

COMPLAINTS POLICY

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COMPLAINTS POLICY

This document sets out the Suffolk GP Federation's approach to the handling of complaints and is also intended as an internal guide which should be made readily available to all staff. A complaints procedure flow chart, patient complaint form, response letter, letter to check the wording of a complaint and action plan are included and are also available separately.

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Overview

These documents outline the complaints policy and procedure for service users who use, or have used, Suffolk GP Federation's services. The procedure is set out in three stages:

- Local resolution (Stage 1)
- Investigation (Stage 2)
- The role of other organisations Review (Stage 3)

All complaints are addressed at Stage 1 as the first step. If you are addressing a complaint within your service, you should follow the **Guidance for Resolving Complaints at the Local Stage (Stage 1)** and record the complaint using the **Service users' complaints form**.

The **General guidance** section includes advice on the relation between the complaints procedure and other important procedures such as safeguarding, employee processes and police processes, risk assessment, litigation, and the roles of regulatory agencies.

Making sure service users can be heard is key to the complaints process; to make sure we have a pro-active approach. Where an advocate is involved in supporting a young person making a complaint, we will ensure they have a copy of the complaints procedure.

Policy Statement

Suffolk GP Federation is committed to excellent customer service. We regard complaints as an opportunity to turn a negative experience for a customer or service user into a positive one, as well as an opportunity to learn and to improve.

The context for our complaints procedures is effective customer care, with service standards and service level agreements where appropriate, and with regular dialogue and review with customers of the services provided.

The purpose of our complaints handling procedures is to ensure that we:

- Listen and are responsive to people who raise an issue with us
- Respond swiftly and at a level close to the point of service delivery
- Are fair and consistent
- Offer solutions and/or explanations
- Offer complainants recourse to someone more senior/more independent if they wish
- Ensure that staff who are mentioned in complaints receive support
- Respect confidentiality
- Record complaints consistently, and monitor what we record
- Use complaints positively as an opportunity for learning and improvement.

In making a complaint we believe most people want to:

- Be listened to;
- Have the problem accepted as important;
- Be offered a solution or explanation;
- Have their distress acknowledged and
- Be assured the same thing will not happen again.

It is therefore essential that people raising a complaint are involved in discussing their concerns and in finding solutions.

General provisions

The organisation will take reasonable steps to ensure that patients are aware of:

- The complaints procedure;
- The role of other organisations and bodies in relation to complaints about services under the contract; and
- Their right to assistance with any complaint from independent advocacy services

1. Service Users' Complaints Procedure: Stage 1 Local Resolution

- 1.1. This procedure is used in relation to all complaints made by users of Suffolk GP Federation services. Stage 1, local resolution, is the responsibility of the Service Manager about which the complaint is made. They may delegate responsibility for handling the complaint but must sign it off using the form. This procedure and form provide all the necessary information to manage a complaint at the local stage.

What is a complaint?

- 1.2. In line with statutory guidance, Suffolk GP Federation defines a complaint as 'an expression of dissatisfaction or disquiet which requires a response'. Complaints may be about the service received (or not received), or any aspect of Suffolk GP Federation's policy or practice. Complaints are distinct from the queries, comments and grumbles which are part of the daily workload in any service, and which should be routinely sorted out to service users' satisfaction.

Who can make a complaint?

- 1.3. Service users can make a complaint about the services that they receive or are entitled to receive from Suffolk GP Federation.
- 1.4. A complaint may be made on behalf of a service user by someone who has sufficient interest in that service user. In such cases, checks are made, as appropriate, to ensure that the service user agrees with the complaint being made on their behalf, and how they wish to be involved in the process.
- 1.5. Anonymous complaints should, in so far as is possible, be handled and recorded in the same way as normal. There will be practical limitations to this; however anonymity is not a reason in itself not to respond to a complaint. Managers should encourage a culture of openness where service users feel able to raise concerns freely and at an early stage; they should also ensure that anonymous complaints are not used to target staff unfairly.

Time limit for making a complaint

- 1.6. A complaint will be accepted if it is made within one year of the event being complained about. In addition a complaint will be accepted if:
 - The complaint is about the safety or welfare of a child or young person and has not been otherwise investigated;
 - There is a good reason why the complaint was not made at the time (e.g. lack of information, feeling vulnerable in the project setting);
 - The events or their consequences were not fully known to the complainant at an earlier date.
- 1.7. Complainants should understand that, the more time that has passed since the events complained about, the more practical difficulties there will be in ascertaining the facts.
- 1.8. Clinicians and/or managers have the discretion to extend the time limits if the complainant has suffered particular distress that prevented them from acting sooner. When considering an extension to the time limit it is important that the clinician or manager takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection of evidence, Clinical Guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.

How service users may complain

- 1.9. All Suffolk GP Federation services provide service users with information as to how to make a complaint. Leaflets are provided centrally, and managers should also consider how the information is most effectively conveyed to people who use their service within an ethos where all comments are welcomed.
- 1.10. A complaint may be made about any aspect of a service by:
 - Telling any member of staff, either verbally or in writing
 - Contacting the Significant Event Co-ordinator by letter, phone or e-mail or via the patient complaint form supplied by services or downloaded from the website.
 - Contacting the funding or partner agency or agency which referred them.
 - Contacting the relevant regulatory agency, where appropriate.

Receiving the complaint

- 1.11. A member of staff receiving a complaint notifies the Significant Event Co-ordinator immediately, either directly or via their line manager.
- 1.12. It is normal practice for the Significant Event Co-ordinator, on receipt of a complaint, to contact the complainant direct and discuss the complaint with them. The Significant Event Co-ordinator then notifies the Service Manager immediately to discuss the complaint and how it may be resolved.

Responding to the complaint

- 1.13. The patient complaint form is used to record initial information, to track progress and record outcomes.

Support

- 1.14. Any member of staff mentioned by the complainant is informed by their line manager of the nature of the complaint and provided with support as necessary.
- 1.15. Where the complainant is a child or young person, they are advised of their right to an advocate to help them to understand and participate fully in the complaint process and helped to access an advocate if needed.
- 1.16. Any complainant may have a friend with them to support them at any meeting about the complaint. However Solicitors, Barristers and other legal advisers are not acceptable as advocates within any stage of these procedures. A purpose of complaints procedures is to resolve complaints without recourse to legal action. The protocols and evidential rules of legal discipline are inappropriate to this process.

Freezing decisions

- 1.17. The complaint may be concerned with a decision under consideration by Suffolk GP Federation. Where this is the case, the manager should seek advice from the Significant Event Co-ordinator, as to whether the decision should be frozen pending the outcome of the complaint.

Time scale

- 1.18. All complaints are addressed speedily and within twenty eight working days. Where there is good reason, it is possible to extend this by a further ten working days, with the complainant's agreement. Any further extension must be agreed with the Significant Event Co-ordinator as well as the complainant.

Recording the outcome

- 1.19. The patient complaint form is completed at the point that either the complaint is resolved, or that it is agreed that no further progress can be made at the local stage. The form is signed off by the Service Manager. A copy is forwarded to Significant Event Co-ordinator.
- 1.20. The complainant (and where appropriate their advocate) is given a written summary of what has been discussed and agreed, in the form of either a letter or a copy of the completed form. **An outline letter is provided as part of this set of policy documents.** The complainant is advised of their right to ask for the complaint to be investigated, if they remain dissatisfied, within 20 working days following receipt of the summary.

Learning from complaints

- 1.21. Any changes agreed as a result of the complaint are implemented and regularly monitored. Services have systems for regularly reviewing what has been learned from feedback from service users, including complaints, and incorporating any changes into planning processes.

Storage of information

- 1.22. A copy of the complaint form and any associated papers is kept on file. Complaint forms are kept for as long as the file is kept. Where appropriate, for example if the record identifies staff or other parties, the record should be kept in a confidential section.
- 1.23. Some regulatory agencies require to see a 'complaints file' as part of their inspections. Consequently, relevant services must ensure that information about complaints made during the past year is accessible.
- 1.24. Summary information from the monitoring forms is stored on a central confidential database, and anonymised information is provided to senior managers to assist with organisational learning and accountability.

Services delivered in partnership with other agencies:

- 1.25. Where services are delivered through partnerships and multi-agency hubs, complaints arrangements may be complex. Any complaint about a service provided by Suffolk GP Federation should normally follow our complaints procedure. Complaints about a particular agency within a partnership should normally be addressed by that agency in order to follow lines of organisational accountability. Where the issue involves both Suffolk GP Federation and one or more other services working jointly, a joint approach should be taken to avoid confusion for the complainant. Where Suffolk GP Federation is an accountable body for the partnership, the Service Manager should be kept informed of complaints made about all agencies within the partnership.
- 1.26. Suffolk GP Federation should ensure that any agency providing a service that it commissions has a complaints procedure. This may mean that small organisations will require assistance to develop their procedures. Suffolk GP Federation should take responsibility to ensure that complaints are dealt with via the correct agency.
- 1.27. Complaints arrangements should be agreed and set out in partnership documents.

Guidance for Resolving Complaints at the Local Stage – Stage 1

We value all comments about our services, and we regard complaints as a positive opportunity for listening, learning and making improvements to our services.

Ensuring that complaints at the local stage (stage 1) are fully addressed is the responsibility of the Service Manager. Complaints are best resolved as close as possible to the source of the problem, and this is most likely to result in positive, timely outcomes, creative solutions, and greater local control which minimises stress.

Our aim is for all complaints to be resolved using the process outlined here.

Complaints vary enormously. Some complaints can be resolved easily and things put right very quickly. Others may be very serious and involve risk to individuals and/or to the organisation. This document aims to help you address the whole range appropriately.

All complaints are dealt with following these five steps:

1. Listening to the complaint
2. Assessing the complaint and any risk
3. Addressing the complaint
4. Responding to the complainant
5. Action plan and review

Service Users Complaints Procedure: Stage 2 Investigation

Procedure

- 1.28. This procedure is to be used for complaints from service users where the complainant is dissatisfied with the outcome, handling or progress of a complaint at local resolution stage (Stage 1). This procedure and accompanying guidance outline the organisation and conduct of the investigation, the investigator's report, Suffolk GP Federation's formal response to the complainant, and storage of information.

Responsibility for the consideration of complaints at stage 2

- 1.29. Responsibility at this stage is shared between the Significant Event Co-ordinator and the appropriate Service Manager.
- 1.30. In all cases the Significant Event Co-ordinator and Service Manager refer to, agree and complete the terms of reference, which gives further details for the practical management of the process and records the agreed approach and rationale.
- 1.31. Complaints at this stage are likely to be complex and to carry a degree of risk for the organisation. The Terms of Reference outlines the management and decision-making in complex situations, including the consideration of risks, the involvement of other agencies and procedures.

Request for a formal investigation

- 1.32. Any service user is entitled to ask to have their complaint formally investigated. This request may be made at any point during local resolution Stage 1, if the person is unhappy with the way their complaint is being handled, or within 20 working days of receipt of the summary of their complaint and its resolution at local stage.
- 1.33. The request should be made in writing to the Significant Event Co-ordinator or Service Manager. They have the discretion to accept a complaint made orally, where this is then recorded in writing and agreed with the complainant. The decision of the Significant Event Co-ordinator and Service Manager on whether or not to investigate will be conveyed to the complainant in no more than 20 working days.

Conduct of the investigation

- 1.34. The Significant Event Co-ordinator and Service Manager agree, taking into consideration the features and circumstances of the complaint, who is to be involved in the investigation. The investigating officer (IO) may be a suitably experienced Suffolk GP Federation manager who is not a line manager for the service, or an independent consultant, or the employee of an independent organisation. Where the complaint is made by or on behalf of a child or young person it is good practice to also involve an Independent Person (IP).

Timescale for the investigation

- 1.35. The investigation should take a maximum of 28 working days, from the date of the agreed statement of complaint to the submission of the draft report.
- 1.36. The Terms of Reference set out how any exceptional time extension will be agreed.

Suffolk GP Federation's formal response to the complaint

- 1.37. The Service Manager writes to the complainant with Suffolk GP Federation's formal response to their complaint and to the recommendations, indicating learning and any action to be taken.
- 1.38. The complainant is advised of their right to ask for the complaint to be reviewed (Stage 3) if they are unhappy with the outcome. They are asked to set out the reasons for their dissatisfaction in writing to the Significant Event Co-ordinator within 20 working days of receipt of the response letter.
- 1.39. An action plan based on the report recommendations is agreed by the Service Manager and the Significant Event Co-ordinator.

Storage of information

- 1.40. A copy of the investigation report/s is placed on the complainant's file at, and is kept for as long as the material on the file is kept. If the complaint and the record identify staff or other parties, all documentation relating to the complaint should be kept in the confidential section.

A copy of the investigator's report and the letter of response to the complainant, and the notes of the interviews, are kept in secure storage by the Significant Event Co-ordinator for six years after the date of the formal response.

Service Users' Complaints Procedure: Stage 3 Review

- 1.40.1. This stage of the complaints procedure is to be used where a complainant, having had their complaint investigated at Stage 2, is dissatisfied with the outcome of the investigation or the formal response of Suffolk GP Federation and Suffolk GP Federation agrees a review is an appropriate and proportionate response. This document sets out the arrangements for the review.

Purpose of the review

- 1.41. The purpose of the review is to allow for further consideration of a formally investigated complaint and of Suffolk GP Federation's response. It should focus on resolution for the complainant based on clearly defined complaints and expressed desired outcomes, and on practical remedies and creative solutions to complex situations. The review cannot re-investigate the complaint but should examine the robustness of the original investigation, recommendations and adjudication. It may make new recommendations in relation to the complaint.

Request for a review

- 1.42. A complainant who is not satisfied by the formal response of the organisation to their complaint at Stage 2 has the right to request a review. They must make their request to the Significant Event Co-ordinator within 20 working days of receiving Suffolk GP Federation's formal response to their complaint at stage 2. On receipt, the Significant Event Co-ordinator notifies the appropriate Director.

Options for the review

- 1.43. The review must be able to demonstrate a degree of independence from the investigation process and the decisions made at the investigation stage; it must be seen to be fair, robust and proportionate. The Director considers, with advice from the Significant Event Co-ordinator:
- Whether the request for review is reasonable and justified, clarifying with the complainant if necessary, and deciding whether or not to instigate a review
 - How the review should be conducted
 - The appropriate degree of independence
 - Who should be involved.
- 1.44. Where agreed, the options for the review are:
- An internal desktop review by an independent service manager who has not otherwise been involved; this is the default position which should apply in most cases
 - An internal desktop review as above, with the reviewer drawing on the expertise of a specialist consultant independent of Suffolk GP Federation
 - A panel made up of three people with appropriate experience and expertise, who are independent of Suffolk GP Federation.
- 1.45. The Director, with support from the Significant Event Co-ordinator, makes and records their decision and the rationale, identifies who should be involved in the review, and writes to inform the complainant of their decision and any subsequent arrangements. Copies are sent to the Service Manager relating to the service where the complaint arose, to those staff involved at Stages 1 and 2 of the complaint, and to the Investigating Officer and Independent Person (where relevant). This is done within 20 working days of the request for a review.

Internal review

- 1.46. The reviewer reads all of the documentation and correspondence relating to the handling of the complaint at Stages 1 and 2, including the investigation reports and interview notes. The reviewer clarifies with the complainant the issues about which the complainant is still unhappy and the outcomes sought by them. The reviewer may interview the complainant and any Suffolk GP Federation personnel involved in the handling of the complaint. The reviewer may seek the advice of relevant experts within the organisation. Where an external consultant is also used, the reviewer considers how they are to be involved and how their views are to inform the review.
- 1.47. The reviewer will either uphold the findings, decisions and actions taken at Stage 2 or identify and recommend an alternative resolution.
- 1.48. The review is completed within 20 working days of the actions above, and the outcome communicated to the Service Manager and Significant Event Co-ordinator in the form of a report.
- 1.49. The Director writes to the complainant within a further 5 working days regarding the outcome of the review. The review report will normally be appended.

Independent panel

- 1.50. The independent Chair of the panel, agreed by the Director with the support of the Significant Event Co-ordinator above, is appointed and sent relevant information.
- 1.51. The Chair and the Significant Event Co-ordinator appoint two further independent members to the panel. Independent panellists must not be:
- Current employees of Suffolk GP Federation, or the spouse or partner of a Suffolk GP Federation employee.
 - Members of pressure, political or interest groups
 - Employees of local authorities, health trusts or voluntary organisations, except where they are acting in an independent capacity and do not have an interest in the outcome of the review.
- 1.52. Panellists may be chosen to reflect the service user's ethnic, gender or cultural identity.
- 1.53. The Review Panel meeting takes place within 30 working days of receipt of the complainant's request.
- 1.54. The Review Panel considers relevant documentation and oral and/or written submissions from any of the following:
- The complainant and/or their advocate or supporter (not a legal representative)
 - The Service Manager or their representative
 - The Independent Investigator/Investigating Officer/Independent Person.
- 1.55. The panel must record its findings and recommendations within 5 working days after the day of the meeting and send these to the Director.
- 1.56. The Director sends a written response to the complainant within 5 working days of receipt of the Panel's findings and recommendations. The Director takes advice from the Significant Event Co-ordinator and may consult the Chair of the Panel. The Panel findings and recommendations will normally be appended.

The Director's response

- 1.57. Copies of this response are also sent to all the people involved at Stage 1 and Stage 2 of the procedure.
- 1.58. Whichever option is followed, the response of the Director is final. The procedure allows for no further review.

Storage of information at review stage

- 1.59. A copy of the review's report, conclusions recommendations, and the response of the Director, is placed on the complainant's file at the project, and is kept for as long as the material on the file is kept. If the material identifies staff or other parties, all documentation relating to the complaint should be kept in the confidential section.
- 1.60. A copy of the above is also kept in secure storage by the Significant Event Co-ordinator for six years after the date of the formal response.

General Guidance

Wherever another procedure besides the complaints procedure is involved, the Chief Executive should be informed and kept updated on the situation. The Chief Executive decides whether, and at what point, the situation is sufficiently complex or serious to warrant the setting up of a strategy group which to oversee and ensure progress

Internal HR procedures

The complaint is about the conduct of a member of staff

If it is clear at the outset that the complaint concerns the conduct of a member of staff, which would be more appropriately addressed by the disciplinary procedure, the appropriate manager should instigate that procedure instead of the complaints procedure. An explanation should be given to the complainant that management action will be taken to look into the conduct issues that they have raised. When the process is complete, the manager should consider the original complaint with the complainant to ensure that their concerns have been addressed. The complainant is not allowed to know the outcome of any disciplinary process (e.g. details of any award).

The complaint is partly about the conduct of a member of staff

If elements of the complaint concern the conduct of a member of staff, which would be more appropriately addressed by the disciplinary procedure, it is possible to address any elements of the complaint which are not disciplinary issues concurrently. The two processes must be independent of each other, but an overview maintained to ensure there is consistency and to consider any areas of overlap. Advice should be sought from the HR Manager.

The complaint leads to a formal disciplinary investigation

Where a complaint leads to a formal disciplinary investigation, the two processes are independent of each other. The Director overseeing the disciplinary process and the Investigating Manager should liaise with the person responding to the complaint, or the Significant Event Co-ordinator as appropriate, to ensure a co-ordinated process. The disciplinary investigation should consider the outcomes of a complaint investigation but must not influence it. Care should be taken to ensure that the rights of the employee under HR procedures are upheld. The Investigating Manager should be notified through the Terms of Reference for the investigation that it is linked with a service user complaint and should make this clear in any report that is written as part of the investigation process. Once a decision is taken at the hearing then the Chair can notify whoever is responding to the complaint of the outcome for communication. As above, the complainant is not entitled to know detailed outcomes.

Complex situations

Where a complex situation develops, including the involvement of other processes such as whistleblowing and grievance procedures, the Director will co-ordinate a strategy group to oversee and ensure progress.

Police procedures

The complaint is about a criminal matter

The service should ensure that complainants are clear when the matter falls under criminal law. If the complaint is clearly about a serious criminal allegation, e.g. theft, assault, discriminatory verbal abuse, it must be referred to the police with the agreement of the complainant. In the case of a less serious criminal matter – e.g. a service user believes personal property or money was stolen while attending the project – it should be explained that Suffolk GP Federation cannot undertake the investigation of something which is a criminal matter, and the complainant supported to contact the police if they wish. Any response to a complaint about a matter that is being investigated by the police may need to be suspended until the police investigation is completed.

A police investigation commences whilst a complaint is being dealt with

The complaint process may need to be suspended until the police investigation is concluded. The police may request information about the response to the complaint and any complaint investigation. This should be supplied on receipt of a Section 29 DPA request.

Child protection procedures

The complaint is about risk or harm suffered by a child or young person

Where there are allegations about a member of staff, volunteer or carer any response to the complaint is suspended until the appropriate procedure has been completed. The appropriate action should be taken and the process explained to the complainant. When any safeguarding or child protection procedures have been completed, checks should be made with the complainant to ensure any outstanding complaint issues are addressed.

Litigation and civil claims

The complainant says they have taken legal advice

Advice should be sought from the Significant Event Co-ordinator or line manager. This is not in itself a reason not to respond to a complaint, and most solicitors will advise the complainant to use the organisation's complaints procedure first.

The complainant says they wish to sue Suffolk GP Federation

Advice should be sought from the Significant Event Co-ordinator or line manager informed. The organisation will require a letter from the complainant's solicitor setting out the grounds for the proposed action. A complaint will not normally be progressed if litigation is going to take place.

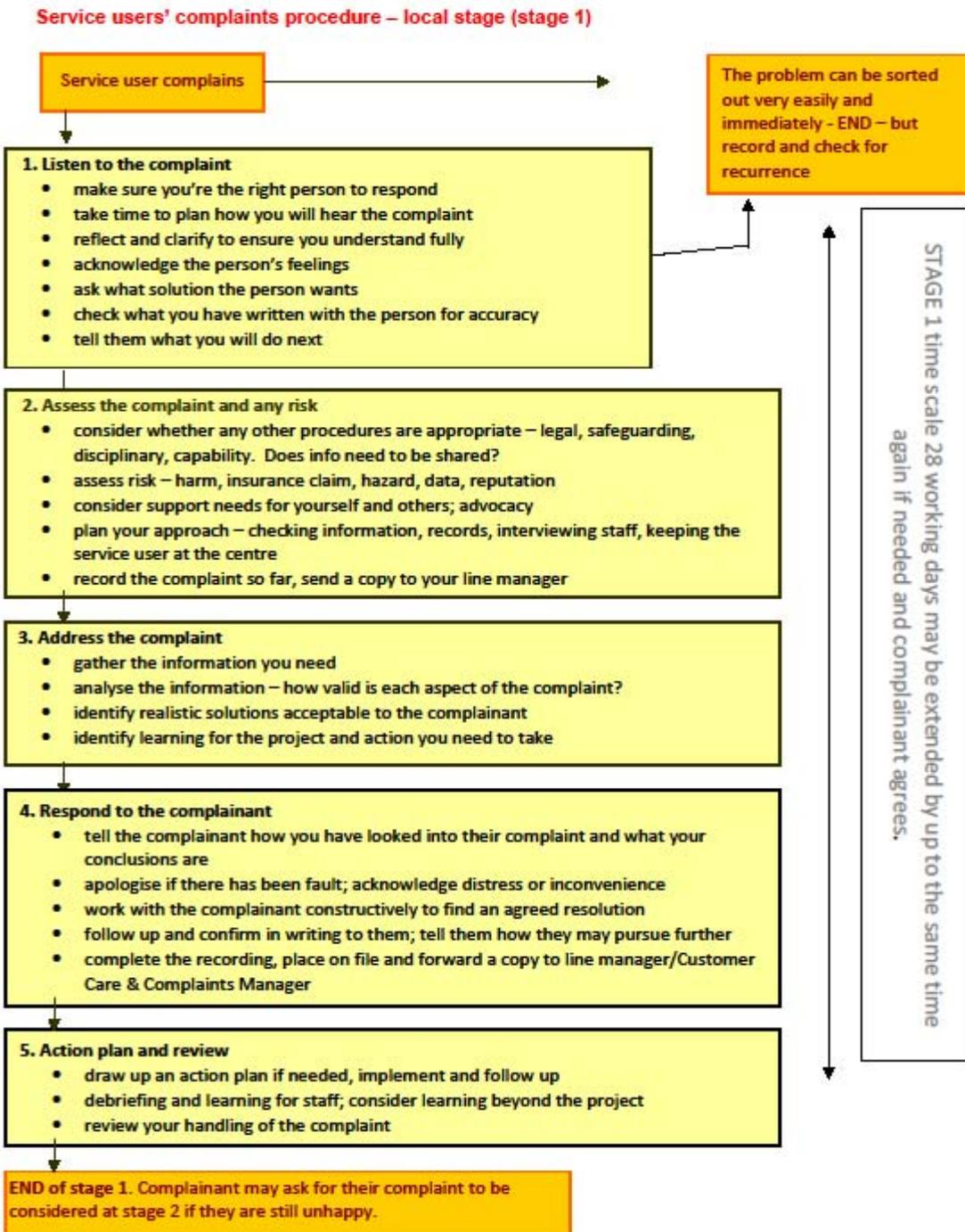
The complainant is seeking compensation

Where the complainant is referring to small items that have been lost or damaged by the service, these should be replaced. For larger possible claims, advice should be sought..

Health and Safety

Complaints about possible breaches in Health and Safety Regulations should be referred to the Operations Director.

APPENDIX 1 – Complaint Flowchart



APPENDIX 2 – Patient Complaint Form



Complaint
Form.doc

APPENDIX 3 – Template Letters



NEEDS
Acknowledgment le



Suffolk Fed
Acknowledgment le

APPENDIX 4 – Action Plan Template



Complaints Action
Plan Template.docx

APPENDIX 5 – CM&C Complaints Leaflet



Complaints
Leaflet.pdf