

# Complaints Handling



— **BELMATT** —  
HEALTHCARE TRAINING

# Learning outcomes

**This session will develop your knowledge and skills in:**

- Differentiating between a complaint and a concern
- To be aware of the process for managing and responding to concerns and complaints raised by patients or their representative
- Listening and learning from feedback from concerns and complaints; positive feedback from complainants on how complaints and concerns have been dealt with and resolved, local and national reporting requirements.
- Writing a statement.
- Promoting resolution to concerns complaints raised and including signposting to advocates.

# Complaint versus Concern

**A complaint is 'an expression of dissatisfaction made to an organisation, either written or spoken, and whether justified or not, which requires a response. There is no difference between a 'formal' complaint and an 'informal' complaint. Both are expressions of dissatisfaction', The Patient's Association, 2013.**

**A concern is a problem raised that can be resolved / responded to straight away by the service (by the end of the next working day or earlier). Although concerns that are resolved in this way do not need to be recorded as complaints, the service must give the details of the issues raised and resolution to the PALS and Complaints team (see complaints toolkit). If it is not possible to resolve the concern within this time frame, the issue will need to be recorded as a formal complaint and managed according to the complaints policy.**



# Why do patients complain?

## Reasons:

- Bereavement reaction
- Denial / Anger / Grief / Acceptance
- 'I don't know what happened'
- 'Why did it go wrong?'
- 'It went wrong – someone must be blamed'



# Handling Complaints

- Early meetings, not letters.
- Listen to the complaint and respond as soon as possible.



- Involve senior clinicians and follow local complaints handling policy.
- Openness and transparency





# How can we avoid them?

1. Anticipate when a problem may be arising
2. Address patient concerns early
3. Avoid mis-communication
4. Involve senior staff
5. Involve PALS or equivalent Patient Advocacy Liaison Service)



# PALs and Complaints Manager

- The PALs and Complaints Manager is responsible for ensuring that all concerns/complaints are fully investigated and responded to within the agreed timeframe.
- All staff have a responsibility to read local policy and understand its impact on their area of work.
- You should be able to respond appropriately to a complainant and endeavour to achieve immediate resolution.
- If this is not possible, escalate the concern/complaint in accordance with the policy of the trust or surgery where you work.





# Openness Transparency and Candour

Following the ***Francis Report (2013)*** it is a requirement for clinicians to:

- Be candid with patients about avoidable harm.
- For safety concerns to be reported openly and truthfully.






# Openness, Transparency and Candour

- Enabling concerns and complaints to be raised freely without fear, with questions asked being answered;
- **Transparency** - accurate information about performance and outcomes to be shared with staff, patients, the public and regulators;
- **Candour** - any patient harmed by a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made.





# Being open about how we manage complaints involves:

- Acknowledging, apologising and explaining when things go wrong
- Conducting a thorough investigation into the incident, complaint or claim
- Reassuring patients, their families and carers that lessons learnt will help prevent incidents occurring
- Providing support for those involved to cope with the physical and psychological consequences of what happened.

# WHO MAY RAISE A CONCERN/COMPLAINT?

- Anyone can complain, including young people.
- A family member, carer, friend, MP, Independent Advocates, such as Healthwatch, Support, Empower, Advocate and Promote (SEAP)
- Legal representatives can also make complaints on the patient's behalf but only if they can show relevant consent/authority (see Access to Medical records and Mental Capacity Act 2005 Guidance for staff).

**A complaint may be made on behalf of someone else if the person who has grounds to complaint:**

- Has died, or Is a child, or
- Cannot make the complaint themselves because of physical or mental incapacity, or
- They have been asked to act on the patient's behalf.

# Third Party Complaint

- Name and Address of the person making the complaint
- Name, address and date of birth of the affected person
- Contact details of the affected person (if not deceased) so that they can be contacted for confirmation that they consent to the third party acting on their behalf.
- Authorised consent form



# Confidentiality and Consent

- It is not necessary to obtain a patient's express consent to use his/her personal information to investigate a complaint, the exception being when contacting another organisation for comment; in such circumstances written consent should be requested and received.
- If the complainant is not the patient and the complaint relates to treatment received by the patient, consent will be required.
- If the patient lacks capacity to consent to the complaint the complaint should be brought where possible by the patient's personal representative in law, such as lasting power of attorney for welfare or court appointed deputy.
- Where a complaint is made on behalf of a patient who has not provided consent, care must be taken not to disclose personal health or patient-identifiable information. Only those investigating the issues should access a patient's personal information.
- If requested to provide a statement as part of the investigation, you should be given access to the relevant information so that you can respond.
- A complaint should only be made known to those directly involved in responding to or investigating the issues raised i.e., on a "need to know" basis.
- All staff must comply with the requirements of the ***Data Protection Act 1998***.



# Writing a Statement



Writing a statement can be very stressful



Seek guidance from your union rep, line manager, occupational health or staff support counsellors



A statement is a written or spoken declaration, especially of a formal kind; a written or spoken report of events, a description.



Provide as much factual information as possible in order to respond to the complainant and any member of staff named in a complaint may be asked to give an account of their involvement.



Stick to the facts and avoid opinions or third party information



All correspondence and papers generated in the course of a complaint investigation, including your statements may have to be disclosed if a claim for negligence is subsequently brought.

# Complaints and Disciplinary Procedures

- Complaints **Procedure** is separate from any investigation under the Disciplinary Procedure; referral to one of the professional regulatory bodies; an independent inquiry into a serious incident, under *Section 84* of the ***National Health Service Act 1977*** or an investigation of a criminal offence.
- The **purpose** of the complaint's procedure is not to apportion blame amongst staff but to investigate complaints with the aim of satisfying complainants and to learn any lessons for improvements in service delivery.
- If, however, a complaint identifies information about a serious matter which indicates a need for disciplinary action, this will be managed under local policy.

# Documentation

- In line with the ***Data Protection Act 1998***, complaints documentation is classified as personal data. Patients are able to request copies of complaints files in the same way as they do for their health records.
  - If the investigation of a complaint reveals a possibility that there may have been negligence the Head of Patient Safety should be informed.
- \*\*\*The existence of negligence does not prevent a full explanation being given and if appropriate, an apology. An apology is not an admission of liability.

# Conclusion

- Ensure you are familiar with the complaints handling procedure of your organisation.
- Use it as an opportunity to learn, put better systems in place to ensure your own and patient safety.
- Share lessons learned to improve practice across the organisation.

# Multiple Choice Question 1

Why do patients complain?

- a) Bereavement reaction
- b) Denial / Anger / Grief / Acceptance
- c) 'I don't know what happened'
- d) 'Why did it go wrong?'
- e) 'It went wrong – someone must be blamed'
- f) All of the above



# Multiple Choice Question 2

## How do we Handle Complaints?

- a) Conducting Early meetings, not letters.
- b) Not listen to the complaint and respond.
- c) Involve senior clinicians and follow local complaints handling policy.
- d) Openness and transparency

# Multiple Choice Question 3

**How can we avoid them?**

- a) Anticipate when a problem may be arising
- b) Address patient concerns late
- c) Avoid mis-communication
- d) Involve senior staff
- e) Involve PALS or equivalent Patient Advocacy Liaison Service)

# Multiple Choice Question 4

- a) Anyone can complain, including young people.
- b) A family member, carer, friend, MP, Independent Advocates, such as Healthwatch, Support, Empower, Advocate and Promote (SEAP)
- c) Legal representatives may not make complaints on the patient's behalf but only if they can show relevant consent/authority.
- d) A complaint may not made on behalf of someone else if the person who has grounds to complaint.