

Complaints Procedure

Version	V6
Name of responsible (ratifying) committee	Sentinel Board
Date ratified	20/01/2022
Document Manager (job title)	Strategic Manager
Date issued	20/01/2022
Review date	January 2023 (unless requirements change)
Electronic location	Governance Policies
Related Procedural Documents	Management of Complaints
<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>	

Version History

Version	Date	Action Taken
5	November 2019	Reviewed by Strategic Director
5	November 2019	Sign-off at Board Meeting
5	October 2020	Sign-off at Board Meeting
6	January 2022	Reviewed by Strategic Manager
6	January 2022	Sign-off at Board Meeting

'General Practice Led, Community Focused'

Purpose

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

This protocol is relevant to all employees 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 can be made in writing, by email or by speaking to someone in the organisation.

Time limit for making a complaint

Complaints should be made within 12 months of the incident, or within 12 months of the matter being identified. This time limit can sometimes be extended as long as it is still possible to investigate your 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.

Persons responsible for handling complaints

Sentinel Board: The Sentinel Board is ultimately 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 Manager: The Strategic Manager is responsible for the process of investigating complaints. Complaints will be investigated by the appropriate senior member of staff (Investigating Officer).

What to expect after making a complaint:

You should expect to:

- have your complaint acknowledged (within 72hrs) and properly investigated
- be kept informed of progress and told the outcome
- be treated fairly, politely and with respect
- be sure that your care and treatment will not be affected as a result of making a complaint

‘General Practice Led, Community Focused’

- be offered the opportunity to discuss the complaint with the person managing your complaint.
- be assured that appropriate action is taken following the complaint

Investigation of complaint

1. The Investigating Officer to identify and meet with the member of staff and complete the Complaints Template with the member of staff in question.
2. Investigating officer to identify;
 - a. The validity of the complaint
 - b. The severity of the complaint (e.g. impact on the complainant or legal impact)
 - c. Any learning points and recommendations
 - d. Whether there is a case to be made for the instigation of the formal Disciplinary Process.
3. Outcomes and recommendations of the investigation are to be reported to the Board of Directors via the Strategic Manager.
4. Board of Directors to consider recommendations and agree next steps.

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:

- each complaint received;
- the subject matter of the complaint;
- the steps and decisions taken during an investigation;
- the outcome of each investigation;

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 Manager to identify any patterns that are to be reported to the Sentinel Board.

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.