

SUSSEX COMMUNITY DERMATOLGY SERVICE

COMPLAINTS POLICY

Policy Acceptance	
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Complaint Managers	Anna Baldwin Grace Hancock
Registered Manager	Dr Andrew Morris

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1.0	Jan-2019	Dr Russell Emerson	Policy creation
1.1	25 th March 2022	Grace Hancock	Review record and contents page added.
1.2	12 th April 2022	Anna Baldwin	Reviewed policy, added updated website link to gov ombudsman services, added additional complaint manager titles and added that a deputy can acknowledge a complaint on behalf of a complaints manager to avoid delay.

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1) INTRODUCTION

The Organisation aims to ensure that all the health and social care services it provides, commissions, contracts for and maintains are of the highest quality.

Good customer care is at the heart of the organisation's success. Complaints are an invaluable tool in ensuring the service aims are achieved and are an integral part of its quality and safety procedures.

The Organisation welcomes any complaints, comments, or suggestions for improvement as a positive tool in continuing self-improvement.

The Organisation is committed to resolving complaints in as timely, helpful, and informal way as possible. Making a complaint can be a difficult decision and the complainant may be anxious about how this will affect their future care. The Organisation guarantees that any care it provides will not be affected by any complaint that has been made.

Extra care will be taken to ensure that the most vulnerable of the services complainants are reassured that their concerns are listened to and acted upon. Fairness, kindness, impartiality, and speedy resolution will underpin all procedures. As part of its quality and safety ethos, the organisation believes that any expression of dissatisfaction requires a response.

Verbal or written; concerns about previous or new care – the service welcomes all comments.

2) ROLES

All those involved within a complaint's situation have their own roles. The most common roles are set out below:

Registered Manager – ultimately responsible for complaints policy and administration within the Organisation. Main role is to ensure a robust policy and system is in place within the organisation. The final letter to the complainant in a formal complaint must always be signed by a Responsible Manager.

Complaint Manager/s – responsible for the management of all complaints and the complaints policy; procedures for handling and considering complaints; the point of

contact for members of the public, primary care providers and staff seeking assistance with complaints.

All staff – responsible for informing patients how to make a complaint and supporting management activities with regards to investigation and development of an action plan following a complaint.

3) RIGHT TO COMPLAIN and TIME LIMITS

The right to complain extends to all patients/client, former patients/clients, any person affected or likely to be affected by the decision of the organisation; any person who has the patient's consent to complain on their behalf i.e., MPs,

In respect of family doctor, dental, pharmacy or optical care the complainant/patient must be an existing or former patient of the practitioner who has arrangements with the Organisation to provide dermatology services.

Complainants regarding any issues must register a complaint within six months of the date of the incident or within six months of the date of discovering a problem.

Complaints regarding social services issues must be registered within one year of the date of the incident.

4) EXCLUSIONS

Complaints cannot be considered, or further considered, under this policy to the extent that:

- the complainant has withdrawn the complaint.
- it repeats a complaint previously considered under the relevant complaints' procedures.
- the complaint relates solely to other NHS or Social Service bodies or primary care providers in respect of the exercise of their functions.
- the complaint is made by an employee in respect to any matter relating to their contract of employment.
- the complaint is made by an independent provider about any matter relating to arrangements made by the NHS.
- the complaint is a care standard complaint.
- the complaint relates to an issue previously investigated by the Healthcare Commission or Local Commissioner or proceedings have been commenced under section 59 of the Care Standards Act.
- criminal proceedings have been commenced in relation to the substance of the complaint in respect of social service issues.
- a complainant has stated in writing that s/he intends to take legal proceedings.
- a complaint about which the Organisation is taking, or proposing to take, disciplinary proceedings against a person who is the subject of the complaint in relation to the substance of the complaint.
- a complaint about the Organisation's alleged failure to comply with the Data Protection Act or Freedom of Information Act.
- complaints about private medical treatment provided in an NHS setting unless it relates to the Organisation

5) COMPLAINTS RELATING TO SERVICES OR ISSUES RELATING TO OTHER ORGANISATIONS

If the Organisation receives a complaint that, in whole or part, relates to another organisation it will, within ten working days of receipt of the complaint, ask the complainant if they wish details of the whole or relevant part of the complaint to be forwarded to the correct organisation and if so, do so within five working days of notification.

6) VERBAL OR NON-FORMAL COMPLAINTS ABOUT SERVICES OR COMMISSIONING ACTIONS

If a complainant wishes to make a verbal or non-formal complaint about the organisation, they will be directed to the Customer Services Manager/Complaints Manager.

Within twenty working days, the concern will be investigated and, if well-founded, action will be taken by the Complaints Manager. All findings and actions will be confirmed in writing to the complainant at the end of the investigation. The complainant has the right, at that time or at any time within the investigation period, to make a formal complaint if they are dissatisfied. Such complaints must be in writing, but assistance will be available to put the complaint in writing, if required.

7) WRITTEN and FORMAL COMPLAINTS ABOUT SERVICES OR COMMISSIONING ACTIONS

The Complaints Manager or deputy (if instructed by the complaints manager) will acknowledge all written complaints within two working days.

The complaint will be investigated as speedily and efficiently as possible. The response to the complaint will be provided, where possible, within twenty working days, or such longer time as agreed with the complainant. The response will summarise the nature and substance of the complaint, describe the investigation that has taken place; summarise its conclusions and detail any actions the service intends to take.

Written apologies will always be provided if merited. Conciliation, mediation or a meeting with the management team will also be offered to the complainant if appropriate.

The Responsible Manager or deputy will sign the letter and the complainant will be given details of how to refer the complaint for review to the relevant body if they remain dissatisfied and do not wish to return to the Organisation.

All letters will be sent by first class post and will always be marked 'Private & Confidential' or 'Personal'.

The CCG will be informed via monthly KPI reporting or annual clinical governance report with details of the complaint. Details of the complaint should be submitted

direct to commissioning manager including the date the complaint is received, complaint summary and what action and outcome the service have undertaken.

8) MIXED SECTOR COMPLAINTS

If a complaint is received that involves the Organisation and another NHS provider, local council or primary care provider there will be full co-operation with all bodies to seek to resolve the complaint. Although each body must use their own complaints procedure every effort will be made to ensure that all matters of concern are addressed. Care will be taken to ensure confidentiality is maintained and permission to release information from individuals will be sought where appropriate.

9) STAFF WHO ARE THE SUBJECT OF A COMPLAINT

The Organisation, as an employer, will support staff who are involved in the complaints procedure.

The aim of the complaints procedure is to provide an opportunity to investigate fully and resolve a complaint as quickly as is sensible. The aim is to satisfy the complainant whilst being fair to staff.

Staff who are asked to provide information and/or written statements in order to respond to a complaint are entitled to seek support from their immediate manager, union, professional organisation etc., providing this does not radically affect laid down time limits.

Clinicians whose professional judgment is being questioned are advised to seek appropriate professional support. Again, laid down time limits must be adhered to where possible.

The Complaints Manager must be informed immediately if time limits are likely to be breached.

10) TRAINING

Training is an integral part of running a successful complaints system. Ownership of the complaints policy, a good understanding of procedures and confidence in the system are the basis upon which this policy will be successfully implemented.

Relevant staff will receive basic complaints training and key staff will receive in-depth training on an ad-hoc basis. Supporting training in customer care covering communication skills and listening skills are available.

11) HUMAN RIGHTS ACT 1998

Care must be taken to ensure that any allegations of breaches of the Human Rights Act are acted upon immediately. Upon receipt of such an allegation, the Complaints Manager will inform the Clinical Director. Legal advice will be sought as soon as possible.

Weblink: [Human Rights Act 1998](#)

12) MONITORING COMPLAINTS

The senior management team will meet on a quarterly basis to discuss complaints and produce an anonymous annual report available for inspection by Clinical Commissioning Groups, CQC or any other stakeholder.

13) HEALTH SERVICE COMMISSIONER (OMBUDSMAN) and LOCAL AUTHORITY OMBUDSMAN

Complainants have a right to approach the Ombudsman if they feel they have suffered an injustice or hardship because of unsatisfactory treatment or service from the NHS or Social Services. The Ombudsman will not, in normal circumstances, consider a request for intervention until the previous stages of the complaints system have been exhausted. The Organisation will co-operate fully with any enquires or investigations held by the Ombudsman and any recommendations made by the Ombudsmanⁱ.

14) LEARNING FROM COMPLAINTS

At the conclusion of every complaint, a review of the issues raised, and actions taken in respect of the complaint will take place. Key issues will be identified and, if required, an action plan will be formulated, possible training needs addressed and milestones for improvement in the relevant service area identified.

The service will use all complaints as tools to seek improvement in the services they provide.

15) CONTACTING THE CARE QUALITY COMMISSION (CQC)

The CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, and they publish what they find, including performance ratings to help people choose care. The CQC set out what good and outstanding care looks like and will make sure services meet fundamental standards.

Further information can be found on the CQC website here:

<http://www.cqc.org.uk/content/report-concern-if-you-are-member-public>

Patients and staff have the right to contact CQC should the need arise, and they wish to raise a concern and/or 'whistleblow'. Contact details can be found on the CQC website, www.cqc.org.uk.

ⁱ <https://www.ombudsman.org.uk/making-complaint>