



Emergency Doctors Medical Services Organisational & Operational Policy (OOP)

Policy Title	Raising Concerns and Complaints
Policy Number	EDOOP.003
Purpose	To outline the process for handling concerns or complaints
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For use by	All staff working for or on behalf of EDMS
This policy complies with or has been guided by	Health and Social Care Act 2008
CQC outcome compliant	Outcome 1. Respecting and involving people who use our services Outcome 16. Assessing and monitoring the quality of service provision
This document supersedes	EDOOP/003/01/12/V1
Approved and ratified by	Executive Management Group
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Review date	1 st February 2017
Version and Document Control	Version 2 - reviewed and edited February 2015
Equal Opportunities, Health and Safety, Employment conduct and Professional Liabilities Assessment: EDMS has ensured given every reasonable means and with the information available at this time that this policy will not discriminate either directly or indirectly in any way against employees, patients or customers on the grounds of race, religion, colour, age, gender or sexual orientation, disability, marital status or culture. EDMS has assessed this policy in terms of current health and safety guidance and has ensured that where requirements have been stipulated these are met. EDMS has ensured that it holds appropriate insurance for this policy to be fully endorsed. EDMS has assessed this policy for any impact it may have on corporate or individual professional requirements and conduct and has ensured any such impact meets with the approval of any professional bodies it may encounter. This policy can be made available in Braille or voice recording and can be translated into other languages.	

1. Executive summary

EDMS strives for the very best in medical and patient care. There may, however, be times when our patients, members of the public, clients or members of supporting services wish to raise concerns with us or make a complaint.

Complaints are not necessarily negative events but can be seen as a legitimate way in which others raise issues with us. The process for handling such concerns and complaints involves listening to the complainant, understanding the nature of their concern or complaint, investigating the issue raised, working towards a resolution, including any measures needed to prevent reoccurrence, and keeping the complainant informed of the progress of their complaint throughout the process.

The aim of the concerns and complaints process is not to apportion blame or to enforce punitive measures but to improve our service and resolve issues as part of a continuous quality improvement strategy.

This policy outlines the complaints process.

2. Policy

Complaints may be broadly divided into two types:

- i. Concerns raised about any aspect of clinical care or the actions of the care giver
- ii. Non-clinical complaints

Reporting complaints

People may complain in various ways. This may be a verbal complaint at the scene of an incident / event, a telephone complaint following an event, or a written complaint either by letter or email. The guidance leaflet 'When Things Aren't Right' may provide useful information for anyone wishing to raise a concern with us.

Most complaints are genuine concerns, however, some complaints and issues are raised on the basis of a misunderstanding or misinterpretation of fact and some are motivated by malice. EDMS has a strict policy of asking that any concerns other than those that can be resolved quickly are put in writing to us. This is necessary to protect both the complainant (to ensure their concerns are clear and recorded) and to protect us (so we can ensure we understand the nature of the concerns clearly). Complaints procedures will not be activated on the basis of 'hearsay'.

Handling Complaints

Wherever possible, we will try to resolve an issue immediately to the satisfaction of all concerned. The duty director or the most senior person on duty at the time of the complaint should facilitate this. Where this is not possible, the complainant should be invited to contact us when it is suitable for them and to raise their concerns with us more formally.

Patient and Public Liaison Facilitator

EDMS has a designated PPLF to liaise with patients and public in order to ensure that the complainant has time to discuss their concerns with a person not involved in the case and where they can be given time to explain the issue in detail. The PPLF will take detailed notes and liaise between the complainant and the EDMS management team to resolve the issue. The PPLF reports to the Clinical Director.

Providing an apology

This is an important concept. Saying 'sorry' is not an admission of liability. It is necessary to recognise that the complainant is not satisfied and for that we should apologise.

Complaints procedure

1. Verbal complaints made at the time of contact

Refer the complainant to the duty director / most senior person on site

Ensure the conversation takes place in a private area

Listen to the complainant in full

Ask how best to resolve the issue

Reach an agreed resolution – including an apology

Document the complaint and the conversation and pass to the PPLF to record this and make a record of the issue

If a resolution is not reached ask the complainant to write or email us with the details of the complaint to enable us to investigate further

2. Written complaints / unresolved verbal complaints

PPLF to receive the complaint and discuss the case with a director

- clinical complaints to the appropriate Clinical Director

- non-clinical complaints to the Managing Director

Written confirmation of receipt of the complaint to be sent within 48 hours of receipt

PPLF to open a complaint file for all documentation

PPLF to arrange meeting with the complainant to gather information and understand the nature of the complaint fully

PPLF to organise a meeting with two directors to discuss the case formally and possible resolutions

A written reply with resolution to be sent within 21 days of meeting

Investigations into complaints

Investigations will be conducted jointly by the PPLF and the nominated director. Where the complaint involves clinical matters any individuals involved MAY be suspended until the results of an investigation are complete. This should not be seen as punitive measure but is often essential to protect the individual clinician.

3. Audit and review mechanism

This policy will be kept under review by the executive management team. The formal review date is as stated on page 1. There will be three monthly audits of all complaints documentation to ensure that the standards outline herein is continually maintained.