

Refine Surgical Treatment CentreComplaints PolicyVersion 3 May 2023**Contents**

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1.0 Introduction

Refine Surgical welcomes complaints, concerns, comments and compliments (4 C's) and recognises that an effective policy on handling complaints, concerns, comments and compliments is essential to contribute to the highest standards of care for patients.

Complaints, concerns, comments and compliments are valued as they provide an opportunity to examine and improve services. Refine Surgical is committed to listening to suggestions for improvements, to investigating and responding to complaints and concerns appropriately and to learning lessons. In responding to complaints and concerns we will also observe the principles of being open as per the Duty of Candour policy.

This policy and procedure is designed to ensure the timely, open and honest investigation and resolution of all complaints and concerns in accordance with the complainant's wishes.

The complaints process will be managed in a climate where:

- Complainants feel confident that their complaints, concerns and comments are listened to and acted upon
- Complainants do not feel inhibited by concerns that their care may be compromised or that they or their families may be treated differently because a complaint has been made
- Complainants are treated equally irrespective of their age, sex, ethnicity or religion
- Investigations are customer focused, open and accountable and result in fair and proportionate actions to remedy any wrong
- Complainants receive a timely and appropriate response promoting the Duty of Candour
- Complainants are advised of any remedial action to be taken and offered appropriate remedy
- Clear explanations are provided to patients who have concerns/complaints and apologies are given where needed
- Complainants are kept updated throughout the complaint process
- Staff are not defensive and respond positively when patients/their families/carers complain and ensure that the complaint does not adversely affect the way they treat the complainant
- Staff are provided with support at all stages of the complaints process and feedback is provided to staff involved
- Lessons are learned and outcomes shared, within the organisation to encourage continuous service improvement
- Staff grievances are not dealt with under this Complaints Procedure

2.0 Definitions

Concerns – A concern is a matter which an individual wishes to be considered on an informal basis. It is expected that the majority of concerns raised will be dealt with by the complaints process. All staff are expected, on a routine and daily basis, to deal with patients' concerns as presented to them. Wherever possible staff are encouraged to achieve speedy resolution of the concern by either resolving it personally or establishing a dialogue between the complainant and the relevant personnel within operational areas. The objective will be a speedy, informal resolution of the concern without recourse to correspondence/formal procedure. If made to and dealt with by front line staff a record of the concern should then be made by entering it into the 'Sync.com secure one drive' system via the incident form

Complaints – A complaint is a matter which the complainant wishes to be registered and investigated. A complaint may be written or oral and will be investigated by senior staff and a full response will be provided.

Comments – These are statements expressing a personal opinion or attitude, or can be a judgemental commentary. These will be forwarded to the relevant service area for action as appropriate. Suggestions implemented may be included in the ‘You said, we did’ plans.

Compliments – These are verbal or written expressions of praise, admiration or congratulation sent of a person’s own volition and will be circulated to the appropriate staff and management, and included in quarterly reports. ‘Thank you’ cards or gifts received by individuals, wards or departments, responses to surveys, or praise contained in response to ‘sought-after’ comments will not be classed as compliments for recording purposes.

The purpose of investigating a concern or complaint is not to apportion blame but to enable an appropriate response to the complainant and to provide the opportunity to identify any necessary improvements in service and to take the necessary action.

3.0 Confidentiality

When using a patient’s personal information for the purpose of investigating a complaint it is not necessary to obtain the patient’s express consent. However, care must be taken throughout the process to ensure that patient confidentiality is maintained and any information disclosed is confined to that which is relevant to the investigation and only disclosed to those who have a demonstrable need to know for the purpose of the investigation.

4.0 Timescales

Refine Surgical will aim to ensure that on the spot help is provided to negotiate immediate solutions to concerns wherever possible. Otherwise, a speedy resolution via the appropriate staff will be sought so the concerns do not escalate. Concerns should not be open for more than 5 working days unless agreed by the complainant.

Timescales for Investigation / Dealing with Complaints

A complaint should be made within six months of the date the issue came to the notice of the complainant

A complaint must be acknowledged within 5 working days. On receipt, complaints must be forwarded immediately to the Clinical director

A complaint response must be provided within a timescale agreed with the complainant and no longer than 6 months.

If it is not possible to respond within the agreed timescale the complainant will be notified in writing, the reasons explained and an extension will be agreed for the response to be sent as soon as reasonably practicable.

5.0 Communication

The form of communication will be agreed with the complainant and may be verbal (by telephone or face to face meetings) or written (including email). Documents sent electronically are deemed to be signed by the authorised person typing their name.

Where a complaint is made orally, a written record will be made and a copy sent to the complainant for agreement of the issues.

If a complainant advises that they are taping the telephone conversation, they must be advised that this is not permitted.

Meetings, Mediation and Conciliation

Complaints will be managed taking into account the complainant's wishes. It is expected that in many cases there will be a high level of contact with the complainant and that in some cases the complainant will choose a response which involves a meeting with staff.

Meetings to resolve the complaint can take place at any stage of the resolution process with the agreement of the complainant.

Meetings may involve senior clinical/non clinical staff, as appropriate.

Meetings may take place on the premises (with care taken to ensure appropriate access/facilities for attendees with any disability) or at the complainant's home. Staff members' safety and the complainant's right to privacy will be considered.

Complainants choosing to meet staff will be advised that they may be accompanied by a friend, relative or representative of an independent advocacy service, but not anyone acting in a legal capacity.

Actions agreed at the complaint meeting by those present will be documented and a copy will be sent to the complainant unless otherwise agreed.

6.0 Remedy

Suitable and proportionate remedies will be considered where a complaint is upheld and there has been injustice or hardship resulting from poor administration or poor service. The aim is to, where possible, return the person affected to the position they would have been but for the maladministration/poor service. This may include non-financial and financial remedies.

Non-financial remedies:

- These include e.g. apologies, remedial action in the form of reviewing or changing a decision on service provided to an individual

Financial remedies:

- In some circumstances Refine Surgical may wish to make ex gratia payments or credits

7.0 Reopening of Complaints

Criteria

- The criteria for classifying a complaint as re-opened is as follows:
 - If the complainant is dissatisfied with the final response and has requested further clarity or discussion
 - If the complainant requests a further meeting from receiving a response to seek resolution
 - If the complainant requires more clarity or further questions are raised from the response
- The criteria for classifying if the original complaint should become a new complaint would be as follows:
 - New issues raised that were not previously documented or discussed prior to the response provided
 - If the complainant/patient has had a new admission

8.0 Closing the Loop

Learning the Lessons from Concerns and Complaints

Identifying remedial action is an integral part of the complaint management process and all complaints and concerns will be reviewed to ensure that lessons are learnt.

Complaints and concerns data will also be included in aggregated analysis reports on incidents, complaints, concerns and claims. The reports will be both qualitative and quantitative and will identify trends/themes and any subsequent remedial action/changes in practice that result from the investigation of complaints.

9.0 Monitoring Compliance and Effectiveness

Monitoring will take place in the following ways.

Quarterly reports comprising:

- The numbers of complaints and concerns received, the subject matter, outcome and remedial
 - An annual aggregated analysis of complaints, concerns, claims and incidents will be prepared
 - Reports of remedial action will be shared within the organisation and its staff to facilitate wider learning