominated deputy will be responsible for ensuring the communication of what has happened and the action intended to the patient and the patient's family.

Where it comes to light following a concern or complaint raised by the patient or a person acting on behalf of the patient that a patient has been exposed to harm, the Medical Director will be responsible for ensuring that they and their relatives are informed. The requirements are outlined in more detail in the Incident Reporting Policy.

RESPONSIBILITIES

Medical Director

The Managing Director is ultimately accountable for ensuring that Pioneer Healthcare's Complaints Policy meets statutory requirements set out in The Local Authority Social Services and NHS Complaints (England) Regulations 2009 No 309[3]

Managers

- Ensure that the complaints system in their service is robust, effective and patient centred.
- Receive, acknowledge and process complaints from a variety of sources within required timeframes.
- Agree with the complainant how their complaint will be investigated and the timescales within which this will happen.
- Log the complaint onto the local database and perform any other relevant administration tasks e.g. obtain third party consent where necessary.
- Ensure the complaint is shared with the appropriate Clinician/staff involved in a timely and professional manner, to allow them to consider how best to manage the complaint, including agreeing with the complainant a timescale for the response to the complaint.
- Ensure that comments or complaints which describe events amounting to an adverse or serious untoward incident trigger an investigation.
- Monitor action plans, and perform trend analysis review for learning of lessons as a result of complaints.

- Provide assurance to the Pioneer Board that the complaints system in their service is robust and managed effectively, with all lessons learned incorporated in action learning.

- Ensure that all relevant staff are appropriately trained in managing and responding to complaints.

- Ensure that complaints and feedback from patients and their carers are seen as an opportunity for learning and service improvement

- Ensure that the outcomes of investigations are conveyed clearly and promptly to Governance Committees locally and within the Group.

- Regularly review the effectiveness of the complaints procedure including that timescales for acknowledgment and response are being met.

- Report final outcomes of clinical complaints to the Medical Director.

- If a complaint has potential for a claim a "first alert" will be completed and submitted to Pioneer Healthcare's Legal Advisors at NHS Resolution. The Director of Operations/ Medical Director may need to report the matter to NHS Resolution.

- Inform members of staff about complaints received about them and that they are appropriately supported throughout the investigation.

- Ensure that each complaint is reviewed with consideration as to whether there are any issues to be reported under safeguarding adult /children procedures and to inform the safeguarding leads within their hospital/clinic of any issues which require their review or action.

- Ensure that all remedial action and learning from any complaints are implemented and that feedback is provided to all concerned.

All Employees

All employees have a responsibility to ensure that they are aware of the contents of this policy and have undertaken appropriate training. All staff must ensure that concerns, comments and complaints are patient focused and individually actioned.

All staff have a duty to ensure that:

- they take immediate action and try their utmost to resolve a concern promptly where possible to prevent it from becoming a formal complaint.
- take immediate action where failures have been identified to reduce the likelihood that further harm to the patient and other patients/carers will occur in the future.
- give assistance with any complaint investigation and make statements as required that reflect fact not opinions.
- escalate concerns, comments or complaints to the relevant person in a timely and professional manner.

IMPLEMENTATION

All feedback, whatever the route this feedback is received, that constitutes any complaint must be logged and fully investigated in line with this policy.

There are three stages for handling complaints:

Stage 1

Feedback is recorded and logged on Datix or equivalent. Complaints that have not been resolved immediately (early local resolution) are acknowledged formally in writing within 2 days of receipt of a complaint and a timeframe should be discussed and agreed with the complainant at the start of the complaint investigation. Where a complaint is partially or fully upheld Pioneer will offer an apology and information on how the organisation will learn from the feedback given. An apology could be provided to a complaint that is not upheld but for the perception that the patient has not had a good patient experience, and for that, the provider could apologise.

Complaints will always be used to drive quality improvements within the organisation. Sometimes complainants will be invited to assist Pioneer in quality improvements.

Where a complaint is not upheld Pioneer will keep the complainant fully informed, Complainants will always be signposted to the next stage of the complaints process.

Stage 2

Where a resolution cannot be found between the complainant and Pioneer or the complaint involves other stakeholders stage 2 of the process will be evoked.

During stage 2 Pioneer will engage relevant partners in order to complete an investigation or assist in reaching a resolution, this may be an ICB or other stakeholder. If a resolution cannot be agreed at this stage, then the complainant will be referred to the Parliamentary & Health Service Ombudsman. Complainants will also be made aware of their right to complain to the Care Quality Commission (CQC) if they prefer and assisted to contact the CQC directly, through written letter or through contact with the CQC website.

In the event of a failure to reach a resolution over a protracted period then a complainant maybe be considered to be a vexatious complainant in which case will be referred to the Medical Director for further handling and resolution.

Stage 3

Where Pioneer fails to resolve the complaint, the complainant has the right to request external resolution by the appropriate Ombudsman or other supervisory service. This service can be provided by various organisations depending on the geographical location of the service.

POSSIBLE NEGLIGENCE CLAIMS

The normal complaints' procedure will be conducted unless the complainant explicitly indicates an intention to take legal action in respect of the complaint and such notification is received via a solicitor's letter. In such cases, no admission of liability must be made to the complainant or their representatives.

Guidance for the Management of Vexatious Complaints[4]

Pioneer Healthcare believes that the vast majority of people seeking to raise a complaint about care and treatment received in our hospitals and clinics act entirely reasonably. However, occasionally complainants may act inappropriately towards the staff involved in the investigation of a complaint (such as leaving multiple voicemails or emails, or using abusive language) for a number of reasons.

- Services will, from time to time, come into contact with a small number of complainants who absorb a disproportionate amount of staff resource in dealing with their complaint. It is important to identify those situations in which a complainant might be considered to be persistent and to suggest ways of responding to those situations which are fair to both staff and complainant.

- Handling persistent complainants places a great strain on time and resources and causes undue stress for the complainant and staff who may need extra support. A persistent complainant should be provided with a response to all their genuine grievances and be given details of independent organisations that can assist them, e.g. Citizens Advice Bureau, Patient Organisation, independent advocacy.

- Although staff are trained to respond with patience and sympathy to the needs of all complainants, there can be times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.

In determining arrangements for handling such complainants, staff are presented with the following key considerations:

- To ensure that the complaints process has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed.

- To appreciate that habitual complainants believe they have grievances which contain some genuine substance.

- To ensure a fair, reasonable and unbiased approach.

- To be able to identify the stage at which a complainant has become habitual.

- To ensure that a complainant meets the minimum criteria to be classified as a habitual complainant. Complainants (or anyone acting on their behalf) may be deemed to be persistent or habitual where previous or current contact with them shows that they meet at least **TWO** of the following criteria.

  Where complainants:

  (a) Persist in pursuing a complaint where the complaints process has been fully and properly implemented and exhausted.

  (b) Seek to prolong contact by changing the substance of a complaint or continually raising new issues and questions whilst the complaint is being addressed. **(Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints.)**

(c) Are unwilling to accept documented evidence of treatment given as being factual e.g. drug records, medical records, nursing notes.

(d) Deny receipt of an adequate response despite evidence of correspondence specifically answering their questions.

(e) Do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.

(f) Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts by staff, to help them specify their concerns, or where the concerns identified are not within the remit of the service to investigate.

(g) Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (Determining what a 'trivial' matter is can be subjective and careful judgement must be used in applying this criteria).

(h) Have, in the course of addressing a registered complaint, had an excessive number of contacts with the service placing unreasonable demands on staff. (A contact may be in person or by telephone, letter, e-mail or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section using judgement based on the specific circumstances of each individual case).

(i) Are known to have recorded meetings or face to face/telephone conversations without the prior knowledge and consent of the other parties involved.

(j) Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

(k) Have threatened or used actual physical violence towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication.

(l) Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. **(Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this.)**

Where a complaint investigation is ongoing - the appropriate manager should write to the complainant setting parameters for a code of behaviour and the lines of communication. If these terms are contravened, consideration will then be given to implementing other action.

Where a complaint investigation is complete - at an appropriate stage, the appropriate manager should write a letter informing the complainant that:

- they have responded fully to the points raised, **and** have tried to resolve the complaint, **and** there is nothing more that can be added, therefore, the correspondence is now at an end.

- (Optional) state that future letters will be acknowledged but not answered.

In extreme cases, the appropriate manager should reserve the right to take legal action against the complainant.

Withdrawing 'Persistent' Status - Once complainants have been determined as persistent or habitual there needs to be a mechanism for withdrawing this status at a later date if, for example, a complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal complaints process would appear appropriate.

As staff use discretion in recommending persistent or habitual status, discretion should similarly be used when recommending that this status be withdrawn.

DIVERSITY, EQUALITY AND INCLUSION

Pioneer Healthcare recognises that some sections of society experience prejudice and discrimination. Discrimination can come in one of the following forms:

- Direct discrimination - is when someone is treated unfairly because of a protected characteristic
- Indirect discrimination - putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage
- Discrimination by association - this is when a person is treated less favourably because they are linked or associated with a protected characteristic
- Discrimination by perception – this happens when a person is discriminated against because they are thought to have a particular protected characteristic when in fact they do not
- Harassment - unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them
- Victimisation - treating someone unfairly because they have complained about discrimination or harassment

The Equality Act 2010 specifically recognises the 'protected characteristics' of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation. The Act also requires regard to socio-economic factors, pregnancy, maternity, marriage, and civil partnership:

Pioneer is committed to equality of opportunity and anti – discriminatory practice in the provision of services. Pioneer believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices

Pioneer provide frameworks that follow the principles of the Diversity, Equality, and Inclusion Policy and will be consistent and fair for all

TRAINING

Pioneer Healthcare will ensure that staff receive appropriate training in managing and handling complaints.

MONITORING AND REVIEW

Complaints will be monitored via weekly Governance Review meetings. Monthly reports will be produced and reviewed at the Quality & Governance Meeting. All final responses of Clinical Complaints will be sent to the Medical Director.

REFERENCES

1. Parliamentary and Health Service Ombudsman. (2009). *Principles of Good Complaint Handling.* Available: http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-of-good-complaint-handling-full.
2. Department of Health (2009) A Guide to Better Customer Care. London: DH *[best practice complaints guidance].*
3. Parliamentary and Health Service Ombudsman (2009) Principles for Remedy. London: PHS
4. Local Government Ombudsmen (2009) Guidance note on 'unreasonably persistent' complainants and 'unreasonable complainant behaviour'.