

Complaints procedure

Author	CEO and Registered Manager
Board Last Approved	09 March 2023
Next Review Date	09 March 2026
Version Number	1.2

Table of Contents

1. Introduction	4
2. Other Related Policies and Procedures	4
3. Aims.....	5
4. To whom these procedures apply.....	5
5. Summary of complaints procedures	5
5.1 Timeframe involved in making a complaint.....	5
5.1.1.....	5
5.1.2.....	5
5.2 Informal complaints	5
5.3 Formal/Written Complaints	5
I. Local Resolution:.....	6
II. Independent Review:.....	6
III. Ombudsman:	6
6. Informal Complaints Procedures.....	6
6.1 Immediate procedure for handling an informal/verbal complaint.....	6
6.2 Informal/verbal complaints where further action is required	6
6.3 Recording informal/verbal complaints	7
7. Formal Complaints: Stage one – Local Resolution	7
7.1 Responsibility for handling formal complaints.....	7
7.2 Procedures for handling formal complaints.....	7
7.2.1 Letter of Acknowledgment.....	7
7.2.2 Investigation	8
7.2.3 Reply to the complainant.....	8
7.2.4 Exceptions to normal procedure	8
7.2.5 Withdrawal of a complaint	9
8. Formal complaints: stage two - independent review.....	9

8.1	9
8.2	9
8.3	9
9. Formal complaints: stage three - the role of the Ombudsman	10
9.1	10
9.2	10
9.3	10
10. Procedures when legal or disciplinary action is involved	10
10.1 Legal proceedings	10
10.2 Disciplinary proceedings	10
10.2.1	10
10.2.2	10
10.2.3	11
11. Confidentiality and anonymity	11
11.1 Confidentiality	11
11.2 Anonymity	11
12. Recording, Monitoring and Evaluation	11
12.1 Recording of complaints	11
12.2 Monitoring	12
12.3 Standards	12
13. Training	12
14. Promotion of the Policy	12
15. Review	13
16. Ombudsman	13
17. Specific headings related to procedure	13
18. Senior Management Team responsibilities	14
19. Change history record	14

1. Introduction

- I. Mildmay Hospital (hereinafter referred to as 'Mildmay') values feedback on the care and services it provides, recognising that complaints can be as valuable as positive comments since they may highlight areas where improvements can be made. Mildmay emphasises patient experiences as well as clinical and rehabilitation outcomes
- II. A complaint can be defined as a written or verbal expression of dissatisfaction that requires a response
- III. Complaints can be made either informally (usually verbally) or formally (usually written) or via the website - mildmay.nhs.uk/complaints. Complaints, comments and concerns can also be emailed to info@mildmay.org. Alternatively, complaints can be posted to the Registered Manager, Mildmay Hospital, 19 Tabernacle Gardens, London E2 7DZ
- IV. Patients can raise concerns via the Patient Survey Form they are given the opportunity to complete on discharge, or via the feedback form located inside the Patient Welcome Pack
- V. In addition, there are posters with a QR code on display throughout the hospital, encouraging feedback to be submitted via the [online Patient Survey Form](#)
- VI. Mildmay lays great emphasis on resolving complaints quickly and, wherever possible, on the spot. This helps minimise the need for formal complaints procedures which can cause concern and distress for both complainants and staff who are complained against.
- VII. This procedure describes how informal and formal complaints can be made about any aspect of service, care and treatment provided at Mildmay
- VIII. Mildmay's Complaints Procedure is in line with the NHS Complaints Guidance.

2. Other Related Policies and Procedures

A list of the other policies and procedures that relate to this policy.

- Dignity Code
- Adult Safeguarding Policy and Procedure
- Child Protection Policy and Procedure
- Mental Capacity Act Procedure
- Code of Conduct
- Grievance Procedure

3. Aims

- To provide a process that is easy to access and understand and which enables patients and members of the public to make a complaint if they so wish
- to resolve complaints as thoroughly and quickly as possible
- to have a process that is fair to complainants and staff who are subject to complaint
- to use any relevant information arising from complaints to help improve services.

4. To whom these procedures apply

Anyone wishing to make a complaint about Mildmay's services, including Mildmay staff and volunteers.

5. Summary of complaints procedures

5.1 Timeframe involved in making a complaint

5.1.1 A complaint may be made within 12 months from the date on which the matter which is the subject of the complaint occurred or within 12 months of the complainant realising that they have something to complain about. However, patients and members of the public who wish to make a complaint are encouraged to do so as quickly as possible.

5.1.2 If a complaint is made after 12 months of the event occurring, it may still be considered on an exceptional basis if:

1. it would have been unreasonable for the complainant to have made the complaint within that period
2. it is still possible to investigate the complaint properly

5.2 Informal complaints

The majority of complaints are expressed verbally in an informal way and usually to front-line staff.

These can often be dealt with on the spot and this, therefore is the aim of the informal complaints policy as outlined in section five of this policy.

5.3 Formal/Written Complaints

Formal complaints are often, although not always, written complaints.

The Chief Executive Officer of Mildmay is responsible for the handling of all formal complaints, although the practical outworking of the procedures is enforced by the registered manager.

The formal complaints procedure is divided into three stages:

- I. **Local Resolution:** the first stage is called Local Resolution and is handled by Mildmay. The aim is to investigate and resolve complaints as quickly as possible during this stage.
- II. **Independent Review:** if complaints are not resolved to the complainant's satisfaction, the complainant may request an Independent Review. This may be handled either by the Care Quality Commission or the NHS body purchasing the complainant's care.
- III. **Ombudsman:** if the complainant remains dissatisfied after the second stage, they may ask the Ombudsman to re-investigate their complaint.

Each of these stages is covered in detail in the following sections.

6. Informal Complaints Procedures

6.1 Immediate procedure for handling an informal/verbal complaint

Informal/verbal complaints should be dealt with in the first instance by the member of staff to whom the complaint was first mentioned. The aim is to resolve informal/verbal complaints within two working days.

When a complaint is made, the staff member should try to explain on the spot and, where appropriate, offer an apology. If the complainant remains dissatisfied, the complaint should be referred to the member of staff's line manager.

If a member of staff does not feel able to adequately address the complainant's concerns in the first instance, they should immediately refer the matter to their line manager.

It can sometimes be difficult to judge the seriousness of a complaint. If there is any doubt, the complainant should be asked whether they wish to make a formal complaint.

6.2 Informal/verbal complaints where further action is required

If the manager is not able to resolve the complaint to the complainant's satisfaction, they should then be asked if they would like to make a formal complaint. If this is the case, the complainant should be advised to put their complaint in writing to the Registered Manager. If the complainant does not want to do this, for whatever reason, but would still like to make a formal complaint, they should be advised that they can speak with the Registered Manager.

6.3 Recording informal/verbal complaints

Thorough and systematic documentation of informal complaints is particularly important in order to detect any emerging trends or issues.

Staff involved in an informal or verbal complaint should document this and pass it to the Chief Executive Officer of Mildmay for recording purposes. This should note the nature of the complaint and how it was resolved.

7. Formal Complaints: Stage one – Local Resolution

7.1 Responsibility for handling formal complaints

The Chief Executive Officer is ultimately responsible for the handling of formal complaints about the services Mildmay UK provides. The following tasks are however delegated to the Registered Manager who acts as Mildmay's Complaints Officer on behalf of the Chief Executive Officer:

- co-ordination of the investigation
- making recommendations and compiling a draft reply for the Chief Executive Officer's consideration
- registering complaints where the complainant does not want to raise the matter directly with the staff concerned
- registering complaints where the complainant cannot/does not wish to submit a letter in writing
- provision of guidance and support to anyone wishing to make a complaint
- provision of guidance and support to staff who are investigating the complaint.

7.2 Procedures for handling formal complaints

All formal or written complaints should be passed directly to the Registered Manager's Office. In their absence, complaints should be passed to the Chief Executive Officer.

7.2.1 Letter of Acknowledgment

A letter of acknowledgement should be sent to the complainant within two working days unless a full reply can be sent within five working days. The complainant should also be advised what initial action will be taken and when to expect a reply.

If complaints involve clinical or medical issues, the client should also be advised at this stage that it may be necessary to look at their medical notes.

Post should always be sent first class and marked '**Private & Confidential**'.

7.2.2 Investigation

The Registered Manager will send a copy of the complainant's letter to the appropriate manager who is responsible for investigating the complaint and producing a reply in writing within five working days. This should include signed statements by any members of staff named or involved in the complaint.

Where a complaint concerns clinical care, the reply should also be passed for comment to the Clinical Lead Nurse.

7.2.3 Reply to the complainant

A full reply should be sent by the Registered Manager within 20 working days. If the investigation takes longer, a letter explaining the reason for the delay will be sent to the complainant and a full response made within five days of a conclusion being reached.

The reply should include a report on what was done to investigate the complaint, the findings and any appropriate recommendations for change.

The complainant will also be:

- offered the opportunity of a meeting to discuss their concerns further if they remain dissatisfied. This would normally be with the manager of the service involved in the complaint
- advised that if they remain dissatisfied and do not wish to have a meeting, they have the right to request an Independent Review of their complaint within 28 days of the date of the letter. The request can be made initially either verbally or in writing to the Care Quality Commission or the NHS body that purchased the patient's care.

7.2.4 Exceptions to normal procedure

There are occasions when a written complaint is received by unit staff but the complainant subsequently states to a member of staff that they do not want it to be dealt with formally.

This may be due to the fact that the complainant does not want to cause difficulties for the member of staff involved in the complaint or feels vulnerable about making a complaint while still a patient. In this case, the member of staff should refer the concern to the Registered Manager.

- The Registered Manager should explain the complaints procedure to the complainant and recommend that this is followed.
- If the complainant insists that they do not want the matter to be dealt with formally the Registered Manager should raise this immediately with the Chief Executive Officer.

If it is felt that the normal formal complaints procedures would cause the complainant distress, the complaint may be dealt with on an exceptional basis by the Registered Manager. The Registered

Manager is then responsible for investigating and documenting the complaint. Once the investigation has been completed, they should pass all information, with a draft reply to the complainant, to the Chief Executive Officer.

If any serious issues have been raised during the investigation, the Chief Executive Officer will decide on further appropriate action. Once the Chief Executive Officer is satisfied with the outcome of the investigation and the draft reply, the Registered Manager should then send the response to the complainant.

All written documentation relating to the complaint should be passed to the Registered Manager for filing.

7.2.5 Withdrawal of a complaint

Occasionally, a complainant decides not to pursue their complaint and does not necessarily give the reasons why. If this happens, a letter should be sent to the complainant from the Chief Executive Officer which:

- acknowledges their decision not to pursue the complaint;
- confirms the investigation has been stopped;
- notes that Mildmay was willing to proceed with the investigation of the complaint; that the decision to withdraw was the complainant's decision and that no pressure was put on the complainant to withdraw their complaint.

If it is felt that the complainant had grounds to complain, the subject of complaint should still be investigated as a matter of good practice.

8. Formal complaints: stage two - independent review

- 8.1** The Independent Review stage of the Complaints Procedures effectively provides the complainant with the opportunity to have their complaint reviewed by an Independent Panel to ensure that it was fully and appropriately investigated by Mildmay.
- 8.2** No one has an automatic right to an Independent Review. Each request for a review is examined to assess whether it was appropriately and thoroughly investigated at Local Resolution. Only if this is not the case and only if it felt that establishing a panel will be able to resolve the complaint, will an Independent Review Panel be set up.
- 8.3** Complainants may request an independent review from the Care Quality Commission office which is responsible for Mildmay's inspection and registration or the NHS body that has purchased their care.

9. Formal complaints: stage three - the role of the Ombudsman

- 9.1** The Ombudsman is completely independent of the NHS and Government. They normally only take on complaints when the Mildmay Complaints Process has been exhausted. A complainant may appeal to the Ombudsman if:
- I. their request for an Independent Review has been turned down and they remain dissatisfied
 - II. they remain dissatisfied with the outcome of the Independent Review Panel
 - III. their request to investigate a complaint was not allowed by Mildmay because it fell out of the time limits, and this decision was upheld by the Convenor
- 9.2** The Ombudsman will need to ensure that there are sufficient grounds for a further investigation and will seek independent professional advice on clinical issues.
- 9.3** The Ombudsman can decide whether the Convenor's initial decision should be reconsidered or whether it is more appropriate for their office to reinvestigate the complaint.

10. Procedures when legal or disciplinary action is involved

10.1 Legal proceedings

If a complainant clearly indicates their intention to start legal proceedings in relation to their complaint, or if legal proceedings begin, the complaints procedure should stop and the complainant and staff involved advised accordingly in writing. The matter is then handled by the Chief Executive Officer outside the Complaints Procedure. He or she will follow procedures outlined in our insurance documents.

10.2 Disciplinary proceedings

- 10.2.1** Mildmay UK's complaints and disciplinary procedures are to be kept distinctly separate. If a need for a disciplinary investigation is identified at any point of the complaints procedure, this should be examined separately by the manager for the involved member of staff with the Human Resources Department. The Chief Executive Officer would then be advised if disciplinary action were appropriate.
- 10.2.2** If a disciplinary investigation is initiated, the Complaints procedure will not proceed with any matters relating to the part of the complaint which is the subject of disciplinary investigation. The complaints process may continue as regards other aspects of the complaint that are not involved in the disciplinary investigation. The complainant should be advised that an investigation is underway and told in general terms of the outcome.

10.2.3 Information gathered in the complaints process that relates to the subject of a disciplinary can be passed to the Chief Executive Officer who is responsible for considering the need for a disciplinary.

11. Confidentiality and anonymity

11.1 Confidentiality

Members of staff cited in a complaint or involved in investigating a complaint should not disclose either the identity of the complainant to any third party (whether staff, patient or member of the public) or any information that would identify them. Equally, any person making a complaint should not discuss their complaint and reveal to any third party the identity of the person against whom they are making a complaint. Care must be taken to ensure that any information disclosed about a patient is kept to that which is relevant to the investigation of the complaint. It should also be disclosed only to those people who need to know for the purpose of investigating the complaint. In such cases, the complainant should be advised of such steps as a measure of good practice.

11.2 Anonymity

Any person making a complaint has the right to remain anonymous if they so wish. This may, however, limit the amount of action that can be taken. If anonymity is not requested by the person making the complaint, their name will be made known where relevant to the member of staff against whom they are complaining. If somebody informs a member of staff that they wish to make a complaint, the member of staff should not ask what the complaint is about if the person does not freely volunteer that information.

12. Recording, Monitoring and Evaluation

12.1 Recording of complaints

Informal/verbal complaints

Line managers should note all verbal complaints that have been dealt with and resolved on a local level on the informal complaints record form (attached as appendix one) and pass any other appropriate information to the Chief Executive Officer.

Formal/written complaints

All complaints are kept in the Registered Manager's office. No correspondence or notes relating to complaints will be kept in patients' medical files. Complaints files are kept for at least a period of five years.

12.2 Monitoring

Complaints will be regularly monitored and evaluated as follows:

Quarterly complaints reports that are submitted to purchasers will also be given to the Board of Trustees. These should include: information on the nature of each complaint but not the specific details; results of the investigation; action taken and whether the complaint was upheld.

A central register is kept on a database of all complaints that is held with the Registered Manager.

The Registered Manager is responsible for identifying issues and trends that become apparent from the investigation of complaints and ensuring that follow-up measures are taken with the Chief Executive Officer.

12.3 Standards

Standards used to evaluate the effective handling of complaints include:

- verbal/informal complaints are resolved within two working days
- written / formal complaints are acknowledged within two working days
- the maximum deadline to complete Local Resolution is 20 working days
- complainants are advised of their right to request an Independent Review within 28 days
- training is provided regularly to staff

13. Training

Mildmay UK is committed to providing training in the handling of complaints for all staff regularly in order to ensure the complaints policy is fully and effectively implemented.

Training will include the following elements:

- what constitutes a complaint
- how to handle complaints
- informal and formal procedures
- Complainant confidentiality.

14. Promotion of the Policy

Mildmay will ensure that patients, relatives, carers and friends are aware of their right to complain and will provide advice on how to do so. Patients are encouraged to complete patient survey forms at the

end of each admission and to give feedback regarding their experience at Mildmay. Copies of the full Complaints Policy and Procedures are available on request.

15. Review

This procedure will be reviewed every two years or when there are significant changes that may warrant a change.

16. Ombudsman

There are two Ombudsman services that may be accessed in relation to Mildmay's work:

If the funding is via the NHS the PCHO (Parliamentary & Health Service Ombudsman) is the correct contact:

PHSO
Millbank Tower
London
SW1P 4QP

Email: phso.enquiries@ombudsman.org.uk
Tel 03450154033

If the funding is via social services continuing care or is self-funded the LGO (Local Government Ombudsman) is the correct contact:

PO Box 4771
Coventry
CV4 0EH

Email: advice@lgo.org.uk
Tel 02476820001
Mobile text "call back" to 0762 480 4299

17. Specific headings related to procedure

- Aims

- To whom these procedures apply
- Summary of complaints procedures
- Recording informal/verbal complaints
- Formal Complaints: Stage One – Local Resolution
- Formal Complaints: Stage Two – Independent Review
- Formal Complaints: Stage Three – The role of the Ombudsman
- Procedures when Legal or disciplinary action is involved
- Confidentiality and Anonymity
- Recording, Monitoring and Evaluation
- Training
- Promotion of the Policy
- Review
- Ombudsman

18. Senior Management Team responsibilities

Ultimate responsibility for ensuring the Complaints Procedure rests with the Senior Management Team (SMT). Responsibility for changes may be delegated to a specific Manager, but approval must always come from the Senior Management Team.

The SMT will ensure sufficient time and financial resources are available to implement this Procedure, which will be formally adopted and recorded in the minutes of a Management Team Meeting.

19. Change history record

<i>Issue</i>	<i>Description of change</i>	<i>Approval</i>	<i>Date</i>
1.0	Initial issue	SMT	October 2019
1.1	Reviewed	SMT	12/01/2022
1.2	Reviewed - minor adjustments	SMT	09/03/2023