



## **PATIENT EXPERIENCE AND COMPLAINTS POLICY**

## 1. INTRODUCTION

CES Medical Ltd prides itself in delivering high quality services to all patients and service users. We recognise, however, that at times things can go wrong and we may not deliver the quality of care or level of service we and our patients expect. When this happens and a complaint is made, this policy will be implemented to ensure service users and those acting on their behalf (who may be affected by the action, omission or decision of the company) are confident that their concerns and complaints are acknowledged, listened to and dealt with effectively, in a timely manner and that a proportionate investigation takes place. The outcome of any investigation, along with any resulting actions will be explained to the complainant by the Company.

Service users can be reassured that the complaint will not affect their ongoing treatment - no complaint correspondence will be filed in their medical records - they will be treated fairly, and that their complaint will be managed in the strictest confidence. We would expect our service users to receive the standard of care we would like ourselves and our family members to receive. Registered staff also have a professional obligation to respond to complaints, as outlined by the General Medicine Council (GMC)

There are very clear requirements surrounding the management of complaints which are monitored through the Care Quality Commission (CQC). This policy sets out how we handle complaints and the standards we will follow. It follows the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations). The intention of this regulation is to ensure that anyone can make a complaint about any aspect of care and treatment provided, and to ensure that providers investigate complaints and take appropriate and timely action to rectify any failures identified by the complaint or investigation.

We are committed to continually evaluating and improving services by acting on service users' feedback, including formal complaints, informal concerns, and Healthcare Professional Feedback (HCP). The Patient Experience Policy recognises the Parliamentary Health Service Ombudsman's (PHSO) Principles of Good Complaint Handling 2009 and upholds the values of their "my expectations" framework developed by the PHSO, Local Government Ombudsman and Healthwatch. It promotes the NHS constitution. It also supports the HCPC, NMC/Royal College of Nursing (RCN) and GMC codes of conduct when staff are managing a concern or complaint.

We will operate openly and honestly in line with the Duty of Candour Policy and welcome feedback from patients and the public about the services we provide. We take a positive approach to complaints, blame culture is not conducive to learning from complaints and patient feedback. Staff are supported and given every opportunity to respond to the issue being raised and are offered guidance and support with Patient Experience investigations.

For staff wishing to raise concerns please refer to the Whistleblowing Policy.

The key issues taken into consideration when formulating this policy are that a complainant should:

- Know how to complain.
- Feel confident that their complaint will be dealt with seriously.
- Know the period in which the complaint response is likely to be sent and to be kept informed of progress and any delays.
- Understand that their concerns will be investigated, and they will be informed of the findings of that investigation.
- Trust that CES Medical Ltd will learn from feedback, concerns, complaints and compliments, and apply those lessons whilst also learning from and sharing best practice.

## **2. PURPOSE**

This policy should be read by all staff - permanent, temporary, voluntary or contractor acting on behalf of CES Medical Ltd - so that they can assist service users when they raise a concern or complaint. The purpose of this policy is to outline how CES Medical Ltd implements the statutory legal framework of the NHS Complaints Regulations 2009 and meets the requirements of the NHS Constitution as well as the Principles of Good Complaints Handling published by the Parliamentary and Health Service Ombudsman. The policy promotes the intention to learn from service users' experience by promoting an open culture in which anyone feels able to raise concerns, and, where they feel that they need to, by making them aware of their right to complain. This will include making information accessible about raising concerns and making complaints and providing support to enable people to raise concerns and make complaints, by listening to them, resolving their issues quickly, improving the services the company provides and prevent recurrence. The policy clarifies the roles and responsibilities of staff in acknowledging, investigating and responding to complaints, concerns and HCP feedback.

## **3. SCOPE**

This procedure will ensure that all complaints, concerns and HCP feedbacks are recorded and investigated thoroughly and proportionately; that complainants receive a full, timely, honest and open response; and that actions will be taken as a result of any learning identified in order to improve the service provided.

## **4. EQUALITY STATEMENT**

CES Medical Ltd is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity, or any other basis not justified by law or relevant to the issues being raised.

CES Medical Ltd will therefore take every possible step to ensure that this procedure is applied fairly to all patients, advocates, and employees regardless of the aforementioned protected characteristics or any other irrelevant factor.

By committing to a policy encouraging equality of opportunity and diversity, CES Medical Ltd values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. CES Medical Ltd is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

Where there are barriers to understanding; for example, a patient, advocate or employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that each individual is not disadvantaged at any stage in the procedure.

Anyone exercising their rights and entitlements under these regulations will suffer no detriment as a result.

## **5. DEFINITIONS**

Concerns and complaints are expressions of dissatisfaction, whether justified or not, made by a patient, a patient's representative or a member of the public, about a service provided by CES Medical Ltd or the specific behaviour of a member of staff or volunteer in the course of their duties, to which a response is required.

It is sometimes difficult to clearly establish the difference between a concern and complaint.

For the purpose of this policy, the following definitions will apply:

### **Complaint:**

A complaint is an expression of dissatisfaction, either verbal or written about an act, omission, or decision of CES Medical Ltd, or about the standard of service we have provided. Whether justified or not, it requires a response and/or redress.

**Note: Complaints are subject to NHS Complaint Regulations 2009 and can be escalated to the Parliamentary and Health Service Ombudsman (PHSO) for review.**

Complaints can be raised verbally or in writing. Most complainants will be very clear that they wish their complaint to be treated formally, and that they require a written response. People do not have to use the term 'complaint'. We will use the language chosen by the service user, or their representative, when they describe the issues they raise (for example, 'issue', 'concern', 'complaint', 'tell you about'). We will endeavour to speak to people to understand the issues they raise and how they would like us to consider them.

A complaint may be identified by anyone; either a patient, a patient's representative, those affected by the actions of the company, a member of the public, an MP, or any other person who is dissatisfied with the actions of the company or with actions that any member of its staff has taken.

Complaints will be recorded and managed under the direction of the Complaints Manager, acknowledged and responded to, the comments and any responses will be used in the monitoring and review process in order to influence the improvement and development of services the company provides where appropriate.

A complaint can be closed by a phone call to the complainant, but this **MUST** be agreed with the complainant, the conversation **MUST** be documented and the Director fully informed of the outcome, any learnings or actions identified and confirmation that the complainant has agreed to closing the matter with a phone call. It is recommended that this call is undertaken on a recorded line wherever possible for the protection of both parties. Following the telephone call, the Director will write to the complainant to inform them how they may raise additional questions with the company if needed and inform them of their escalation rights should they remain dissatisfied with the response.

**Concern:**

A concern is an expression of dissatisfaction, issue or worry which has not been specified as a formal complaint.

A concern can be raised verbally or in writing. A concern may be identified by anyone, either a patient, a patient's representative, those affected by the actions of the company, a member of the public, an MP, or any other person, who has concerns about the actions the company or any member of its staff has taken. Although these issues may not have been specified as a formal complaint, they will be taken as seriously and investigated in the same way to ensure a fair and effective resolution.

Concerns will be recorded and managed under the direction of the Director, acknowledged and responded to, the comments and any responses will be used in the monitoring and review process in order to influence the improvement and development of services the company provides where appropriate.

A concern can be closed by a phone call to the complainant, but this conversation **MUST** be documented and the Director fully informed of the outcome, any learnings or actions identified and whether the complainant is happy to close with a phone call and therefore no written response is required. It is recommended that this call is undertaken on a recorded line wherever possible for the protection of both parties. There are no Parliamentary and Health Service Ombudsman escalation rights applicable to concerns. However, if a resolution has not been reached, a concern can be escalated to become a formal complaint and will then become subject to escalation rights.

**Healthcare Professional Feedback (HCP):**

HCP feedbacks are sometimes referred to as Clinical Concerns.

Healthcare Professionals working within the NHS are not permitted to raise a formal complaint about an NHS service. They can raise questions or concerns via an HCP feedback. HCP Feedbacks can still be serious and complex issues requiring full

investigation. HCP feedbacks can be closed by a face to face conversation, a phone call or by an email, but this conversation MUST be documented and the Director fully informed of the outcome, any learnings or actions identified and confirmation that the HCP is happy to close with a phone call and therefore no written response is required. There are no Parliamentary and Health Service Ombudsman escalation rights applicable.

**Feedback:**

People may want to provide feedback instead of making a complaint. People can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.

**Complainant:**

A complainant is an individual who raises a complaint or concern.

**Investigating Officer (IO) / Complaints Manager:**

The member of staff appointed by the Director to fully investigate and report their findings in regard to the issues raised. This is usually the Complaints Manager.

**6. RESPONSIBILITIES**

**All staff** – All staff have an obligation to comply with this policy, and respond to any complaints, concerns or HCP feedback raised by service users with the aim of reaching an early resolution. Permanent staff should make temporary staff aware of this policy for resolving issues and managing complaints.

Everyone is expected to assist the complainant in addressing their concerns and escalating the issue where they are unable to resolve it themselves. CES Medical Ltd expects all staff to be open, non-judgemental, and supportive of service users as people often feel uncomfortable raising issues. They should be met with a helpful response.

If staff have been asked for information pertaining to an issue or complaint, whether it involves them or not, they must co-operate and provide all relevant information to any investigating officer when asked to do so. They must also forward any written notes, or the details of any verbal issues received by them to the Director as soon as possible. If required to be interviewed, either when on or off duty, in order to complete an investigation on time, staff are expected to give their full support as part of this Policy.

Although a member of staff may have left the company, they will be encouraged to respond to or participate in an investigation of a complaint if they were involved in the patient's care.

**Board of Directors** – The Board takes the strategic overview. They receive assurance from the Patient Experience update included in the Quality & Safety bi-monthly board report, this monitors themes and compliance with this policy, including acknowledgement, response rates, referrals to the PHSO, breakdown by specialty and reason for the

complaints received. It also evidences assurance around the compliance with the CQC fundamental standard for raising concerns and complaints.

**Director (CEO)** – is the Accountable Officer for all patient related contact with the company and will be responsible for ensuring that a specified executive director oversees the successful management of such issues. The CEO also ensures that management fulfils their responsibility to respond to and investigate complaints effectively and that any learning identified as a result of the complaints investigation is taken forward by the service manager. The CEO will consider all reports to Board and act appropriately on any recommendations made.

**Investigating Officer (IO)** - The Investigating Officer who is the Complaints Manager is responsible for ensuring a response is provided to all of the issues raised, that the responses are proportionate to the complaint and are submitted to the Director by the specified deadline. They are responsible for informing the complainant and the Director of any delays in their investigation or if the response deadline is unlikely to be met. They are responsible for advising the Director of any extensions required to the investigation target response date. They ensure staff who are the subject of a complaint are supported and are required to work with the member of staff's line manager to develop action or training plans for individuals where the complaint, concern or feedback highlights a need to do so. They are responsible for taking any learning from complaints, concerns or feedback to their local Clinical Lead and sharing the outcome with the Governance Lead to ensure company wide learning where appropriate.

**Operations and Governance Leads** – are responsible for day to day managing and implementation of the policy, applying the PHSO good complaints handling principles. They are responsible for applying this policy to the patient experience issues they manage, to meet the specified deadline or discuss with the Director when it is apparent a deadline will be missed. They provide training, advice and guidance to Investigating Officers as and when required on good complaint handling practices. They highlight changes in practice and record these as required; they develop a rapport with the Investigating Officer and the complainant to ensure the complainant is reassured that their complaint has been taken seriously and is being managed appropriately.

## **7. LISTENING TO AND RESPONDING TO CONCERNS AND COMPLAINTS**

All concerns, comments, complaints, and HCP feedback are considered to be a valuable source of feedback enabling us to improve the services we deliver. CES Medical Ltd actively seeks the opinions of service users in a variety of ways from external forums and stakeholders such as CQC website, NHS choices, Google and social media. Where required, support is given to make a complaint, for example those for whom English may not be their first language, and those with special needs. Advocacy service support can be arranged for complainants where required. These details are outlined in the

acknowledgement of a complaint letter. Where requested, the complainant's own advocates will be accommodated.

If we consider that a complaint (or any part of it) does not fall under this procedure we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant signposting information.

We may receive an **anonymous or a general complaint** that would not meet the criteria for who can complain. In this case we would normally take a closer look into the matter to identify if there is any learning for our organisation unless there is a reason not to do so.

### **7.1 Early Local Resolution**

Local resolution is encouraged when the outcome can still be influenced, and a remedy provided; generally, these will be verbal or frontline complaints. Our staff speak to people who use our service every day. This can often raise issues that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to quickly sort out the issue to their satisfaction and without the need for them to make a complaint, and once a concern is received, every effort should be made to resolve the issue at local level. At local level, a proportionate and thorough investigation allowing for a speedy and effective outcome for the complainant should be provided.

It is a requirement of this policy that the Director will be fully updated regarding the issue and the resolution reached with the complainant such that the matter may be accurately recorded.

Staff should ensure they:

- Take advice from senior members of staff where required.
- Once the issue has been investigated, if there are concerns of recurrence, they should escalate to the relevant manager who can take an overview and decide on any changes to practice.
- If local resolution is not possible, the complainant should be referred to the Director
- CES Medical Ltd will enable complainants to raise issues easily, without unnecessary barriers. If the person complaining expresses a wish to raise a concern or a formal complaint, full details can and should be taken by telephone or in person if staff are asked to do so by the complainant.

### **7.2 Verbal Enquiries or Complaints**

All verbal contacts will be treated with the same respect and seriousness as those made in writing.

- All verbal contacts made by telephone into any CES Medical Ltd location, should be referred to the Director by the Complaints Manager who will log the issue, acknowledge the issue to the complainant within three working days of receipt, and



forward to the relevant service area for investigation. **It is important that the name and contact details of the enquirer are captured accurately.**

- If a verbal complaint is received outside normal office hours (0900 – 1700 hours, Monday – Friday) then full details will be captured by the person receiving it and passed at the earliest opportunity by the fastest means (i.e. email), advising the enquirer/complainant of the course of action, unless it is possible to provide a satisfactory resolution immediately. Otherwise, information should be passed with accurate name and contact details.
- The Complaints Manager receiving the complaint is encouraged to resolve issues raised at the first point of contact where appropriate to do so with relevant notes made on applicable service reporting system. If it has not been possible to resolve immediately, then the Director will initiate an investigation as previously described.
- As much information as possible must be passed to the Director
- We will be polite, sensitive to the severity of the matter, and understanding of the distress it may be causing. It is OK to say 'sorry' that the enquirer feels that way they do – it is not an admission of guilt or liability to apologise for distress caused.

WE WILL KEEP OUR PROMISES AND DO WHAT WE HAVE SAID WE WILL DO – i.e. PASSING ON THE INFORMATION, ASKING SOMEONE TO CALL BACK – ALL WITHIN THE TIMESCALES AGREED WITH THE COMPLAINANT.

### **7.3 Written Enquiries by Letter or Email**

Any enquiry or complaint received by letter or email should be immediately forwarded to the Complaints Manager and Director. If contact is received by email, an immediate email acknowledgement should be made by the Complaints Manager, confirming that the matter is being addressed and has been forwarded to the Director and providing the Complaints Manager contact details.

### **7.4 Written Complaints**

If a written complaint is received, addressed to someone other than the Director or the Complaints Manager, it may still be possible to provide local resolution. Staff should not respond directly to a complaint which is addressed to the Director/ Complaints Manager without prior discussion. If the written complaint is not addressed to the Director/Complaints Manager, the individual should consider the following:

- A telephone call to apologise or to offer an explanation. An initial response may satisfy the complainant and be a more favourable option. You must agree a timescale to respond fully and advise of the actions you will be taking in investigating the complaint.
- A copy of the complaint letter and response are to be forwarded to the Complaints Manager for information and logging.

## **7.5 Financial / Goodwill Remedy**

CES Medical Ltd aims to act fairly and take responsibility, acknowledging errors and apologising for them, making amends, and using the opportunity to improve our services. There is a range of appropriate responses to a complaint that has been upheld which includes both financial and non-financial remedies. Not all poor experience results in injustice or hardship, but where appropriate, we will aim to ensure that the complainant's position is restored to what it would have been if their poor experience with our services had not occurred. If that is not possible, we will consider awarding an appropriate financial or goodwill remedy payment in line with PHSO guidance "Our Guidance on financial Remedy" 2018. Financial remedy will not be appropriate in every case. There is often a balance between responding appropriately to people's complaints and acting proportionately within available resources. However, finite resources will not be used as an excuse for not providing a fair remedy. Remedies offered will be fair and proportionate to the complainant's injustice or hardship and will take account of people's individual circumstances. Financial remedies, where appropriate, will be considered by the Director.

If a complainant remains dissatisfied with the resolution of their complaint, the PHSO escalation rights will apply.

## **8. CONSENT**

Consent will be obtained from the patient where the complainant is not the patient (or person legally responsible for the patient) or where we will need to contact a third-party organisation to complete the investigation. This is necessary to obtain permission to access health records for the purpose of the investigation and/or to release personal or sensitive details. Consent can be requested as required at any point during the investigation and prior to the response being issued.

If the patient does not provide us with their consent to release personal or sensitive information to the third party either during the investigation or within the complaint response, a full and comprehensive response will not be issued by us to anyone other than directly to the patient themselves. If consent is not received it may be possible to issue a shorter redacted response with the patient's personal or sensitive information removed.

In relation to deceased patients or when there is a question around capacity to consent, it will be necessary for the complainant to evidence that they are next of kin or have sufficient interest in the patient and are suitable to represent them.

Information will only be disclosed to those with a demonstrable need to know and/or legal right under consent to access the records under the General Data Protection Regulations (GDPR) and Data Protection Act 2018. CES Medical Ltd will process information in line with the Caldicott Principles.

## **9. POTENTIAL PATIENT SAFETY INCIDENT / SAFEGUARDING CONCERN / LEGAL**

## ISSUE

If the member of staff considers the subject of the complaint, concern or feedback constitutes a Patient Safety Incident, this must be reported immediately to the Director/Complaints Manager.

If a complaint highlights a Patient Safety Incident that requires investigation, the complaints process will incorporate the **Duty of Candour Policy** (DOC). The Director will appoint an Investigating Officer for the Patient Safety Incident investigation to ensure the complaint response responds to all issues raised including the incident, and fulfils the obligations of the DOC policy. This will include an open account of what happened, an apology, and the acknowledgment of the level of harm caused as a result of the incident. Where indicated following the Patient Safety Incident investigation, further support will be offered to the patient and/or patient's representative.

### **9.1 Concern or Complaint Involving a Vulnerable Adult or Child Protection**

For those complaints which highlight a safeguarding issue please refer to the CES Medical Ltd's Safeguarding Policy

### **9.2 Complaining on Behalf of a Child**

In circumstances where a representative is making a complaint on behalf of a child, the complaint will be considered if it is satisfied that there are reasonable grounds and sufficient interest in the child's welfare for the complaint to be made by the representative rather than the child. If CES Medical Ltd is not satisfied, we will share our reasons with the representative in writing.

### **9.3 Complaints from Patients Detained Under the Mental Health Act 2007 (MHA)**

As outlined by the Care Quality Commission, patients detained under the Mental Health Act 2007 have the right to complain as do all service users. An advocate should be offered if appropriate.

**9.4 Complaints that may be Subject to Legal Proceedings/Negligence Claims** Where it is implied that legal proceedings may be underway, or are intended, and a complaint is received, we will respond to the complaint in line with this policy other than exceptional reasons or when a formal request not to respond is made from a judge, coroner or the police. Where this is the case the complainant will be informed of the reason.

We will endeavour to respond to all complaints despite the indication that legal action may be taken. However, where we have been notified of legal action being taken, the complaints procedure may stop if the two processes cause conflict with respective outcomes.

## **10. FORMAL WRITTEN COMPLAINTS POLICY PROTOCOL AND GUIDANCE**

### **10.1 Time Limit for Making a Complaint**

In line with NHS Complaint Regulations 2009, a complaint should be made within twelve months of the incident occurring that raises the issue, or twelve months from the date the

complainant reasonably first became aware of the issue. CES Medical Ltd can, at its discretion, consider complaints raised outside of twelve months, if there are exceptional circumstances for the complainant not having brought the complaint to us within the twelve-month timeframe. This will be considered on a case-by-case basis by the Director.

## **10.2 Complaints Investigation Timescale**

Complaints will:

- Be acknowledged within three working days of receipt.
- We will aim to provide a written response within 25 working days. If longer is required to ensure a full investigation can be completed, the extended timescale will be sought by agreement with the complainant.
- Upon receipt, all complaints will be logged onto the system and graded as a risk
- Where it is felt the complaint raises an incident that should have been reported in line with the Incident Reporting and Investigation Policy, this should be brought to the attention of the relevant service manager.
- Complaints relating to individual incidents will be brought to the attention of the Director by the Complaints Manager. A seamless approach will be taken in investigating and sharing the outcome and response to the complaint if an investigation has been undertaken at incident stage.

## **10.3 Acknowledgement Letter**

- Acknowledgement letters will be issued within three working days of receipt. The acknowledgement letter will offer a direct point of contact to the complainant by giving the name and contact details of the Complaints Manager who is responsible for recording and assessing the complaint, and sending for investigation to the relevant managers and staff members who can best respond, with the outcome of their investigation, into the issues raised. It may still be possible that local resolution may be attempted but this would be agreed with the complainant and depends entirely on the issue being raised.
- The acknowledgment letter will include information about how to contact NHS Complaints Advocacy Services.
- The acknowledgement letter will invite the complainant to call the Complaints Manager to discuss any further issues they may have.
- The acknowledgement letter will advise the complainant that we will aim to respond within 25 days. It will advise that we may seek a longer timescale in agreement with the complainant if the investigation is complex or the Investigating Officer requires more time to complete their enquiries.

## **10.4 Investigation of Complaint**

Complaints will be thoroughly investigated in a manner appropriate to resolving the issues speedily, efficiently, and appropriately within the agreed timeframe. The Complaints Manager will distribute the complaints to the relevant senior managers within relevant service areas who are best placed to offer a response. Senior staff members will receive

the complaint relevant to their area or care provided by staff members for which they are responsible.

- CES Medical Ltd allows 15 days for the internal investigation to be completed and the outcome report/draft response returned to the Director
- Staff should be made aware of any complaints that relate to care provided by them and discussion with their senior manager should form part of the investigation.
- Responses provided must be open, honest, and factual, referring where appropriate to best practice guidance or policy. Care should be taken to ensure the response answers all of the points raised in the complaint and offer the response using clear language, for example it may be necessary to use medical terminology but an explanation that can be understood should also be offered.
- If it is not possible to respond to an issue raised it must be explained why this is the case.
- It is both appropriate and possible to apologise without admitting liability.
- If it is clear that a longer timescale will be required to offer a more effective response or due to key respondents being unavailable, the Complaints Manager and Director must be informed immediately as the complainant must be kept updated and an extension of timescale sought.
- Advise the complainant of any changes to practice, development plans or training needs that have been identified following the complaint investigation.

The PHSO Principles for Good Complaint Handling are that we get the response right, it is focused on the service user, we are open and accurate, fair and proportionate in our response and that we put things right and seek continuous improvement.

### **10.5 The Response Letter**

The Director will expect to receive a draft response from the Complaints Manager within 15 working days. This will allow time for all of the responses from each service area involved in the complaint to be coordinated into one response and prepared for approval. If it is clear that a longer timescale will be required to offer a more effective response or due to key respondents being unavailable the Director must be informed immediately. This enables an extension to be agreed with the complainant.

It is recommended that the Complaints Manager presents their findings and draft response letter to the Director for review and approval.

The responses and outcome of the investigation will be reviewed by the Director, and will conclude whether the complaint is upheld, partially upheld or not upheld.

### **10.6 Local Resolution Meetings**

The Director, where appropriate, may arrange for the relevant member of staff, for example the Complaints Manager, Operations and Governance Leads or Manager of Service, to meet with the complainant. Meetings will be minuted and/or recorded (by agreement and with consent of all parties) and a copy provided to the complainant.

### **10.7. Reopened Complaints**

Complainants who are not satisfied with the response are asked to clarify the points they feel were not responded to appropriately. If the complainant raises further issues that were not previously raised, the complaint may be re-opened. The following should be considered:

- A re-opened complaint can attempt further local resolution by asking those who responded to the complaint to reconsider and offer further response to the complainant.
- A local resolution meeting should be offered as this may help to avoid protracted written correspondence. The complainant may request an independent review of their complaint via the Parliamentary Health Service Ombudsman.

### **10.8 Parliamentary & Health Service Ombudsman (PHSO)**

- If the complainant remains dissatisfied with the response, they have the right to refer their complaint and its management to the PHSO for an independent review.
- The PHSO is independent of the NHS and the government. They will consider the review by assessing whether CES Medical Ltd has applied the Ombudsman's Principles in managing and responding to the complaint.
- The PHSO may decide a formal review will be undertaken, they will ask for the complaint investigation file and usually the medical records relating to the patient. They will review the documentation and consider whether we could provide further local resolution, whether we have investigated sufficiently and could do anything more to resolve the complaint or take any further actions to prevent recurrence.
- The PHSO will assess whether CES Medical Ltd has applied the Ombudsman's principles. There is no right to appeal once the Ombudsman has reviewed a complaint.
- The PHSO shares complaints data recorded against individual companies, this can be shared to provide aggregated analysis to the Care Quality Commission, NHS Digital, and those organisations that have signed the joint working agreement.

## **11. HANDLING OF JOINT COMPLAINTS BETWEEN ORGANISATIONS**

The two organisations that are the subject of the complaint must co-operate with each other in order to provide a seamless approach to resolution and responding. If CES Medical Ltd is the receiving organisation, we will follow the process outlined below:

- Obtain consent to approach a third-party organisation. Obtaining consent should not hold up our own investigation from commencing.
- The Complaints Manager will contact the third-party organisation and request to lead the investigation in order to maintain the relationship with the complainant and control the timescale of the response.
- If the third-party organisation concerned expresses a need to lead, the Complaints Manager will ensure they are aware of the timescales, and agree a date for response, including a request to review the third party response prior to completion to ensure accuracy
- If the third-party leads, we will then inform the complainant of the lead organisation and their contact details.

- If the complainant does not consent to the complaints being shared, we will respond to the issue surrounding us only and will direct the complainant to the other organisation for a response to matters outside of CES Medical Ltd.

Complainants can lodge complaints with the Commissioners rather than the provider of the service. If a complaint is lodged with the provider and not resolved locally the complaint cannot then be referred to the Commissioners (unless new or additional issues are raised) although it can be referred to the PHSO.

## **12. CONCERNS AND COMPLAINTS EXCLUDED FROM THE SCOPE OF THIS POLICY**

Some complaints will not be investigated formally as follows:

- a) By an employee of a local authority or NHS body about any matter relating to that employment
- b) A complaint, the subject matter of which is the same as that of a complaint that has previously been made and responded to.
- c) A complaint by a member of staff relating to their employment

The complainant should be notified in writing of the decision and the reason for not investigating it as soon as practical.

## **13. DEALING WITH UNREASONABLY PERSISTENT OR VEXATIOUS COMPLAINANTS**

We are committed to dealing with all our complainants fairly and impartially and will make every effort to resolve a complaint. We will operate as an accessible service, however, we do not tolerate behaviour from complainants that is habitual in nature (the complainant raises the same or similar issues repeatedly, despite having received full responses to all the issues they have raised), vexatious, offensive or threatening and we will outline the policy on this, in writing, to complainants that are deemed unreasonably persistent or demonstrate offensive or threatening behaviour towards our staff.

### **Deciding if a Complainant is Unreasonably Persistent**

Firstly, the Complaints Manager and Director will ensure that:

- The complaint has been investigated proportionately and sufficiently
- It addresses fairly and, where possible, all of the issues raised
- The complainant is not providing anything new or significant that might affect a review of the case, for example by the PHSO.

When it is established that the complainant is unreasonably persistent, we will firstly notify the complainant in writing of the reasons why we believe that they are acting in a habitual or vexatious manner and will give the complainant an opportunity to reflect on this and resolve or alter this behaviour. The letter will state clearly which elements of their behaviour are not acceptable and the letter will be accompanied by a copy of this policy.

We will recommend the complainant seeks advice from and uses their local NHS complaints advocacy provider in presenting their complaint.

If the complainant declines this opportunity to change their behaviour, CES Medical Ltd reserves the right to consider imposing restrictions. This will be considered on a case by case basis. The complainant may be managed, and restrictions may be imposed as outlined below:

- Specifying how and when we will accept contact from that individual, for example only in written form.
- Offer one point of contact to maintain a record of behaviour. If face to face contact is agreed, a witness will be present at all times and notes taken for the complaints record.
- Advise the complainant that we will not acknowledge any further contact or correspondence on the issue but will file these without acknowledgement or response.
- The complainant will be asked to agree to the restrictions in order to maintain their right to complain in future and to have an appropriate and full response when they do complain.
- NHS Advocacy Services may be required to assist in this process.

We will notify the complainant of our decision outlining why we need to impose these restrictions and how long the restriction will apply for (for example 6 months) or when circumstances change. They will have the right to challenge that decision but must outline in writing why they disagree.

If restrictions are imposed and are not adhered to, we will advise the complainant that all complaints are to be made through NHS Advocacy Services in future.

If the complainant threatens any individual or their personal safety, we will not offer notice but may report the matter to the Police.

When unreasonably persistent complainants make complaints about new issues these will be considered on their own merit, and a decision will be made on whether to apply the restrictions to the management of complaints or to waive them.

To appeal any decision the unreasonably persistent complainant must outline their appeal to the Director who will consider the case and respond in writing with their decision.

## **14. SUPPORTING STAFF**

Staff who are subject to a complaint can be assured they will be supported whilst taking the opportunity to reflect on the issues raised in the complaint.

- Where identified, training plans may be developed to support the staff member ensuring they have all the relevant training and support to carry out their role whilst meeting the expected standard.



- The staff member must be reassured their reference in the complaint will be confidential and all records stored appropriately.
- Complaints may be used for training purposes to ensure local learning, when this is the case, they will be anonymised in order to protect the identity of the members of staff.

## **15. ENSURING COMPLAINANTS ARE NOT TREATED DIFFERENTLY AS A RESULT OF COMPLAINING**

**15.1 Ensuring Complainants are not Adversely Affected** – CES Medical Ltd welcomes complaints and comments and therefore expects that patients are not treated adversely or prejudiced as a result of making a complaint.

**15.2 Confidentiality** – It is paramount to respect patient confidentiality. Information about complaints and all those involved is strictly confidential, in accordance with Caldicott principles. Information is only disclosed to those with a demonstrable need to know and or legal rights under consent to access the records under the Data Protection Act 2018. Advice can be taken from the Operations and Governance team on individual cases.

**15.3 Record Keeping** – Complaints records are kept separate from health records and must not be filed in the medical records unless specifically requested by the patient, in order to ensure on-going care is unaffected.

The complaints file/record is retained for 10 years (from the date the complaint was closed) and managed in line with the standards on Information Governance.

All complaints, concerns and HCP feedback are recorded. This allows seamless management of the complaint as all contact and correspondence is logged. The system also allows data to be collated to inform reporting and highlight any areas of concern.

## **16. MONITORING POLICY AND MAKING IMPROVEMENTS AS A RESULT OF COMPLAINTS**

**16.1 Monitoring Policy** - Assurance that this policy has been implemented is provided by the following:

- A quarterly Patient Experience Report is presented by the Director to the Board. This group reviews trends, monitoring of the implementation of this policy, and acknowledges changes to practice as a result of complaints.
- Key Performance Indicators are presented to Commissioners via Clinical Quality Review Meetings.
- Annual Patient Experience Report.
- Patient satisfaction surveys.

All actions identified from complaints will be monitored by the Clinical Lead until agreed as complete with the responsible manager.

## **16.2 Learning from Complaints**

CES Medical Ltd aims to provide high quality, safe care throughout all the services it provides. To ensure that this aim is met we constantly strive to provide a healthy, open culture that supports the reporting of patient or service-related incidents and the transparent investigation of these. We acknowledge that improvements can only take place if the lessons learnt are shared and the recommendations and resulting actions are implemented across the organisation, as well as departmentally and individually.

We deploy a number of strategies for learning from various sources of intelligence such as complaints, incidents, near misses, concerns, HCP feedback, claims, leadership walkarounds, safeguarding referrals, CQC compliance actions, partnership working/feedback, long waits reviews, audits; we recognise that this is a continuous learning process and one that is being embedded into the safety and learning culture. We are constantly looking for new and innovative ways to share learning.

All formal complaints are copied to and responses signed by the Director. This is to ensure they are provided with an overview of the complaints received for their areas. Complaints are also analysed and discussed at several internal forums as noted above and shared externally where required.

- Changes in practice and improvements to practice are monitored by the Clinical Lead and are an ongoing agenda item at the Clinical Governance Review Meetings. Responsible managers are asked to agree sign off and complete implementation.
- The HR Manager will provide local training sessions as required or requested by local managers. These sessions can be adapted to cover the complaints relevant to that service area.
- In order to maximise learning we utilise a variety of methods to improve practice after receiving intelligence or investigating incidents. Our learning strategies include: Face to face training, E-learning modules, individual performance reviews and 1to1's, reflective practice, policy review, email reminders, Clinical Directives, Clinical memos.

## **17. REGULATORY BODIES**

Where the regulatory body requests details of complaints received in respect of individual members of staff, CES Medical Ltd is obliged to share this information.

## 18. COMMENDATIONS / COMPLIMENTS (THANKS AND PRAISE)

All compliments/commendations received by staff will be logged on to the Compliments Record held by the Complaints Manager. All compliments/commendations will be cascaded to the appropriate manager for sharing with staff members.

## 19. MONITORING ACCESS TO COMPLAINTS, CONCERNS AND HCP FEEDBACK

CES Medical Ltd has an obligation to monitor access to the Complaints process, and to ensure the policy is implemented fairly and is representative of the overall patient demographic profile. This will be monitored via patient feedback and satisfaction surveys.

### Impact Assessment (EIA) Screening Tool

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If yes, please detail underneath in relevant section and provide priority rating

Gender		Positive Impact	Negative Impact	Reasons
	Men	N	N	<i>The aim of this policy is to describe the processes for implementing the patient experience and complaints policy which the Company will adhere to, to ensure it can continue to deliver its services in a safe manner. On this basis it is not considered that the policy or activities arising from it will have any impact on this group within the protected characteristic of gender</i>
	Women	N	N	As above - with no impact

<b>Race</b>	Asian or Asian British People	N	N	As above
	Black or Black British People	N	N	As above
	Chinese people	N	N	As above
	People of Mixed Race	N	N	As above
	White people (including Irish people)	N	N	As above
<b>Disability</b>	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	N	N	As above
<b>Sexual Orientation</b>	Transgender	N	N	As above
	Lesbian, Gay men and bisexual	N	N	As above
<b>Age</b>	Children	N	N	As above
	Older People (60+)	N	N	As above
	Younger People (17 to 25 yrs)	N	N	As above
<b>Faith Group</b>		N	N	As above
<b>Pregnancy &amp; Maternity</b>		N	N	As above
<b>Equal Opportunities and/or improved relations</b>		N	N	As above

**Notes:**

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities that do not appear as separate categories in the Census.

