

## Complaints Procedure

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<p>In the case of hard copies of this policy the content can only be assured to be accurate on the date of issue marked on the document.</p> <p>For assurance that the most up to date policy is being used, staff should refer to the version held on the intranet</p>	

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### **Purpose**

The protocol sets out the approach of Sentinel Healthcare South West CiC to the handling of complaints.

This protocol is relevant to all employers and any one who works at Sentinel including clinical and non-clinical staff. Individuals training and visitors/observers on the premises must also adhere to this.

This protocol will be reviewed annually to ensure that it remains effective and relevant.

### **Importance of having a complaints procedure**

In spite of the efforts of all staff it is likely that a complaint will be made by a patient at some point. To reduce the anxiety and apprehension for both patients and staff it is crucial to have a procedure for handling complaints.

### **How complaints can be made**

Complaints may be received in writing or orally. Where a patient is unable to communicate a complaint by either means on their own then arrangements will be made to facilitate the giving of the complaint.

### **Persons who can complain**

Complaints can be made by patients, former patients, someone who is affected, or likely to be affected, by the action, omission or decision of individuals working at the organisation, or by a representative of a patient who is incapable of making the complaint themselves.

When a complaint is made on behalf of a child, there must be reasonable grounds for the complaint being made by the representative rather than the child and the complaint must be being made in the best interests of the child. If this is not the case, then written notification of the decision not to investigate the complaint must be sent to the representative.

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**Time limit for making a complaint**

Complaints can be made up to 12 months after the incident that gave rise to the complaint, or from when the complainant was made aware of it. Beyond this timescale it is at the discretion of the organisation as to whether to investigate the matter.

**Persons responsible for handling complaints**

**Sentinel Board:** The Sentinel Board is responsible for the supervision of the complaints procedure and for making sure that action is taken in light of the outcome of any investigation.

**Strategic Director:** The Strategic Director is responsible for the handling and investigation of complaints.

**Initial handling of complaints**

1. When a patient wishes to make an oral complaint then the Strategic Director is to arrange to meet the complainant in private to make an assessment of the complaint. The complainant is to be asked whether they would like to be accompanied at this meeting.
2. The complaint should be resolved at this meeting if possible. If the complaint is resolved then it should be recorded in the complaints register and the implicated staff member is to be told about the details of the complaint.
3. When the complaint cannot be resolved the patient is to be asked to make a written complaint. If necessary the Strategic Director is to write down the complaint on their behalf verbatim. The written complaint is to be recorded in the complaints register.
4. The Strategic Director is to acknowledge a written complaint in writing within 7 working days, stating the anticipated date by which the complainant can expect a full response.

**Investigation of complaint**

1. The Strategic Director is to discuss the complaint with the implicated member of staff to establish their recollection of events.
2. If the complaint is against the Strategic Director, then the complaint is to be referred to the Sentinel Board for investigation.
3. The complainant is to be invited to a meeting to discuss the complaint with the Strategic Director and asked if they would like to be accompanied at this meeting. If appropriate and with prior consent from the complainant the staff member complained about can be present at that meeting. Minutes should be taken.

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4. The timescale to respond (maximum of 6 months) is to be agreed with the complainant at that meeting and documented in the complaints register.
5. The full response to the complainant is to be signed by the responsible person, and include:
  - a. an explanation of how the complaint was considered;
  - b. the conclusions reached in relation to the complaint and any remedial action that will be needed;
  - c. confirmation as to whether the organization is satisfied that any action has been taken or will be taken.
6. If it is not possible to send the complainant a response in the agreed period it is necessary to write to the complainant explaining why. Then a response is to be sent to the complainant as soon as is reasonably practicable.
7. If the complainant is dissatisfied with the handling of the complaint then they are to be advised to contact the Health Service Ombudsman and how to do so.

**Recording complaints and investigations**

A record must be kept of:

- a) each complaint received;
- b) the subject matter of the complaint;
- c) the steps and decisions taken during an investigation;
- d) the outcome of each investigation;
- e) when the organisation informed the complainant of the response period and any amendment to that period;
- f) whether a report of the outcome of the investigation was sent to the complainant within the response period or any amended period.

**Review of complaints**

Complaints received by the organisation are to be reviewed at Board meetings to ensure that learning points are shared.

A review of all complaints will be conducted annually by the Strategic Director to identify any patterns that are to be reported to the Sentinel Board.

The Strategic Director will notify the Sentinel Board of any concerns about a complaint leading to non-compliance. The Sentinel Board will identify ways for the organisation to return to compliance.

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**Publicity**

The organisations arrangements for dealing with complaints and how further information about these arrangements may be obtained by patients is to be publicised by the Strategic Director. How to contact independent advocacy services and the right of patients to approach Clinical Commissioning Groups with complaints is also to be publicised.

**Unreasonable complainants**

When faced by an unreasonable complainant staff will take action in accordance with page 34 of the DH’s [Listening, responding, improving: a guide to better customer care](#) guidance.