



# Marston Forest Healthcare

## COMPLAINTS POLICY

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## Complaints Policy

### 1. Introduction

This document outlines our commitment to dealing with complaints about the service provided by Marston Forest Healthcare and the services we commission. It also provides information about how we manage, respond to, and learn from complaints made about our services and the way in which they are commissioned.

In doing so, it meets the requirements of the Local Authority Social Services and National Health Service Complaints [England] Regulations (2009), conforms to the NHS Constitution, and reflects the recommendations from the Francis report (2013)

Marston Forest Healthcare will treat complaints seriously and ensure that complaints, concerns, and issues raised by patients, relatives and carers are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions will be explained to the complainant by the investigating organisation.

The key issues taken into consideration when formulating this policy are that a complainant needs to:

- know how to complain.
- feel confident that their complaint will be dealt with seriously.
- understand that their concerns will be investigated, and they will be informed of the findings of that investigation.
- trust that Marston Forest Healthcare will learn from complaints, feedback and praise and apply those lessons whilst also learning from and sharing best practice.

Wherever we refer to a complainant we also mean their authorised representative.

### 2. Aims

We are committed to high quality care for all as a core principle of our vision and purpose. We will ensure that patients and their representatives can seek advice, provide feedback, or make a complaint about the services we commission or the policies we have developed and implemented.

When dealing with complaints we aim to adhere to Marston Forest Healthcare's organisation value's principles and follow the 'Good Practice Standards for NHS Complaints Handling' (Sept 2013) outlined by the Patients Association:

- Openness and Transparency - well publicised, accessible information and processes, and understood by all those involved in a complaint.



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- Evidence based complainant led investigations and responses. This will include providing a consistent approach to the management and investigation of complaints.
- Logical and rational in our approach.
- Sympathetically respond to complaints and concerns in appropriate timeframes.
- Provide opportunities for people to offer feedback on the quality of service provided.
- Provide complainants with support and guidance throughout the complaints process.
- Provide a level of detail appropriate to the seriousness of the complaint.
- Identify the causes of complaints and to take action to prevent recurrences.
- Effective and implemented learning - use 'lessons learnt' as a driver for change and improvement.
- Ensure that the care of complainants is not adversely affected as a result of making a complaint.
- Ensure that Marston Forest Healthcare meets its legal obligations.
- Act as a key tool in ensuring the good reputation of Marston Forest Healthcare.

We support the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling (2009), My Expectations (2014) and the NHS Constitution which includes a number of patient rights relating to complaints. In summary, these include patients' rights to:

- Have their complaint acknowledged and properly investigated.
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response is likely to be sent.
- To be kept informed of the progress and to know the outcome including an explanation of the conclusions and confirmation that any action needed has been taken on.
- Take a complaint about data protection breaches to the independent Information Commissioners Office (ICO) if not satisfied with the way the NHS has dealt with this.

### **3. Definition of a complaint or concern**

A complaint or concern is an expression of dissatisfaction about an act, omission, or decision of Marston Forest Healthcare, either verbal or written, and whether justified or not, which requires a response.

### **4. Scope**

This policy applies to the handling of complaints or concerns relating to services directly provided by Marston Forest Healthcare.



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## 5. Who can make a complaint

A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:

- is a child; (an individual who has not attained the age of 18)

In the case of a child, we must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child, and furthermore that the representative is making the complaint in the best interests of the child.

- has died.

In the case of a person who has died, the complainant must be the personal representative of the deceased. Marston Forest Healthcare needs to be satisfied that the complainant is the personal representative. Where appropriate we may request evidence to substantiate the complainant's claim to have a right to the information.

- has physical or mental incapacity.

In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, Marston Forest Healthcare needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.

- Has given consent to a third party acting on their behalf.

In the case of a third party pursuing a complaint on behalf of the person affected we will request the following information:

- Name and address of the person making the complaint.
- Name and either date of birth or address of the affected person; and
- Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf.

This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the person affected.

- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs.

- Is an MP, acting on behalf of and by instruction from a constituent.

If the Practice Manager is of the opinion that a representative does or did not have sufficient interest in the person's welfare, or is not acting in their best interests, we will notify that person in writing.



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## 6. Complaints that cannot be dealt with under this policy

The following complaints will not be dealt with under the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009):

- A complaint made by any NHS organisation or private or independent provider or responsible body.
- A complaint made by an employee about any matter relating to their employment.
- A complaint, the subject matter of which has previously been investigated under these or previous NHS Regulations.
- A complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day.
- A complaint which relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes.

## 7. How to complain

A complaint needs to be received in written form. This can either be by emailing [data.cms@nhs.net](mailto:data.cms@nhs.net), bringing/posting a letter to the surgery.

Practice Manager  
59 Bedford Road  
Marston Moretaine  
Beds  
MK43 0LA

## 8. Period within which complaints can be made

The period for making a complaint is normally:

- (a) 12 months from the date on which the event which is the subject of the complaint occurred;  
or
- (b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

The Complaints Manager or lead GP has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the Complaints Manager or the GP takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection of evidence, Clinical Guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.



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## 9. Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the Complaints Manager who must:

- acknowledge in writing within the period of 3 working days beginning with the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable. Advise the patient of potential timescales and the next steps.
- ensure the complaint is properly investigated. Where the complaint involves more than one organisation the Complaints Manager will liaise with his / her counterpart to agree responsibilities and ensure that one coordinated response is sent.
- Where the complaint has been sent to the incorrect organisation, advise the patient within 3 working days, and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details.
- provide a written response to the patient as soon as reasonably practicable ensuring that the patient is kept up to date with progress as appropriate. This will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.
- Complaints should normally be resolved within 6 months. The practice standard will be 40 working days for a response.

## 10. Unreasonable complaints

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all the following formal provisions will apply and will be communicated to the patient:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient.
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact.
- The number of contacts in a time period will be restricted.
- A witness will be present for all contacts.
- Repeated complaints about the same issue will be refused.
- Only acknowledge correspondence regarding a closed matter, not respond to it.
- Set behaviour standards.
- Return irrelevant documentation.
- Keep detailed records.

## 11. Fairness



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All complaints are fully investigated and treated fairly.

The Practice's belief that complaints are an important mechanism and an opportunity to improve the quality of services means that staff do not feel threatened or defensive about complaints and this helps to ensure they are dealt with fairly.

When a complaint involves clinical judgement, this will be investigated by the discipline involved.

## **12. Annual review of complaints**

The practice will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This report is to be made available to any person who requests it and may form part of the Freedom of Information Act Publication Scheme.

This will include:

- Statistics on the number of complaints received.
- Justified / unjustified analysis.
- Known referrals to the Ombudsman.
- Subject matter / categorisation / clinical care
- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted.

## **13. Confidentiality**

All complaints must be treated in the strictest confidence

Where the investigation of the complaint requires consideration of the patient's medical records, the Complaints Manager must inform the patient or person acting on his/her behalf if the investigation will involve disclosure of information contained in those records to a person other than the Practice or an employee of the Practice.

The practice must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records.

## **14. Final Response**

This will include:

- A clear statement of the issues, investigations, and the findings, giving clear evidence-based reasons for decisions if appropriate.
- Where errors have occurred, explain these fully and state what will be done to put this right, or prevent repetition.





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- A focus on fair and proportionate outcomes for the patient, including any remedial action or compensation.
- A clear statement that the response is the final one, or that further action or reports will be sent later.
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail.

## **15. If you feel your complaint has not been fully resolved**

If you wish to escalate an unresolved problem with your practice, you can do so via the following methods:

### **By Post**

NHS England  
PO Box 16738  
Redditch  
B97 9PT

### **Electronically using the commissioning boards e-mail address at**

[www.england.contactus.nhs.net](http://www.england.contactus.nhs.net)

Please write "For the attention of the Complaints Manager" in the subject line.

### **By telephone:**

0300 311 22 33 (Monday – Friday 8am to 6pm, excluding English Bank Holidays)