

Brigstock Family Practice



11. Complaints and Staff Concerns

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11.1 COMPLAINTS PROCEDURE

11.1.1 Introduction

Brigstock Family Practice aims to ensure that all the services it provides are of the highest quality. Good patient care is at the heart of the organisation's ethos and this will never be intentionally compromised.

Complaints are an invaluable tool in ensuring quality of care provision and are an integral part of governance procedures. The organisation's philosophy is to welcome any complaint, comment or suggestion for improvement as a positive tool supporting continuing self improvement.

Such a philosophy is a foundation of the Practice governance process. The organisation is committed to resolving complaints in as timely, helpful and informal a way as possible. It guarantees that patients' treatment or future care will not be affected by a complaint they may have previously made.

As an employer Brigstock Family Practice places great emphasis on ensuring that people are treated with dignity and respect. Extra care will be taken to ensure that the most vulnerable of patients are reassured that their concerns are listened to and acted upon. Fairness, kindness, impartiality and, above all, speedy resolution will underpin all procedures.

11.1.2 Roles

The majority of complaints can be dealt with immediately by staff. Training and support is provided for staff to help them fulfil their responsibilities in this area.

Whatever the outcome, the relevant member of staff is responsible for ensuring that a complaints reporting form is completed and sent to the Director of Patient Engagement within twenty four hours of the incident.

The Manager is responsible for the operation of the complaints policy on a day to day basis and is the point of contact for members of the public, contractors and staff seeking assistance with complaints.

11.1.3 Staff who are the Subject of a Complaint

Brigstock Family Practice, as an employer, will support staffs who are involved in the complaints procedure.

The complaints procedure's priority is to provide an opportunity to investigate fully and resolve a complaint as quickly as is reasonably possible. The aim is to address the complainant's concerns whilst also being fair to staff.

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

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

In any event, the Manager must be informed immediately if time limits are likely to be breached.

11.1.4 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 on an annual basis. See Human Resources Policy: Section 8.10 Training Policy.

11.1.5 Right to Complaint & Time Limits

The right to complain extends to all patients, former patients, anyone who has the patient's consent, i.e., MPs, patient's forum, carers, family members and friends.

In the case of a deceased patient, anyone has the right to complain.

Complainants must register a complaint within six months of the date of the incident.

Alternatively, a complaint may be lodged within six months of the date of discovering a problem so long as this is within twelve months of the incident date.

Copies of the complaints procedure are available to Patients upon request.

11.1.6 Annual Report

An annual report on complaints activity will be compiled and presented to the Partners of the company

11.1.7 Care Quality Commission

Complainants have a right to approach the CQC if they are dissatisfied with the way in which their complaint was dealt with. To assist those clients who wish to pursue this avenue, details of the CQC's address and contact details are provided on the Practice's patient guide.

11.1.8 Learning from Complaints

At the conclusion of every complaint, a review 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 organisation will use all complaints as tools to seek improvement in the services that it provides.

11.1.9 Stages of the Complaints Procedure

11.1.10 Front Line: Local Resolution

Brigstock Family Practice aims to resolve, where possible, as many complaints as it can at the front line. The majority of complaints can be solved by front line staff dealing with the matter on the spot. This approach is encouraged. However, a degree of care must be taken to ensure that complaints of a 'serious' nature are not "swept under the carpet" by utilising this method. For this reason in order to monitor the levels of satisfaction and lead to service improvement, the seriousness of all complaints should be assessed.

By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken. A three-step process to gauge the impact of complaints on the people involved is used by the organisation to gauge the potential risks to the organisation and the response required.

It is useful to categorise a complaint when you first receive it, and then review that category based on the results of any investigation. It is also important to remember that a complaint can have a very different effect on an organisation compared with an individual. This is especially important if someone is vulnerable for any reason, such as poor health, communication difficulties or recent bereavement.

The following process can help you assess the seriousness of an issue and take the relevant action.

11.1.11 Step 1: Decide how serious the issue is

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care. OR Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause

	<p>lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity. OR Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.</p>
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11.1.12 Step 2: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

11.1.13 Step 3: Categorise the risk

Seriousness	Likelihood of Recurrence				
	Rare	Unlikely	Possible	Likely	Almost Certain
low	Low	Low	Low	Moderate	Moderate
	Low	Moderate	Moderate	High	High
Medium	Low	Moderate	High	High	Extreme
	Moderate	Moderate	High	High	Extreme
High	Moderate	High	High	Extreme	Extreme
	Moderate	High	Extreme	Extreme	Extreme

11.1.14 Written/Referred Complaints: Local Resolution

If a written complaint, or complaint referred from the 'front line' is received, the statutory obligation is to respond fully within 20 working days.

Upon receipt of the complaint the Manager must ascertain quickly if the matter complained of is of a 'serious' nature. Such complaints may fall out of the standard complaints procedure and be dealt with in a different manner.

Occasionally, some complaints may lead to disciplinary action. This can be suggested at any point but this is a management issue and must be kept separate from the complaints investigatory process.

11.1.15 Initial Acknowledgement

The Manager will decide who from the team needs to be involved in responding to the complaint.

A letter acknowledging the complaint will be sent to the complainant within 2-3 working days. This letter will outline Brigstock Family Practice intention to address the issue(s) and reply within 10 days.

Where further investigations or outside professional advice is required, this will be requested as soon as possible. If it is not possible to conclude investigations within the 10 days then the patient will be updated with progress and possible new time scales. BFP will endeavour to conclude all extensive investigations and resolved the complaint within one month.

A full investigation should take place with written notes and a log of the progress being made.

It may be that outside sources will need to be contacted and if that is the case then a patient consent form will need to be signed to make such a request.

11.1.16 Formal Response

A written formal response will be made which will begin by apologising if the patient has had a less than satisfactory experience, stating Brigstock Family Practice's commitment to improving care and services and that it welcomes opportunities to address shortfalls.

Next there will be a restating of the patients complaint and a summary of the issues as understood from the complaint. Each issue will then be responded to. Where errors have occurred, these will be explained fully along with a statement describing what will be done to put these right, or prevent repetition. A commitment will be made to improve practice as appropriate.

The letter will offer the complainant the chance to make a written response and the opportunity to meet with the Manager to discuss the issues by appointment. The letter will also include a statement of the right to escalate the complaint, together with the relevant contact detail.

Where a complaint relates to services provided on behalf of the Extended Access for North Croydon the letter to the complainant will direct them to Croydon GP Collaborative as the first line of escalation.

11.1.17 Review Meeting

The same philosophy will govern the meeting as the formal response. Most people require simply an apology and an assurance that the situation will not reoccur.

The aim will be resolution through communication, negotiation and compromise.

If the issues cannot be resolved or the patient insists on taking the issue further then information will be given to help them in this process e.g. the Practice's complaints procedure.

A letter will be sent to the patient detailing the meeting and outcomes.

11.1.18 Team Review

Complaints are seen by the Practice as an opportunity to learn how to improve the service offered. As such, regular review of all complaints to identify trends, training and development needs or procedural improvements is a vital element of the process, and will involve all members of the team.

Staff can be supported in this process by not attributing blame and being objective by planning actions to prevent re-occurrence, imparting knowledge and skills.

Any progress may then be communicated to patients as applicable to demonstrate commitment to improving care.

11.1.19 Improving Services

It is the Practice's policy to constantly monitor and review its Services and Patient Feedback. In addition to the review policy detailed in the Complaints Procedure, Patient Feedback Questionnaires are issued at the end of each course of treatment to monitor both staff performance and the Practice's performance as a whole. These are reviewed in weekly staff meetings and the results form part of the Annual Report issued to the Partners of the Company.

11.2 WHISTLEBLOWING POLICY

11.2.1 Introduction

The Practice is committed to developing a culture where staff are encouraged and supported fairly to raise issues and concerns, and are involved in helping to resolve them.

The promotion of open honest management and team support cannot be overemphasised.

Wherever possible, staff are encouraged to discuss issues in the first instance with their line manager or with a colleague. The manager will aim to resolve issues quickly with staff, encouraging openness and honesty.

This policy should be invoked where serious issues or concerns arise, where matters remain unresolved, or where a member of staff feels unable to address issues with their line manager.

11.2.2 Background

The Public Interest Disclosure Act 1998 promotes accountability in the public, private and voluntary sectors by encouraging people to raise concerns which they believe to be threatening public interest, without fear of detrimental treatment (dismissal and victimisation). This Act ensures that organisations address the message rather than the messenger and resist temptation to cover up serious malpractice. By protecting people who raise concerns from dismissal and victimisation the Act promotes the public interest. There is no minimum period of service required.

11.2.3 Scope

This policy applies to all staff working for Brigstock Family Practice. It covers all employees, students, trainees, agency and contract staff

11.2.4 Purpose

The purpose of this policy is to:

- Encourage staff to feel confident in raising serious concerns, and to question and act upon their concerns;
- provide ways for staff to raise those concerns and get feedback on any action taken as a result;
- ensure that as far as is practically possible, the complainant's identity will be kept confidential, and will be revealed to only the absolute minimum number of people necessary in order for the matter to be properly investigated;

- ensure that staff get a response to their concerns and that they are aware of how to pursue them;
- reassure staff that if they raise any concerns in good faith and reasonably believe them to be true, they will be protected from possible reprisals or victimisation.

At some point in time anyone might be concerned about issues that they may see or hear about during the course of their employment within the Practice. In addition, all staff share responsibility for being alert to the behaviour of their employer, other employees, co-workers or colleagues. Individually, staff members must be aware that anything they notice at work that appears to be unusual practice or behaviour, or causes them to feel uncomfortable or to question may have a wider consequence.

Usually these concerns are easily resolved. However, if you have a reasonable belief that:

- a person has failed, is failing or is likely to fail to comply with any legal obligation(s) to which s/he is subject - i.e. breaking the law;
- poor clinical practice is putting patients at risk;
- possible financial malpractice/fraud has, is, or is likely to take place;
- there is a risk or danger to patients, staff or the public;
- a criminal offence has or is likely to be committed;
- there is a serious risk or danger to the environment;
- the health and safety of any individual whilst at work (including mental and/or physical issues) has been, is being, or is likely to be endangered in any way;
- the public perception of the integrity of the Practice has been, is or is likely to be, undermined in any way.

This policy enables you to raise your concerns about such possible serious issues at an early stage and in the right way. We would rather you raised the matter when it is just a concern rather than wait for proof.

We also encourage you to raise concerns about issues that may appear on the surface to be small or minor matters; the same concern may have been troubling a number of other people. If these individual concerns are taken together, they may indicate the existence of a wider issue of concern that can then be addressed appropriately.

Please remember – an isolated incident or concern may appear on the surface to be inconsequential or unimportant. BUT, taken with other information it may be a critical part of a wider problem that needs to be tackled.

The Practice has clear procedures for staff to follow when raising concerns about such issues.

If something is troubling you, which you think the Practice should know about or look into, please use this procedure. If however, you are aggrieved about your personal position, please use the Grievance Procedure. The Whistleblowing Policy is primarily for concerns where the interest of others or of the Practice itself are at risk.

11.2.5 Key Principles

The individual interest of people who use the Practice's services must be paramount and the Practice recognises that its members of staff are the most valuable protectors of their interests. All employees have a duty to draw to the attention of the Practice Manager or their Line Manager any matter they consider to be damaging to the interests of a patient, and to put forward suggestions that may improve their care.

Practice staff are encouraged to freely contribute their views on all aspects of our service, and such communication should be part of normal every day working. This can be through discussions with their line manager, Practice Manager, Education meetings, etc.

The Practice promotes organisational learning. The systematic identification of mistakes, systems failures and possible future risk will help us to ensure that corrective action can be taken.

The Practice also recognises that staff may be reluctant to express a concern. Practice staff expressing their views in is way, and in accordance with this procedure, will not be penalised for doing so.

11.2.6 Responsibilities

The Practice Manager will:

- Acknowledge and take concerns seriously.
- Consider them fully and sympathetically.
- Recognise that raising a concern can be a difficult experience for some staff.
- Seek appropriate advice.
- Feed back findings/response to the individual.
- Communicate relevant findings to others where appropriate.

Staff's Responsibility

The Practice actively encourages concerns to be expressed about issues which pose a risk to patients, the public and staff.

The Practice is also committed to ensuring that all staff are provided with an

opportunity to learn from any mistakes and to improve practice where this is shown to be necessary. Every professional has a duty of care to his or her patient. They are also responsible for ensuring that they keep up to date and that both they and their colleagues practice safely.

11.2.7 Confidentiality

All staff have a duty of confidentiality to patients and other staff. Disclosure of personal information without appropriate authority about any patient will be regarded as a serious matter that will always warrant investigation and which may lead to disciplinary action. This applies even where a member of staff believes that he or she is acting in the best interests of a patient by disclosing personal information.

An employee's duty of confidentiality to the Practice is not absolute and there may be circumstances where an employee considers making a disclosure of confidential information because they consider it to be in the public interest, or in the interest of a patient or patients. In this event, the employee should first seek advice, for example, from appropriate professionals or the Practice Manager.

(See also the Practice's Confidentiality Code of Practice.)

11.2.8 Procedure

In cases where there is evidence of poor behaviour or work standards both professional and/or general (as detailed in the Disciplinary Procedure) being applied by a member of staff, the person who is concerned is encouraged, where appropriate, to raise the matter with the individual themselves, in a confidential informal capacity.

Where this is not successful, it may be appropriate to discuss the issue with a professional colleague and for both to approach the individual again, pointing out the need for a change in behaviour.

In cases where both these approaches have failed or are inappropriate, and in the case of serious concerns, staff should approach the Practice Manager who will investigate the issue(s) raised and normally respond to the staff member within 2 weeks.

In cases of extreme professional misconduct or actions that expose patients, staff or other people to immediate danger or risk, staff should take immediate appropriate action and report individual member(s) of staff direct to Practice Manager, in writing. In exceptional circumstances, it may also be appropriate for an individual to report someone direct to the individual's professional registration body e.g. Nursing and Midwifery Council, General Medical Council, although it is advisable to first discuss concerns with the Practice Manager or a Partner.

For his or her part, the member of staff must be clear that he/she is acting in good faith and is not motivated by personal gain.

Where a serious concern does not relate specifically to an individual but to the way things are done and whether they work, again this should be reported to the Practice Manager or a Partner.

11.2.9 Representation

An employee raising a concern under this procedure may choose to be represented or supported either by a staff organisation representative (the representative must be a Practice employee or belong to an organisation recognised by the Practice).

Staff are encouraged to consult, seek guidance and support from their professional organisation or trade union, and from statutory bodies such as the Nursing and Midwifery Council, and the General Medical Council.

Employees may not be legally represented under this procedure.

11.2.10 Independent advice

If you are unsure whether to use this procedure or if you want independent advice at any stage you may contact:

- Your union, or
- HR, if applicable, or
- The independent charity, Public Concern at Work on 020 7404 6670 where free confidential advice is given by their solicitors on how to raise a concern about serious malpractice at work.

11.2.11 External contacts

While we hope that this policy gives you the reassurance you need to raise serious concerns internally, we would rather you raised a matter externally than not at all.

Provided you are acting in good faith and you have evidence to back up your concern, you can also contact:

NHS London
Environment Agency
National Patient Safety Agency
Nursing and Midwifery Council
Royal Colleges
Trade Unions ie Unison, RCN

Care Quality Commission
Health and Safety Executive
General Medical Council
Institute of Healthcare Management
Public Concern at Work
NHS Counter Fraud line (for financial malpractice)

11.2.12 Safeguards against malicious allegations

Where an allegation was made in good faith and where it is reasonably believed that the information and any consequential allegation were substantially true but are not subsequently confirmed by the investigation, your actions will be supported by the Practice.

Where the investigation concludes that malicious allegations have been made it will be necessary to take action under the Practice's Disciplinary Procedure.