



Managing Complaints and Feedback Policy

Responsible Committee: Clinical Governance Team

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1. Definitions

- The **Organisation** is SELDOC and refers to SELDOC Limited and SHL
- **Feedback**: an opinion, whether invited or spontaneous, that can be positive, negative or neutral.
- **Complaint**: an expression of dissatisfaction - either spoken or written - that requires a response. It can be about an act, omission or decision made, or the standard of service provided.

These definitions should be considered within the context of 'no issue is too big to be a concern and no issue is too small to be a complaint'.

- The **Governance Team** encompasses the Medical Director, Associate Medical/Clinical Director(s), Quality Manager and Quality Administrator. It has overarching responsibility for the resolution and investigation of concerns and complaints and for the processing of clinical and non-clinical claims against the organisation.
- **Independent Complaints Advocacy Service (ICAS)** is a free, independent and confidential service provided to support people in expressing concerns or making complaints.
- **Parliamentary and Health Service Ombudsman (PHSO)** provides a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS in England have not acted upon properly or fairly or have provided a poor service.
- **Care Quality Commission (CQC)** is the independent regulator for all health and social care services in England, whether they are provided by the NHS, local authorities, private companies or voluntary organisations

2. References

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 – Statutory Instrument 2009 No. 309

- 'Listening, Responding, Improving – A guide to better customer care' – Department of Health ref 11215 26/2/09
- 'Principles of Good Complaint Handling' – Parliamentary and Health Service Ombudsman 10/2/09 The Data Protection Act 1998. London: The Stationery Office. Available at: www.opsi.gov.uk
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- The 'How to Guide' for Implementing Human Factors in Healthcare. London: Patient Safety First. Available at: www.patientsafetyfirst.nhs.uk

3. Introduction

3.1. In a patient centred healthcare system, patients should be able to express their views – positive and negative – about the treatment and services they receive, with the knowledge that it will not affect their future care. The Local Authority Social Services and National

Health Service Complaints (England) Regulations 2009 came into force in April 2009 with the accompanying guidance 'Listening, Responding, Improving'.

3.2. These regulations and guidance place an emphasis on better complaint resolution and learning from the issues raised, as well as requiring changes to the way in which complaints and other concerns are dealt with by organisations that provide care.

3.3. If complainants are not satisfied with the response they receive they are entitled to a review by the Parliamentary and Health Services Ombudsman, who has identified six key principles for the handling of complaints. These are:

Getting it right

Being Customer Focused

Being Open and accountable

Acting fairly and proportionately

Putting things right

Seeking continuous improvement

3.4 SELDOC has developed a process for dealing with complaints in a manner that embodies these principles and reflects the Regulations. The policy provides the overarching framework to support the process and ensure that the principles described are met. All SELDOC staff must take responsibility for resolving concerns and complaints when they arise. If this is not possible, patients, relatives and carers are to be advised of SELDOC's policy and procedure. It is recognised that early resolution of concerns and complaints, as close as possible to the point at which the concern or complaint has arisen, is most likely to lead to a satisfactory outcome for both the complainant and the organisation.

In summary this policy serves to:

1. Promote suitable early management and remedial action to address concerns and prevent complaints and adverse events occurring in the future

2. Define SELDOC's systems and procedures for the management of complaints to minimise harm or risk of harm to service users, carers, employees, GP members and other stakeholders and improve satisfaction and reduce the risk of litigation
3. Develop a culture that enables the reporting of complaints, ensuring all SELDOC staff and clinicians have adequate knowledge to report and respond appropriately to patient complaints.
4. Support a robust complaint handling process at SELDOC which is seen as positive, supportive and non-threatening and encourages staff to participate in the investigation, promote learning from patient complaints
5. Fulfil SELDOC's obligations to manage patient complaints as part of commissioners and Out of Hours (OOH) contract externally and internally report and record patient complaints.
6. Ensure that SELDOC makes a co-ordinated and efficient response to all patient complaints, in order to increase patient satisfaction, improve communication and ensure continuing service improvements.

In addition, SELDOC receives feedback from staff, patients and clinicians which also assists our corporate learning.

4. Purpose and Principles

4.1. SELDOC recognises the need to learn from complaints, concerns and compliments. They are all an important source for improving patient safety within the organisation and a tool for improving care. The policy describes the procedures it is using for the investigation and resolution of complaints and concerns, proportionate to their complexity. These procedures look beyond the individuals concerned and seek to understand the underlying causes, to support effective change and service improvement.

4.2. The principles underlying the policy are the commitment of SELDOC to:

- Ensure that staff have the information and guidance necessary to resolve concerns or complaints in a manner and timescale that meets complainants' needs.
- Using a Root Cause Analysis (RCA) Tool for the investigation of complaints where appropriate.
- Ensure that staff have the necessary advice and information to be able to advise patients and members of the public on how to raise concerns and complaints in a manner and timescale that meets their needs.
- Ensure that the complaints process does not result in patients being treated differently if they raise a concern or make a complaint.

4.3 Ensure that all complaints and concerns are dealt with in the following manner:

- Within SELDOC's Vision and Values.
- In an open, honest and constructive manner in line with the Duty of Candour principles.
- As speedily as possible and in a manner appropriate for the complainant.
- That complainants are reassured that they will not be treated differently as a result of making a complaint.
- Where a full written response is required, to do this within 30 working days unless otherwise agreed with the complainant.
- Ensure that the organisation values complaints and concerns as a means of identifying unsatisfactory service delivery and as an opportunity for learning, and has in place the processes and mechanisms with which to do so.
- Ensure compliments and accolades are shared across the organisation.

5. Equity of Access

5.1 The aim of SELDOC is to provide open and easy access to all users of its services wishing to make a complaint, raise a concern or convey a compliment. 5.2. If interpreting services

are needed, SELDOC will make every effort to ensure that these are available in a timely manner so that a complainant can voice their opinion.

5.3. SELDOC will try to provide information in whatever form the complainant requires, according to the complainant's needs.

5.4. SELDOC staff are happy to meet with complainants and their advocates, to ensure all people can access the Complaints process in an equally timely and appropriate manner.

5.5 SELDOC is committed to ensure the confidentiality of patients, and may require written consent from the patient or approved guardian to investigate and respond to the complaint, if the complainant is not the patient.

6. Duties

6.1. The **Board** has a duty to:

6.1.1. Ensure that SELDOC complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and to conduct complaint handling with reference to the accompanying guidance 'Listening, Responding, Improving' and the Ombudsman's Principles of Complaint Handling.

6.1.2. Assure itself that SELDOC is meeting its obligations, through:

- Implementation of this policy
- Ensure Learning from Incidents, Complaints and Claims is identified and cascaded to all appropriate staff
- Appropriate reports to the Board from the Quality Committee with overarching responsibility

6.2. The **Quality Committee** is the sub-committee with overarching responsibility for:

- Ratifying the Policies on Responding to Concerns, Complaints and Compliments
- Receiving the quarterly Healthcare Governance Report including performance reports on concerns, complaints and compliments.
- Monitoring trends for complaints in monthly reports, discussing causal factors and the themes
- Ensuring performance against related targets are monitored.

- Communicating learning from complaints where there is a wider application than the individuals involved.
- Informing the ongoing development, review and implementation of related policies. Assuring the Board that clinical risk arising through complaints is being monitored and managed.

6.3. The **Medical Director** has responsibility for:

- Member of the Clinical Leadership Team
- The Medical Director, on behalf of the Board, is the 'Responsible Person' identified by the Board, to ensure compliance with arrangements made under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and any subsequent amendments.
- Hold the portfolio for Governance and are the responsible members of the Board to ensure that outcomes and learning from complaints, and any subsequent organisational change, are reported to the Board.
- They are responsible for ensuring that a process is in place to respond to all forms of concern and complaint expressed by patients and members of the public.

6.4. The **Associate Medical/Clinical Director(s)** is/are responsible for:

- Members of the Clinical Leadership Team
- Scrutinising compliance with the process followed from receipt of the complaint through to the final resolution.
- Be able to conduct a full investigation into all complaints
- Ensure the complaint response is full and satisfactory in order to avoid the complaint being further referred on to the Health Service Ombudsman for reinvestigation.
- To identify any actions required as a result of the complaint and draw up and implement an action plan to address any issues.

- Scrutinise the identification of lessons to be learned, their effective translation into an Action Plan, its implementation, and the identified improvement that is the intended outcome.

6.5. The **Quality Manager** is responsible for:

- Recording feedback, concerns and complaints received and resultant actions and outcomes on Datix in a timely manner.
- Maintain an up to date record of staff and contact details relating to complaints handling
- Maintaining regular contact with the Operations Team and Service Managers. Developing good relationships with those divisions, to support them in the investigation and reporting process, with advice and practical help.
- Providing regular performance reports on complaints to the Clinical Leadership Team at a weekly Complaints Meeting.
- Ensuring files are appropriately opened, coded, maintained and closed on the complaint file.
- Following up with the investigator when an action plan is not received back with a complaint response.
- Ensuring that all complainants are advised of the availability of the Independent Complaints Advocacy Service (ICAS) and to work with ICAS to ensure that complainants have support where needed. Ensuring that complainants have been properly advised of their right, if dissatisfied with the response they have received, to approach the Parliamentary and Health Service Ombudsman to review their case. Ensuring that all complainants have been advised of their right to contact the care Quality Commission to provide feedback on their experience; however the CQC will not investigate their complaint in its own right.
- Ensuring that compliments and accolades are collated, recorded centrally and that they are shared with departments and individuals across the trust to encourage best practice and learning.
- Ensuring that all staff involved in a complaint are included in the investigation process and made aware of the findings and outcome.

6.6 All Staff

- All members of staff have a responsibility to resolve any complaints and concerns as quickly and effectively as possible and to highlight any issues which could warrant further investigation.
- All staff must be fully open and cooperative with any process to investigate complaints and concerns.
- At all times, staff should be mindful of SELDOC's Values.

7. Support for Complainants (Patients, Carers and Relatives)

It is recognised that raising a concern or making a complaint is stressful and that SELDOC should make an effort to support patients, their carers and relatives through the process.

The Governance Team will assist those complainants who find it difficult to make a complaint in writing, have special needs or find the experience daunting.

All complainants are to be made aware of any appropriate independent bodies such as ICAS who can support them through the process. SELDOC's compliance with the Duty of Candour themes requires that SELDOC apologises and explain what has happened as part of the organisation's commitment to the principle of a culture of openness with other healthcare organisations, healthcare teams, staff, patients, relatives and carers.

8. Support for and Liaison with Staff

8.1. SELDOC ensures that all staff are fully aware of the policy and procedure for handling concerns and complaints by:

- Placing the policy on the SELDOC intranet.
- Informing staff of its publication in the monthly clinical newsletter.
- Inclusion of complaints training in the online induction and mandatory training provided for all staff.

8.2 It is recognised that involvement in a complaint can be a stressful and upsetting experience for staff. The Governance Team ensure that all possible support is provided to staff throughout the process of a complaint.

8.3. Members of staff named in a complaint either personally or by role, must be informed of the complaint by the Governance Team. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair and timely and should not apportion blame. Consideration should be given to the appropriateness of staff attending complaint meetings and if they do it is essential that they are supported by senior staff at the meeting.

8.4. SELDOCs “Health and Safety” Policy “Safety Arrangements 5-18 – Stress in the Workplace” provides advice for staff who find themselves in stressful situations in the workplace. It has guidance and contact information both for staff who find themselves in stressful situations and for managers who identify potential or actual stress in the workplace arising from complaints. SELDOC’s Workplace Health Department is able to support staff following self or management referral, and can obtain external help if it is required.

9. Who can make a complaint?

9.1. A complaint can be made by any person who is receiving or has received NHS treatment or services. Any person can also complain if they are or may have been affected by an action or decision of the organisation.

9.2. A complaint can also be made by a representative acting on behalf of a person who receives or who has received services from the above, who is a child, is unable to make the complaint themselves because of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005, has died, or has requested the representative to act on their behalf.

9.3 If a complaint is made on behalf of an individual, then SELDOC needs to obtain consent from the patient before carrying out a full investigation. If the individual is not able to provide consent for a person to make the complaint on their behalf (for example, they are incapable due to lack of physical or mental capacity or they are a child) then their legal

guardian, or parent, or other verified appropriate representative will be accepted to act on their behalf.

9.4. If a patient is deceased, the relationship of the complainant to the deceased patient must be clarified and confirmed as the next of kin or Executor of Estate.

9.5. If a Member of Parliament (MP) makes a complaint on behalf of a constituent, it will be considered that the MP has obtained consent from the patient prior to contacting SELDOC (in line with requirements of the Data Protection Act 1998 Processing of Sensitive Personal Data – Elective Representatives Order 2002). In the event that consent is not received, the Governance Team will notify the MP in writing confirming that they will not receive any details relating to the patient or any information obtained via health records.

10. Complaints that will not be dealt with under this policy

10.1. There are some instances where SELDOC is unable to investigate and report an issue as a complaint and they are:

- those from other NHS or Local Authority Social Services bodies
- those made by an employee about any matter relating to their contract of employment, their current or past work or employment
- anyone applying to work for SELDOC
- those arising out of the alleged failure to comply with a request for information under the Freedom of Information Act 2000
- complaints made by an independent provider or an NHS Foundation trust about any matter relating to arrangements made with them
- complaints that have been investigated by the Parliamentary and Health Service Ombudsman
- where someone has stated specifically in writing that they will take legal proceedings
- an investigation of a criminal offence
- a complaint which has already been investigated by SELDOC

Although the aforementioned cannot be investigated as a complaint, these issues should still be treated seriously and investigated under the appropriate SELDOC policy or procedure where necessary.

11. Confidentiality

11.1. Complaints and concerns will be handled in the strictest confidence at all times. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it. Information will not be disclosed to patients or complainants unless the person who has provided the information has given explicit consent to the disclosure of that information. If the Governance Team require consent from an individual, they will send a consent form which can be signed and returned to SELDOC.

11.2. Particular care must be taken where the patient's record contains information provided in confidence by or about a third party who is not a health professional.

11.3. Complaints and concerns will be dealt with in the strictest of confidence and must be kept separately from patients' medical records.

12. Learning from Complaints

12.1 It is SELDOC policy that staff use a Root Cause Analysis tool when investigating complex complaints. This ensures a rigorous and systematic approach to identifying the root cause of issues.

12.2. Lessons learned from complaints are shared across the organisation as described above, and disseminated through the routine reports and in the Staff Bulletins, including the clinical newsletter, Grand Rounds and Education Events.

12.3. The themes of current complaints and the identified actions from recently closed complaints are reviewed on a monthly basis and analysis is provided through the structure of governance and reporting to the quality committee and to external bodies including the CCG.

13. Duties to Outside Organisations

13.1. SELDOC has an obligation to work with a number of other organisations in order to comply with the complaint regulations and to provide an efficient and effective complaint-handling process.

13.2 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires health care organisations to work with other health care organisations and local authority Social Services departments when handling complaints that include issues relating to more than one organisation in order to provide the complainant with a single combined response where possible.

13.3 Under the Complaints Regulations 2009 a complainant has a right if dissatisfied with the response they have received to approach the Parliamentary and Health Service Ombudsman (PHSO) to review their case. It is the duty of SELDOC to advise complainants of their right to ask the PHSO for a second stage review and to comply with the PHSO's requests as part of their investigations. It is also SELDOC's responsibility to address the recommendations made by the PHSO as a result of their review.

13.4 Since the complaint process is often difficult for complainants the Independent Complaints Advocacy Service (ICAS) is available to provide impartial support and advocacy for those complainants who require this type of support. SELDOC has a duty to advise all complainants of the availability of this service and to work with ICAS to ensure that complainants have support where needed.

14. Process For Handling Concerns And Complaints

14.1. Informal Complaints

SELDOC recognises that queries and minor disagreements are dealt with on a daily basis by frontline staff through the prompt giving of advice and information - for the most part

satisfactorily. Most of these queries and minor disagreements never reach the stage of being registered as a complaint. This practice should continue wherever possible.

Some people may just want a 'listening ear'; some may want their dissatisfaction recorded but no action to be taken. Their wishes must be respected at all times – except where taking no action would result in harm. Any member of staff who is unsure about how to handle such a situation should quickly seek advice from their line manager.

Every attempt should be made to resolve a complaint informally. All members of staff have a vital role to play in ensuring that any patient/service user who expresses dissatisfaction is dealt with helpfully, and with sensitivity and care.

They should be encouraged to talk about their concerns and, where possible, any issues should be resolved there and then (i.e. on the spot). If people do not wish, for whatever reason, to discuss their concerns with frontline staff (or the staff of other organisations involved), or seem unclear about what course of action they should take, then information on how to access ICAS should be provided and encouragement given to make contact.

14.2 Formal Complaints

Under the informal resolution process, any concern or complaint that cannot be resolved by frontline staff to the satisfaction of the complainant, or that is outside the responsibilities of the person originally receiving the complaint, should be referred to the Governance Team to follow the complaints process.

The Governance Team will:

- Record the complaint on the Datix system
- Consider any safeguarding concerns raised by the complaint, in conjunction with the safeguarding policy.
- Send a written acknowledgement (including by email where appropriate) to the complainant within three working days of the date of receipt of the complaint, advising that the complaint will be handled under local resolution in accordance with SELDOC's policy and procedures, providing information on ICAS.

Complaints about services which involve another organisation in addition to SELDOC will be handled initially by the Governance Team who will acknowledge receipt – in writing, and who will then liaise with the other organisation(s) to agree respective responsibilities for investigation and response.

If the complaint concerns the care or treatment of a person other than the complainant, the Governance Team must obtain from that 'other person' consent for the release of any confidential information (see Confidentiality and Data Protection) before the response is completed.

14.2.1 Investigation

The investigation process will be open, fair and rigorous, while remaining non-punitive to members of staff. An investigation should enable all parties to express their views and should be approached in an objective manner.

It is the responsibility of the Director of the service against which a complaint has been made – in conjunction with the Quality Manager and, where appropriate the Clinical Leads, to ensure that the investigation of complaints is carried out thoroughly and objectively.

Where the issues raised in a complaint involve more than one service, the Quality Manager will liaise with the Director of each service and one single response will be sent.

SELDOC acknowledges that the investigation of a complaint can be a stressful time for all involved – patients and staff alike. Support and reassurance will be provided to all parties, whatever the outcome of the investigation. This is essential to good complaints handling.

The investigating manager should at all times:

- Liaise with appropriate staff to ensure all relevant information is collected.
- Provide a report to enable a full written response to the complainant (the response will be signed by the complaint investigator).

- Remind staff that anything put in writing will be disclosable should there be any subsequent litigation.
- Keep staff informed of the outcome of the investigation to facilitate shared learning.

14.2.2 Final Response

- Following receipt of the outcome of the investigation, the Quality Manager will coordinate a draft response for review by either an Operations or Clinical Director or both, as appropriate.
- A written response will be sent to each formal complainant via the Governance Team within 25 working days from the date of receipt of the complaint or consent.
- A covering letter will be sent from the Medical Director for SELDOC.
- A copy of the final response will be shared with the CEO for SELDOC.
- Should there be a delay in responding, the Governance Team will provide an explanation and an apology to the complainant and seek agreement to extend the response deadline.
- Where ICAS is involved in the early stages of a complaint, SELDOC will ensure that copies of all related correspondence are made available to ICAS.

The final response letter will:

- Include an apology recognising that the patient/service user has found it necessary to make a complaint and recognising the complainant's feelings about their experience – this need not be seen as an acceptance of blame or fault.
- Assure the complainant that issues have been investigated fully and objectively.
- Respond to the points raised by the complainant.
- Provide an explanation of any action which has been/may be taken to prevent a reoccurrence.

- Offer to meet or speak with the complainant (or offer the services of a conciliator or mediator (such as ICAS) where appropriate) if the latter remains dissatisfied and requires clarification on any matter.
- Explain as appropriate what learning has resulted from the complaint and how it will be used to improve services
- include the information on how they can contact SELDOC again if they feel that their complaint has not been resolved to their satisfaction and they may then refer the matter back to SELDOC. The matter will then be reviewed by Quality Manager and if required will be re-investigated and a second response provided

A signed copy of the response letter should be uploaded to the Datix file.

14.3 Reopened complaints

It is recognised that on occasion the response sent to a complainant is not adequate in their view or they would like a further investigation as a result of the information provided. In these situations, it may be necessary to re-open a complaint that has been closed. A reasonable timescale should be set to respond that is acceptable to the complainant and is reasonable for further investigation to be completed.

14.4 Joint complaints with other organisations

Where SELDOC has agreed to lead on collating a response to a complaint that relates to more than one organisation, then SELDOC's timescales will apply. This will be made clear as part of discussions with the other organisation(s) to determine which organisation should lead based on the number and complexity of the issues relating to each organisation within the complaint. If another organisation is not in the position to provide the information required within SELDOC's deadline, then consideration may be made to extending the timescale. SELDOC Governance team will negotiate with the complainant and agree this with a view to sending a separate response if that is more appropriate.

15. Feedback (written or verbal)

15.1 Negative or Neutral

If feedback can be deemed to be positive please refer to the compliments procedure below. If the comment is negative the Quality Manager should assess whether it constitutes an inferred complaint and follow the procedure for complaints - if in doubt discuss with the Medical Director. However if it is just a point of interest it should be recorded and forwarded to the relevant service leads.

15.2 Compliments

Please ascertain whether the person giving the compliment is happy to have their name associated to its distribution, if possible, and notify the Governance Team by email. These will then be included in the staff bulletin on a monthly basis and may also be utilised for external publication.

16 Disciplinary and Legal Issues

Advice should be sought from the Director of the Service to determine whether any complaint received indicates a need for referral for:

- An investigation under the disciplinary procedure.
- A review by one of the professional regulatory bodies.
- An independent inquiry into a serious incident.
- An investigation of a possible criminal offence.

The Medical Director, Associate Directors, Operations Director, and HR Manager are responsible for deciding whether to initiate any of the above actions.

Where it is decided that disciplinary action is appropriate, the complaints investigation into those aspects should be suspended until the disciplinary process has been completed. In such an event, the complainant must be informed that an internal inquiry is proceeding. Any issues which relate to the disciplinary process must remain confidential to SELDOC.

The complaints procedure should also cease if the complainant explicitly indicates an intention to take legal action or request compensation in respect of the complaint. The Quality Manager will notify both the Medical Director and the company's insurers, including NHS Resolutions, of any potential claims highlighted during the complaints process. The Medical Director will notify the CEO, who will in turn notify the Chair of SELDOC Board.

17 The Parliamentary and Health Service Ombudsman

If SELDOC has done everything it can to resolve a complaint and the complainant is still not satisfied with the outcome, they may ask the Parliamentary and Health Service Ombudsman to review the matter.

The Ombudsman will ensure that the complaint falls within their jurisdiction after which they may check that everything has been done to resolve the issue locally. If they think more can be done they will refer the issue back to SELDOC.

Before taking the matter on, the Ombudsman will consider several factors including what has gone wrong, what injustice this has caused and what is the likelihood of achieving a worthwhile outcome. If the case is taken on, the Quality Manager must provide the Ombudsman with the full complaint file.

If the Ombudsman believes there is a case to answer, they will direct SELDOC to take actions which are specified by them.

SELDOC will take steps to ensure that all complainants are aware of their right to approach the Ombudsman if they are not satisfied.

18 Ease of Providing Feedback and Making a Complaint

It is key that patients and/or their representatives are aware of how to access SELDOC to make it aware of their needs.

SELDOC therefore will ensure that all relevant routes for contact are advertised via up to date information on its website, in leaflets and on posters available across the services. Staff should also be aware of these procedures in order for them to pass this information directly to the patients they may support.

A telephone number will be advertised which people can contact to register a comment, compliment or complaint which is manned by our call handling centre.

19 Complaints where SELDOC is the sub-contracted provider

SELDOC works with a number of other providers, where the other provider is the lead contract holder and SELDOC is the sub-contracted provider.

Where a complaint is raised directly to SELDOC in relation to SELDOC's service provision, this will be investigated and managed in line with this policy, with response directly back to the complainant. Complaints will be summarised, anonymised and shared with the contracting provider at scheduled quality meetings.

If a complainant contacts the lead contract holder and the complaint is in regards to SELDOC's service provision, the lead contract holder will acknowledge the complaint and forward the complaint to SELDOC for management and investigation as per this policy.

Appendix A - Record of Verbal Complaint (Telephone/In Person) Form

Complaint taken by -

Date Complaint Received-

Date of complaint -

Complainant (name) -

Complaining on behalf of (name) -

Telephone Number -

Address -

Date of Birth - / / Adastra Record Number -

Summary of Complaint (if handwritten write in BLOCK capitals) –

Ask open questions e.g what happened, what went wrong, what are their worries, what are their concerns? Listen to the complainant.

What would the complainant like to happen? -

****PLEASE scan and email to seldoc.clingov@nhs.net ****