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# Complaints Policy

## Document Classification

This document **does not** contain information that is confidential to the business and can be shared in the public domain.

## Preview/Introduction & Scope

Totally will ensure an open, honest, fair and equitable approach to complaints handling and to ensure the information from complaints is used to improve services and is in line with the [Local Authority Social Services and NHS Complaints Regulations 2009](#).

This policy describes the controls in place to effectively manage complaints and service user feedback. It outlines the processes within Totally for investigating and resolving complaints and feedback from service users.


Totally is committed to maintaining the highest possible standards of care. When things go wrong or are perceived to have fallen below the required standards. Totally is committed to providing an accessible and impartial service to those people personally affected by services provided. Totally welcomes and actively encourage all service users and their carers to comment on their experience and will ensure that complaints are responded to in an open, honest way. Where possible Totally will seek a local resolution to complaints, if this is not possible service users will always be signposted to the next stage of the complaints process.

Please use this policy in conjunction with the related policies section.

## Scope

This policy applies to all of our staff working across the Totally Group regardless of who the lead contractors are. The policy applies to all staff who have direct contact with people providing our urgent and elective care and treatment. It also includes many departments who may not work directly with patients, families, and carers, but whose activities affect the quality of care and service we provide, for example business development.

Quick Reference Guide (if applicable)




## Quick Reference Guide

This QRG is designed to give you the key points of the Totally Complaints Policy **BUT** doesn't replace it so if you are in any doubt you must refer to the full policy.


### Complaint Handling – What do I need to know?

#### TRAINING




All staff have conflict resolution training at induction and are able to deal with complaints in a professional and timely manner.

#### LOCAL RESOLUTION




Ideally, minor complains will be actioned immediately and informally in a flexible manner which is appropriate to their nature .

#### RECORDING




All complaints whether informal or formal should be recorded in DATIX even if local resolution has been achieved.


### If Local Resolution has not been achieved.




Complaint recorded as above and forwarded to the appropriate Line Manager or Trust to investigate .



If applicable to Totally a time frame is agreed for resolution of the complaint and complainant Informed




Investigation is conducted and any areas of improvement are recorded and actions undertaken.




Formal letter is sent to the claimant with including actions taken or planned.

### .....further escalation




In the minority of cases where the complainant is not satisfied with the outcome of the investigation they have the option to request a further review by the Totally Chief Operating Officer.

Where the complainant remains dissatisfied with any review carried out at this level; offer details of how to contact the Parliamentary and Health Service Ombudsmen.



### Vexatious Complainants


Vexatious claimants can be deemed as persisting in pursuing a complaint where the complaints procedure has been fully and properly implemented.



Complainants such as these should be referred to the Director of Corporate Assurance for support in handling and final resolution.

### Shared Learning

Findings and lessons learned from all complaints and subsequent audits will be shared with the appropriate staff throughout the company.



**Please note:** All staff should ensure that they understand this section fully and follow any instructions in order to minimise patient, staff and organisational risks. This is not a replacement for ensuring that you understand the details of this policy. It simply acts to remind you of the essential steps that must be taken to fulfil the needs of the organisation.

## Consultation

Medical Director  
Director of Nursing and Quality  
Director of Operations - Elective Care  
Director of Operations – Therapies  
Governance Leads  
Clinical Leads  
Policy Lead

## Related Policies

1. Incident Reporting & Management
2. Duty of Candour
3. Safeguarding

## Responsibilities

**The Chief Operating Officer** is responsible for ensuring that the means to allow effective processes and systems are in place across Totally Plc to ensure that patients, clients and their carers have access to a means of providing comments of the quality of the service.

## Medical Director

The Medical Director is ultimately accountable for ensuring that Totally's Complaint Policy meets statutory requirements of NHS Complaints (England).

## Directors/Heads of Services

1. Ensure that the complaints process is effective and patient centred.
2. Receive, acknowledge and process complaints from a variety of sources within required timeframes.
3. Agree with the complainant how their complaint will be investigated and the timescales within which this will happen.
4. Log the complaint onto Datix and perform any other relevant administration tasks e.g. obtain third party consent where necessary.
5. Ensure the complaint is shared with the appropriate Heads of Department(s) (HODs) /Clinician involved in a timely and professional manner, to allow them to consider how best to manage the complaint, including agreeing with the complainant a timescale for the response to the complaint.
6. Ensure that comments or complaints which describe events amounting to an adverse or serious untoward incident trigger an investigation.
7. Support the HOD's to enable them to monitor their action plans, and perform trend analysis review for learning of lessons as a result of complaints.

8. Provide assurance to the Totally Board that the complaints system in their hospital/clinic is robust and managed effectively, with all lessons learned incorporated in action learning.
9. Ensure that all relevant staff are appropriately trained in managing and responding to complaints.
10. Ensure that complaints and feedback from patients are seen as an opportunity for learning and service improvement.
11. Ensure that the outcomes of investigations are conveyed clearly and promptly to appropriate Governance Committees.

### **All Employees**

1. All employees have a responsibility to ensure that they are aware of the contents of this policy and have undertaken appropriate training. All staff must ensure that concerns, comments and complaints are patient focused and individually actioned.
2. All staff have a duty to ensure that they take immediate action and try their utmost to resolve a concern promptly where possible to prevent it from becoming a formal complaint.
3. Escalate concerns, comments or complaints to the relevant person in a timely and professional manner.

### **Implementation, Distribution and Training**

#### **Implementation and Distribution**

All Totally policies are controlled, stored, disseminated and accessed on the My Totally Intranet and can be accessed via the knowledge section.

#### **Training**

Conflict Resolution which includes an element on complaint handling is available for all staff via the National Learning Academy e-learning platform. Once undertaken, this is renewable every 3 years.

Staff contracted under Totally Healthcare Ltd will have experience with Conflict Resolution and Complaints due to their qualifications and substantive posts. Clear guidance from the Clinical Governance Team and/or Head of Clinical Services will be given to staff who need assistance.

## Aims and Objectives

The resolution of a complaint can be an opportunity for the company to improve its practice and develop further a strong partnership with patients.

The complaints procedure should be easily accessible and well publicised, so that patients and staff know how to raise concerns.

Local resolution should be sought where possible. The Clinical Governance Lead or Service Manager will appoint an appropriate staff member to handle the complaint.

Staff must be aware of the procedure in order to inform a client of how they can complain. A poster will be displayed at each clinic informing a client of the different methods they can use to complain.

The findings and lessons learned from any complaint shall be communicated via the relevant Governance Committee in order to implement corrective and preventive action and to facilitate continual improvement. The learnings, as appropriate from complaints, will be disseminated through the company whilst providing anonymity for those involved.

Where a complaint is upheld, Totally will consider how to make amends in an appropriate way.

All complaints should be recorded, investigated and monitored to identify trends and allow lessons to be learned and where appropriate, improvements made to services.

A fair process will be in place to ensure that the needs of the Complainant are managed effectively.

## Definitions

**Patient:** the person whose care and treatment is the subject of the complaint, concern or comment.

**Complainant:** the person who is raising the complaint, concern or comment.

**Complaint:** a written or oral expression of dissatisfaction with the service provided (or not provided) or the circumstances associated with its provision. Complaints may be received orally, in writing, by fax or by email.

**Informal Complaint/Concern:** issues of concern that are of a minor nature which are raised often with front line members of staff at the time they occur and can be resolved locally usually within 2 working days.

**Formal Complaint:** any concern or issue either verbal or in writing (including email correspondence) about any aspect of service provided by Totally which the patient or representative (with the patient's consent) or any person has specifically asked to be addressed formally.

## Who can complain?

Patients and service users can complain or a representative acting on their behalf. When it is not the patient complaining, consent must be provided by the patient.

## The ways patients can make a complaint?

- A patient, service user or their representative (with consent) can complain in the following methods:
- By telephone – it is the providers responsibility to make a written/typed note of the reasons for the complaint
- By email
- By letter

## Who can support patients to make a complaint?

Independent NHS Complaints Advocacy Service (ICAS) provide Information, advice and advocacy.

## How do I find a complaint or ICAS advocate?

- Your local **Healthwatch** can help you find independent NHS complaints advocacy services in your area following this - link <http://www.healthwatch.co.uk/find-local-healthwatch>
- You can also contact **Social Services** at your local council and ask about advocacy services. Find your local social services following this link - <https://www.nhs.uk/service-search/Local-Authority-Adult-Social-Care/LocationSearch/1918> .
- **POhWER** is a charity that helps people to be involved in decisions being made about their care. Call POhWER's support centre on 0300 456 2370 for advice or follow this link - <https://www.pohwer.net/Pages/Category/in-your-area>
- The **Advocacy People** gives advocacy support. Call 0330 440 9000 for advice or text PEOPLE to 80800 and someone will get back to you or follow this link - <https://www.theadvocacypeople.org.uk/>
- **Age UK** may have advocates in your area. Visit their website at - <https://www.ageuk.org.uk> or call 0800 055 6112.
- **VoiceAbility** gives advocacy support. Call 01223 555800 for advice or find the contact details for your local VoiceAbility service. <https://www.voiceability.org/>

## Process

### Stage 1

Feedback is recorded and logged on Datix. Complaints that have not been resolved immediately (early local resolution) are acknowledged formally in writing within 2 days of receipt of a complaint and a timeframe should be discussed and agreed with the complainant at the start of the complaint investigation. Where a complaint is partially or fully upheld Totally will offer an apology and information on how the organisation will learn from the feedback given. An apology could be provided to a complaint that is not upheld but for the perception that the patient has not had a good patient experience, and for that, the provider could apologise.

Complaints will always be used to drive quality improvements within the organisation. Sometimes complainants will be invited to assist Totally in quality improvements.

Where a complaint is not upheld Totally will keep the complainant fully informed, Complainants will always be signposted to the next stage of the complaints process.

### Stage 2

Where a resolution cannot be found between the complainant and Totally or the complaint involves other stakeholders stage 2 of the process will be evoked.

During stage 2 Totally will engage relevant partners in order to complete an investigation or assist in reaching a resolution, this may be a Clinical Commissioning Group or other stakeholder. If a resolution cannot be agreed at this stage, then the complainant will be referred to the Parliamentary & Health Service Ombudsman. Complainants will also be made aware of their right to complain to the Care Quality Commission (CQC) if they prefer and assisted to contact the CQC directly, through written letter or through contact with the CQC website.

In the event of a failure to reach a resolution over a protracted period then a complainant maybe be considered to be a vexatious complainant in which case will be referred to the Totally Director of Corporate Assurance for further handling and resolution.

### Stage 3

Complaints which reach the vexatious stage or are likely to result in either staff dismissal or referral to a professional body or which may lead to media interest will be reviewed by the Director of Corporate Assurance. This is known as stage 3 of the complaints process.

## Diversity, Equality and Inclusion

Totally recognises that some sections of society experience prejudice and discrimination. Discrimination can come in one of the following forms:

- **Direct discrimination** - is when someone is treated unfairly because of a protected characteristic
- **Indirect discrimination** - putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage
- **Discrimination by association** - this is when a person is treated less favourably because they are linked or associated with a protected characteristic
- **Discrimination by perception** – this happens when a person is discriminated against because they are thought to have a particular protected characteristic when in fact they do not
- **Harassment** - unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them
- **Victimisation** - treating someone unfairly because they have complained about discrimination or harassment

The Equality Act 2010 specifically recognises the 'protected characteristics' of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation. The Act also requires regard to socio- economic factors, pregnancy, maternity, marriage, and civil partnership:

Totally is committed to equality of opportunity and anti – discriminatory practice in the provision of services. Totally believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices

Totally will provide frameworks that follow the principles of the Diversity, Equality, and Inclusion Policy and will be consistent and fair for all

This falls in line with the company values of Demonstrating Accountability, Being Respectful, Acting with Courage and Delivering Excellence.

## Governance

Service user feedback is reviewed and investigated on an ongoing basis, and reviewed at the appropriate Governance Committee meeting. The purpose of these committees is to support Totally's governance agenda by providing a structural approach to managing actions from incidents, complaints and other patient feedback, with the overall function of ensuring the organisation learns from feedback. These committees use a plan, do, study, act improvement cycle (PSDA) to identify actions which need to be taken and plan implementation of required actions.



A summary of complaints including themes, trends and improvement actions implemented as a result of service user feedback will be produced for review at the Totally Clinical Governance Board.

## Reference

[Local Authority Social Services and NHS Complaints Regulations 2009.](#)