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CHEC

COMMENTS, CONCERNS and COMPLAINTS POLICY

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1. Introduction

1.1 This policy sets out Community Health & Eye Care (CHEC) Ltd.'s approach to handling complaints, concerns and comments raised by service users, their relatives and visitors.

CHEC is committed to ensuring that those who use its services are readily able to access information about how to make a complaint and that the issues raised are dealt with promptly and fairly. The policy advocates adherence to the principles of good complaint handling as defined by the Parliamentary and Health Service Ombudsman (PHSO):

1. **Getting It Right** – Quickly acknowledging and putting right cases of maladministration or poor service that led to injustice or hardship. Considering all the factors when deciding the remedy with fairness for the complainant and where appropriate others who also suffered.

2. **Being Customer Focused** – Apologising and explaining, managing expectations, dealing with people professionally and sensitively and finding remedies that take in to account individual circumstances.

3. **Being Open And Accountable** – Clear about how decisions are made, poor accountability, delegation and keeping clear records.

4. **Acting Fairly and Proportionately** – Fair and proportionate remedies, without bias and discrimination.

5. **Putting Things Right** – Consider all forms of remedy such as apology, explanation, remedial action or financial offer.

6. **Seek Continuous Improvement** – Using lessons learned to avoid repeating.

This policy is designed to ensure that the patient remains at the centre of the process for dealing with complaints, concerns and comments; and that CHEC makes, and embeds and changes as a result of the lessons learned from any issues raised as part of the complaints process. CHEC recognises that the information derived from complaints provides an important source of information to help make improvements to their services. Complaints can act as an early warning of failings in systems and processes which need to be addressed.

CHEC adopts an "open and fair" culture when investigating and responding to complaints. When things have gone wrong, then CHEC will ensure that corrective action is taken to improve practice rather than to apportion blame and take punitive action.

CHEC is committed to ensuring that the care of people who make complaints about our services is not adversely affected because they have complained. As part of this assurance process, any confidential complaints correspondence will be stored and recorded separately from the individual's healthcare records. CHEC will respond in a way that is most appropriate to the individual and their circumstances and will, wherever possible, seek local resolution (stage one) personalised action plans and remedial outcomes.

Where the investigation finds that there is a concern about a departure from professional standards that may impact on patient safety, CHEC must refer the matter to the relevant professional regulator and take steps to protect patients without delay.

All complaints records must be stored for a period of eight years. In addition, complaints involving patients who are children should be kept until they are 25 years old.

CHEC is a member of the Independent Sector Complaints Adjudication Service (ISCAS) and this policy complies with their Complaints Code of Practice (2021). The Code applies to patients treated privately in an ISCAS member hospital, whether they self-funded for their care or through and insurance scheme.

In line with the requirements of the Parliamentary and Health Service Ombudsman (PHSO) requirements, complaints from NHS funded patients must be managed in accordance with the NHS Complaint Standards (2022).

NHS Funded patients may also make a complaint via their local Integrated Care Board.

CHEC supports the principles recommended by The Patients Association that we should be able to demonstrate to all stakeholders that the investigation and the decision making processes have been;

- Open and Transparent
- Evidence Based
- Logical and Rational
- Comprehensive and with a level of detail appropriate to the seriousness of the complaint
- Timely and Expeditious
- Proportionate to the seriousness of the complaint(s) raised.

CHEC encourages patients/relatives to express comments, concerns, complaints and compliments about the treatment and services that they receive in the knowledge that:

- They will be taken seriously
- They will receive a speedy and effective response

- Things will be put right and appropriate remedy used
- Their views will inform learning and improvements in service delivery
- There is a system for taking action to address the full range of problems which may occur from minor difficulties to major failures in treatment and care
- There will be no adverse effects on their care or that of their families

It is vital that NHS providers take into account the views of their patients and their relatives/carers. A complaint is an expression of dissatisfaction about a service or care provided. A complaint may be made by the patient themselves or a person on behalf of the patient or visitor, and maybe verbal or written.

Our ethos is to manage complaints quickly, and promptly with a focus on resolution, as such we aim to address as many complaints as possible at the verbal stage of a complaint.

In the event of a formal complaint being received in writing either via an email or letter an investigation is undertaken.

CHEC acknowledges that the management of patient/public dissatisfaction is an important part of our governance framework. We ensure that all our complaints, incidents, negative feedback and positive feedback is reviewed as an integral part of our system.

Our vision is to manage any complaints successfully, and as such our procedure shown at appendix A 'End to End Complaints Process – Management and Reporting', clearly indicates our primary aim is to address complaints at the verbal stage in order to ensure we 'listen' to our patients, relatives or carers and take prompt action to resolve their issue/problem.

2. Purpose and Scope

2.1 This policy applies to all CHEC sites and staff, medical staff, contractors and users of our services handling complaints either directly or indirectly.

2.2 Exclusions:

Members of Staff – This policy does not cover complaints made by members of staff unless they have been a patient and are complaining about the care or treatment they received.

Unlawful Acts – Allegations that a healthcare provider has broken the law are not dealt with by this policy.

Mental Health Act – This policy does not cover breaches of the provisions of the Mental Health Act or complaints that question whether the Act has been properly applied in a specific instance.

Contractual or Commercial Issues – Contractual and commercial complaints are not covered by this policy.

Anonymous Complaints – We value all complaints and will consider an anonymous complaint if it provides enough information to make further enquiries on the issues raised. However, it is generally considered impossible to investigate effectively and respond to anonymous complaints.

3. Definitions

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

3.2 **Complainant** – 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 or in writing/fax/email.

3.3 **Informal Complaint/Concern** – issues of concern that are of a minor nature which are raised often with frontline members of staff at the time that they occur and can be resolved locally, usually within two working days. Complaints made via social media are managed as informal complaints unless the patient wishes to progress the complaint further.

3.4 **Formal Complaint** – any concern or issue, whether submitted orally or in writing about any aspect of service provided which the patient or representative (with the patient's consent) or any person has asked to be addressed formally.

3.5 **Independent Sector Complaints Adjudication Service (ISCAS)** – complaints management framework in the independent sector. This includes an independent external adjudication service for those complaints that cannot be resolved at organisational level.

3.6 **ISCAS Code** – the ISCAS Code of Practice (the Code) sets out the standards that ISCAS subscribing members agree to meet when handling complaints about their services.

3.7 **Parliamentary and Health Service Ombudsman (PHSO)** – the referral body for complainants when a complaint cannot be resolved at organisational level (NHS Patients Only).

4. Policy and Procedure

4.1 Timescale

The timescale in which a complaint can be made is normally 12 months from the date on which the matter occurred, or the matter came to the notice of the complainant. CHEC will have discretion to investigate beyond this time, if there is a good reason for a complaint not having been received within

the 12 months and it is still possible to investigate the complaint effectively.
Where it is decided not to investigate the complainant will have the opportunity to approach the Parliamentary and Health Service Ombudsman.

4.2 Guiding Principles

The following points are guiding principles for team members:

All complaints (verbal and written);

- Listen carefully to the details of the complaint
  - What is it about?
  - Does anything need to be done immediately to ensure that health care needs are met?
  - Is this a serious issue, which needs to be referred to someone more senior than you?
  - Do you fully understand the nature of the complaint?
- Sympathise and apologise, if appropriate.
- Tell the person who you are and what you are going to do.
- Seek resolution and acceptance of their complaint at this stage, make the appropriate changes at this time to accommodate their needs.

In the event that the complaint becomes formal

- Give the complainant the name of the person to whom you are going to refer their problem if you can't deal with it yourself. Initially your line manager or team leader.
- Let the complainant know when they can expect to hear from someone.
- Thank them for contacting you and letting you know of their difficulty
- Refer the complaint to your line manager or team leader.
- Should the line manager or team leader not be able to resolve, the complaint should be sent to the quality team

An informal complaint is more often than not made verbally, and we expect our team members to manage the complaint as depicted in line the 'verbal complaints stage' of the End to End Complaints Process – Management and Reporting Procedure.

A formal complaint is defined as those received in **written form** (email or letter), or where the complainant has indicated that they wish to make a formal complaint, and this is drafted for them. Due to the nature of our patient needs, there may occasions due to visual impairment that the patient cannot make the complaint in writing. In the event that the patient complaint cannot be dealt with

verbally, this will be passed to the quality team for review and will be managed under the Written Complaint Stage of the End to End Complaints Process – Management and Reporting Procedure.

4.3 Recording of Complaints

Informal Complaints *(Usually telephoned or in person)*

- Record all Patient details
- Wherever possible deal with the complaint "on the spot"
- Try to resolve the complaint and keep complainant informed of progress
- If resolved at the verbal stage, record in the patient notes
- In unresolved, forward the complaint to the appropriate line manage or team leader

Formal Complaints

(Written or where a complainant has indicated that they wish to make a formal complaint)

- Record all Patient details
- Forward the formal complaint to the quality team as defined in the Written Complaint Stage of the End to End Complaints Process – Management and Reporting Procedure.

4.4 Investigation of a Complaint

The complaints process consists of 3 stages:

- Local Resolution at organisation level (Stage 1)
- Internal Appeal (Stage 2)
- Independent External Adjudication (Stage 3)

The name of the patient or the complainant (if different), team members and clinicians, should remain confidential other than for the purposes of investigation.

4.5 Local Resolution (Stage 1)

If the team member receiving the complaint is empowered to handle the complaint, they should deal with it promptly. If the team members are not capable of dealing with the complaint, written details should be passed to the team members immediate supervisor. All complaints whether verbal or written should be received with courtesy at all times.

In the event of a formal complaint, the Procedure set out in the Written Complaint Stage End to End Complaints Process – Management and Reporting Procedure will be followed.

All complaints will be dealt with sensitively. Expressing regret that the patient feels aggrieved may help reassure them that the issue will be dealt with sympathetically.

No statement accepting responsibility or admitting liability should be made by any member of team members until an investigation has been completed and a conclusion reached.

The investigation will be undertaken by the quality team, as they are independent of the service delivery, and will be supported by a relevant Director.

4.6. Complaints Involving Practicing Clinicians/Independent Practitioners
Complaints that involve practising clinicians, will require the full support, and co-operation from the clinician. All clinician's will be expected to;

- Adhere to CHEC's policies and participate fully in the complaints procedure in order to maintain their practising privileges.
- The Medical Director or an appropriate Director must always inform a clinician of a serious or clinical complaint made by a patient for whom the clinician is responsible.
- The clinician should likewise always inform the Medical Director of any complaints received by him or her, in the first instance. If the complaint relates to clinical care, CHEC and clinician will both be involved in investigating the complaint.

4.7 Timescales and Responses
CHEC will agree timescales with the complainant, but endeavour to deal with all complaints in a speedy manner:

1. A written acknowledgment will ordinarily be made within **48 hours** of receipt of the complaint (unless a full reply can be sent within **5 working days**);

2. A full response will be made within **20 working days** of receipt of the complaint. Where the investigation is still in progress, a letter explaining the reason for the delay will be sent to the patient and a full response made within **5 working days** of a conclusion being reached;

3. If a full response cannot be achieved because the investigation is still in progress, a holding letter will be sent to the patient every **20 working days** and at the same interval thereafter for complex complaints.

All formal complaints will be recorded into the internal centralised complaints log, and will all receive an outcome which will be deemed as;

- Upheld
- Partially Upheld
- Not Upheld

4.8 Complaint Outcome

CHECs aim is to deal promptly and manage all complaints whether verbal or written in line with their Policy and Procedure. We endeavour to resolve all complaints amicably, and to the satisfaction of our patients. In the event that a patient remains dissatisfied and the complaint is of a serious, complex or complicated nature the following shall be considered;

1. A telephone call with a Lead Director or Clinician to further explain and offer reassurance.

2. A meeting with the service manager, and a Lead Director or Clinician with the patient at a mutually convenient time and place.

3. If the complaint is serious or complicated, as part of the investigation process, it maybe that point 2 above takes places in order to support the patient and the investigation.

In the event of the above being unsuccessful, CHEC will advise the patient of the organisations internal process.

4.9 Internal Appeal (Stage 2)
CHECs preferred outcome is to reach amicable resolution with the patient. However, in the event that a patient remains dissatisfied after the response at Stage 1 they may appeal to the Board of Directors. The patient must be advised to formally write to the Board of Directors and request a formal appeal. This communication must be addressed to;

The Chief Executive Officer
Community Health & Eyecare Ltd
1-6 Star Building
Broughton Business Park
Caxton Road
Fulwood
PR2 9BS

The Board will appoint a lead Director who has not been previously involved in the initial complaint process. In the event of a clinical complaint this will ordinarily be, the Medical Director. In the event that the Medical Director has been involved in the complaint, the Board will appoint a Clinical Lead. The Director or Clinical lead will review all aspects of the complaint and respond confirming their conclusions. This will include the outcome of the investigation, findings and subsequent actions to be taken. The appeal will be either

- Upheld

- Partially Upheld
- Not Upheld

Where the patient is dissatisfied with the decision of their appeal, there is an opportunity to refer the matter for Independent External Adjudication.

4.10 Independent External Adjudication (Stage 3)
In the event that the patient is not content with the outcome, they will be advised they can direct their complaint to Parliamentary and Health Service Ombudsman (PHSO). They will be advised that the PHSO is an independent public body which investigates complaints against government departments and other public bodies in the UK, including NHS. The patient will be given the information below;

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Telephone: 0345 015 4033 Email: phso.enquiries@ombudsman.org.uk

In the event that a patient who has received private care is not content with the outcome, they will be advised that they can direct their complaint to Independent Sector Complaints Adjudication Service (ISCAS). The patient will be given the following information.

Independent Sector Complaints Adjudication Service (ISCAS).
100 St Paul's Churchyard
London
EC4M 4BU

Telephone 020 7536 6091. Email info@iscas.org.uk. www.iscas.org.uk.

4.11 Other Considerations
Withdrawing complaints
A patient has the right to withdraw a complaint at any time. There may be some types of complaints that CHEC cannot help with, for example a complaint about another NHS or public body. Although we will try to assist in any complaint, our involvement will depend on the exact circumstances. There may also be times when, we cannot assist with a complaint in particular, time limits apply and complaints need to be received within 12 months of patients realising there is a problem, unless there are mitigating circumstances.

Persistent (vexatious) complaints
In a minority of cases, patients pursue their complaints in a way that is unreasonable. They may behave unacceptably or be unreasonably persistent in their contacts and submission of information. This can impede investigating their complaint (or complaints by others) and can have significant

resource issues. These actions can occur either while their complaint is being investigated, or once CHEC has finished the complaint investigation. Examples of unreasonable actions and behaviours may include;

- Refusing to specify the grounds of a complaint, despite offers of help.
- Refusing to cooperate with the complaint's investigation process.
- Refusing to accept that certain issues are not within the scope of a complaint's procedure.
- Insisting on the complaint being dealt with in ways which are incompatible with the adopted complaints procedure or with good practice.
- Making unjustified complaints about team members who are trying to deal with the issues and seeking to have them replaced.
- Changing the basis of the complaint as the investigation proceeds.
- Denying or changing statements he or she made at an earlier stage.
- Introducing trivial or irrelevant new information at a later stage.
- Raising many detailed but unimportant questions, and insisting they are all answered.
- Submitting falsified documents from themselves or others.
- Adopting a 'scatter gun' approach: pursuing parallel complaints on the same issue with various organisations.
- Making excessive demands on the time and resources of team members with lengthy phone calls, emails too numerous to team members, or detailed letters every few days, and expecting immediate responses.
- Submitting repeat complaints with minor additions/variations the complainant insists make these 'new' complaints.
- Refusing to accept the decision; repeatedly arguing points with no new evidence.

In the event that this is the case, it will be necessary to designate the complainant as behaving unreasonably, the following options will be considered and offered:

- Offering the complainant, a meeting with a manager of appropriate seniority to explore scope for a resolution of the complaint and explain why their current behaviour is seen as unreasonable.
- Setting up a strategy meeting to agree a cross-organisation approach.
- Appointing a key officer to coordinate CHEC's response(s).
- Sharing our policy with the complainant and warning them that restrictive actions may need to be applied if their behaviour continues.
- Helping the complainant to find a suitable independent advocate especially if the complainant has different needs.
- Placing limits on the number and duration of contacts with team members per week or month.

- Offering a restricted time slot for necessary calls.
- Limiting the complainant to one medium of contact (telephone, letter, email etc.).
- Requiring the complainant to communicate only with one named member of team members.
- Requiring any personal contacts to take place in the presence of a witness and in a suitable location.
- Refusing to register and process further complaints about the same matter. Where a decision on the complaint has been made, the complainant may be told that future correspondence will be read and placed on the file but not acknowledged, unless it contains material new information. A designated officer will be identified who will read future correspondence, and file as deemed appropriate.

4.12 Other Sources of Help

Other sources of assistance will be advised such as the NHS Complaints Advocacy, which is free, independent of the NHS and confidential.

Healthwatch England is a national consumer champion in health and social care. Healthwatch England telephone 03000 68 3000.

Citizens Advice, telephone - 0344 4111444.

5. Duties and Responsibilities

Chief Medical Officer	The Chief Medical Officer is responsible for reviewing and signing off investigations and correspondence at level two of the complaints process.
Chief Nurse	The Chief Nurse is responsible for reviewing and signing off investigations and correspondence at level one of the complaints process and for responding to ISCAS and PHSO at level three of the process.
Regional Quality Governance and Patient Safety Leads	The Regional Quality Governance and Patient Safety Leads are responsible for supporting the Hospital Managers to investigate and draft a response to level one complaints. They are also responsible for working with the Chief Medical Officer, RQGPSL and Chief Nurse to investigate and draft a response to level two complaints. No RQGPSL will work at level two on a complaint that they have supported at level one.
Quality Governance Coordinator	The QCC will receive the complaints, ensure that they are logged and pass them on to the appropriate Hospital Manager and RQGPSL. They will also ensure that initial complaints are acknowledge on behalf of CHEC and send the patient a copy of the complaints management leaflet.

Regional Operations Managers	The ROMs will work with the Quality Team and RQGPSL to ensure that any learning from complaints is shared with the hospital sites and implemented where necessary.
Hospital Managers	The Hospital Managers are responsible for; • Ensuring that the complaints process in their hospitals is robust, effective and patient centred. • Receiving complaints from the QCC, and undertaking the investigation within agreed timeframes. • Agree with the complainant how their complaint will be investigated and the timescales within which this will happen. This means developing an understanding of the experience from the complainant's perspective. This could be via telephone or face to face meeting. • Work with the RQGPSLRQGPSL to ensure that the investigation is completed and that a response is drafted for sign off by the Chief Nurse. • Work with the ROM and RQGPSL to ensure that learnings from complaints are shared with all staff across their sites.
All Staff	All staff, including temporary and agency staff, are responsible for: • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.

6. Implementation

6.1 This policy will be available to all Staff for use in relation to the specific function of the policy.

6.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described. (This paragraph to be included in all policies).

6.3 It may be necessary to develop specific implementation plans.

7. Training Implications

7.1 The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

8. Related Documents

8.1. Other related policy documents

8.1.1. Any related policy documents, in alphabetical order using a modified Harvard System.

8.2. Legislation and statutory requirements

8.2.1. Any legislative documents (e.g. Acts of Parliament) in chronological order using a modified Harvard System.

8.3. Best practice recommendations

8.3.1. List here any other sources that have influenced the production of the document, in chronological order using a modified Harvard System.

9. Monitoring, Review and Archiving

9.1. Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

9.2. Review

The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision. (This paragraph to be included in all policies).

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document. (This paragraph to be included in all policies)

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process. (This paragraph to be included in all policies)

9.3. Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records

Management: Code of Practice for Health and Social Care 2016. (This paragraph to be included in all policies)

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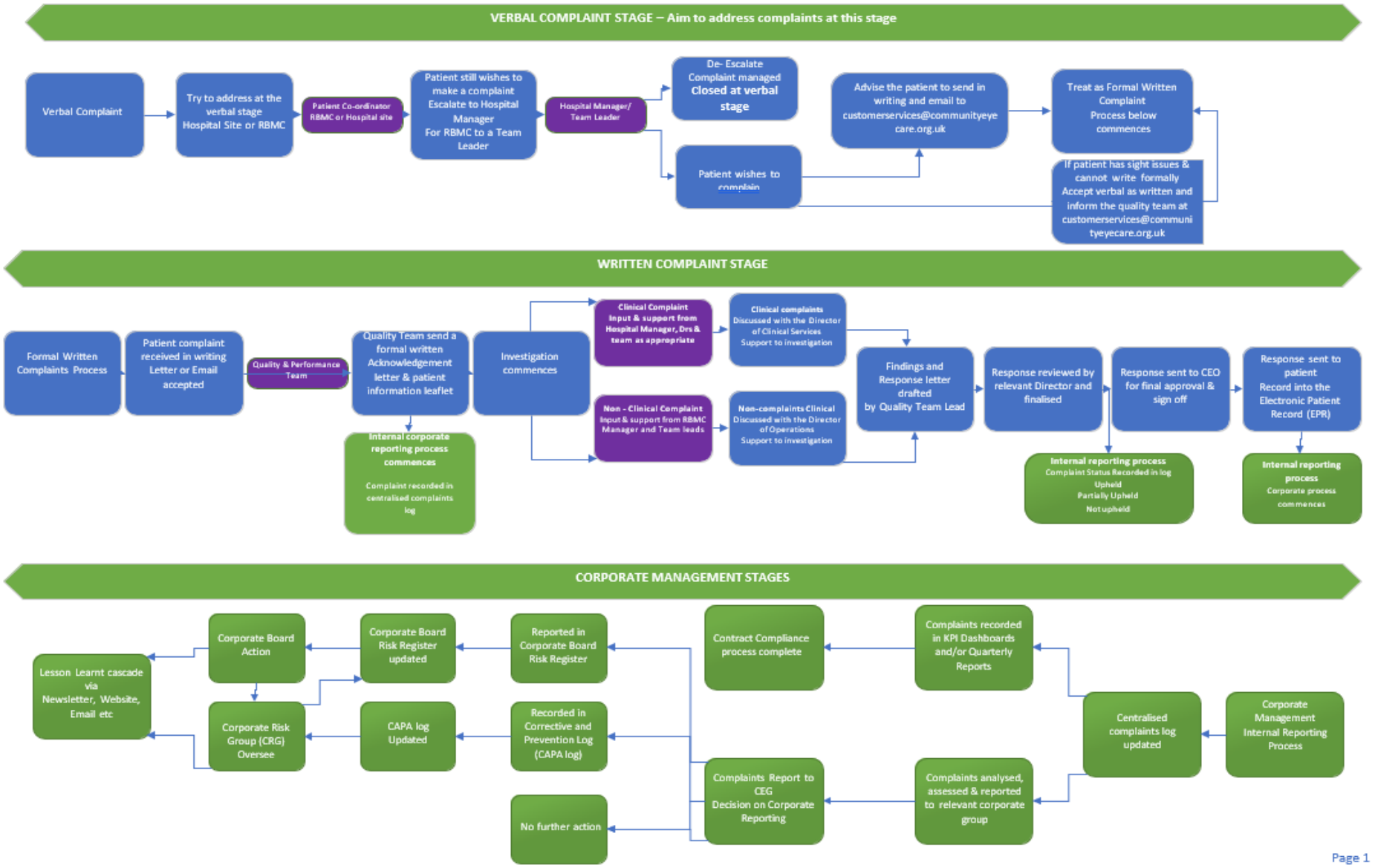
End to End Complaints Process – Management & Reporting

December 2024



Document Owner and Approval

The Chief Nurse is the owner of this document and is responsible for ensuring that this policy is reviewed by the due date.

A current version of this document is available to members of staff on the CHEC intranet.

Change history record

Issue	Description of Change	Approval	Date of Issue
1.0	Initial issue	Ops Manager	05/06/2015
2.0	Review	Ops Manager	05/03/2017
3.0	Review	Ops Manager	22/10/2018
4.0	Review & updated in line with the 3 Ps Diagrammatic	Director of Operations	27/12/2019
5.0	Review – put on standardised template	Interim Chief Operating Officer	03/12/20
6.0	Review	Director of Clinical Services	12/2022
7.0	Review and reformat in line with CHEC requirements Addition of links to ISCAS, ICBs and Parliamentary Ombudsman Clarification that at stage 2 complaints are not reviewed by the Regional Quality Governance and Patient Safety Lead who supported the stage 1 investigation	Chief Nurse	12/2024

EQUALITY IMPACT ASSESSMENT FORM

PART A - INITIAL SCREENING FORM

Section One	
Name of proposal, policy, service review or report *(referred throughout as proposal)*	**Complaints Policy**
Directorate / Service carrying out the assessment	Quality Governance and Patient Safety
Name and role of person undertaking this EIA	Alison Fitzsimons
Give an overview of the aims, objectives, and purpose of the proposal: To help support CHEC's disabled colleagues.	

Section Two		
Equality Groups:	**Could the proposal have a positive impact**	**Could the proposal have a negative impact**
People of different ages.	Yes	
People with disability (incl. sensory, mobility, mental health, learning disability, neurodiversity, long term ill health) and carers of disabled people.	Yes	
People of different Race (including culture,	Yes	

nationality/national origin, ethnic origin/race, skin colour).		
People of different religions & beliefs.	Yes	
People of different sexual orientation (inclusive of LGB groups) and marriage/civil partnership.	Yes	
People experiencing multiple needs such mental health problems and or anxiety.	Yes	
Refugees and asylum seekers.	Yes	
Human Rights breaches.	Yes	

Section Three			
Is this proposal a major change in terms of scale or significance for CHEC? Is there a clear indication that, although the proposal is minor it is likely to have a major affect for people due to their protected characteristic?			
Yes		**No**	
High risk:		Low risk:	X

Section Four
It this proposal is low risk please give evidence or justification for how you reached this decision:
This Policy is to ensure compliance with clinical risk and therefore supports all people.

Sign off that this proposal is low risk and does not require a full Equality Impact Assessment:

EAI Reviewer Signed:

Date: **December 2024**