

Complaints Management Policy

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1. Introduction

This policy sets out how BrisDoc manages complaints positively and is committed to having effective and efficient procedures for handling them. The procedures are straightforward and easy to understand.

Complaints form a valuable indication of the quality of services provided and this information can be used to help improve services and find better ways to meet patients' needs.

BrisDoc will treat all complaints seriously and in line with best practice taking into account any Duty of Candour requirements. BrisDoc will listen to what complainants have to say, will investigate any complaints thoroughly, fairly, quickly, and in confidence, and will respond promptly. BrisDoc will be open and honest with staff and complainants so that lessons from complaints can be effectively learnt and shared across BrisDoc to enable improvements to be made to the services it provides.

2. Definitions

2.1 What is a complaint?

A complaint is an expression of dissatisfaction about an act, omission or decision of BrisDoc, either verbal or written, and whether justified or not, which requires a response. A few examples of complaints expressed are:

- Something which is against the choice or wishes of a patient
- The way treatment, service or care has been provided to a patient
- Discrimination against a patient
- How a service has been managed
- Lack of a particular service
- The attitude or other behaviour of staff

2.2 Serious Complaints

If a complaint is an allegation or suspicion of any of the following, it should immediately be investigated as a formal complaint:

- Physical abuse
- Sexual abuse
- Financial misconduct
- Criminal offence

In a situation where a person discloses physical/sexual abuse or financial misconduct, it must be reported as a Safeguarding concern, even if the person does not want to make a complaint. Confidentiality should be maintained in such a way that only the managers and staff who are leading the investigation know the contents of the case. Anyone disclosing confidential/sensitive information to others who is not directly involved in the case should be dealt with under BrisDoc's disciplinary procedure.

Any complaint, whether informal or formal, may not be straightforward and may lead to one or more of these apart from the complaint's procedure:

- Disciplinary procedure
- Reporting to the Police
- Claims process
- Investigation into sexual harassment
- Grievance procedure

If BrisDoc is aware of a significant complaint or event (that is one where death or permanent injury occurred), the relevant Clinical Commissioning Group and the Commissioning Support Unit may be informed at the beginning of the next working day depending on the severity of the issue.

3. Confidentiality

Confidentiality must not be compromised during the complaints process unless there are professional or statutory obligations that make this necessary, such as safeguarding. Care will be taken at all times throughout the complaints procedure to ensure that any information is disclosed only to those who have a demonstrable need to know and/or a legal right to access those records under the General Data Protection Regulations 2018.

Particular care must be taken where the patient's record contains information provided in confidence by, or about, a third party.

Disclosure of information provided by a third party outside the NHS also requires the express consent of the third party. If the third-party objects, then the information can only be disclosed where there is an overriding public interest in doing so. Advice should be sought to make this decision.

Patients have a right to challenge decisions without fear of consequences. Complaints must be dealt with in confidence. Complaint investigations are recorded, investigated and managed outside of patient clinical systems i.e., EMIS/Adastral in order that they are kept separately from patients' medical records.

4. Record Keeping / Documentation

All statements, letters, phone calls and actions taken in an investigation must be documented, scanned and kept in the relevant complaint folder on the BrisDoc shared drive. Where any documentation is sent to an external organisation it will be converted to pdf format before sending.

Complaint records will be kept for eight years following closure of any actions in accordance with BrisDoc's Records Management Policy.

Each complaint will be entered into the BrisDoc Integrated Risk Management System BOB for Urgent Care and Business Services or in GPTeamNet for Practice Services. A comprehensive set of data will be entered into these databases so as to ensure BrisDoc can record response timescales; monitor progress with investigating complaints; capture learning outcomes and who

has been involved; provide reports on complaint trends, categories etc. so as to support ongoing service improvement; and identify themes that may be a risk to the organisation.

Complaint files are disclosable and requests for disclosure will be managed in accordance with BrisDoc's Access to Health Records Policy.

4.1 Insurer Notifications

BrisDoc is responsible for promptly notifying its medical professional liability insurer/CNSGP of claims and circumstances which may give rise to a claim under the policy. Failure to do so may result in a claim not being covered by the policy. Such notice should include:

- a. details of what happened and the services and activities that were being performing at the relevant time; and
- b. the nature of any actual, or any possible, bodily injury; and
- c. details of how BrisDoc first became aware of the claim or circumstance; and
- d. all such further particulars as the insurer may require.

A “**circumstance**” is defined in the policy as:

“any circumstances of which you become aware, or should reasonably have become aware, that may reasonably be expected to give rise to a Claim.”

Examples of a circumstance are:

- Any complaint, written or verbal, in which the patient or patient's representative expresses dissatisfaction regarding the treatment provided or a failure to provide and alleges that, as a result, the patient suffered bodily injury.
- A request for access to medical records received from a solicitor or third party on the basis that a Claim against you/your service (to include any of your employees) is being contemplated.
- Any incident in which a Serious Incident Report is generated that involves potential or actual bodily injury
- Any unexpected or unusual death of which you become aware.
- Any adverse outcome or clinical “near miss” in which you believe there may have been a negligent act, error or omission, irrespective of whether or not the patient is aware of this or whether the patient or patient's representative has made a complaint.
- An event that involves potential of actual bodily injury that triggers the threshold for the statutory duty of candour
- An accusation of abuse, including organisational abuse, levied by patients, families, local authority, commissioner or any other entity.
- A notification by the Parliamentary & Health Ombudsman that they may/intend to investigate an incident or complaint.

It is recognised that complaints have the potential to escalate if not handled satisfactorily. The Insurer can provide expertise in assisting with responding appropriately to complaints. Collaborating with the Insurer can support complaint resolution at an early stage, thereby reducing the risk of litigation. Draft complaint responses may be sent to the Insurer prior to sending to the complainant. In complex complaints where harm was caused through mis-diagnosis or mis-treatment support should be sought from the Insurer.

5. Support for the Workforce

Any person named in the complaint, either personally or by role, should be informed of the complaint by their line manager or, if appropriate, the investigating person. Staff about whom the complaint is being made can request to view a draft response and have an opportunity to share any reflections. Workforce affected by the complaint will be fully supported. The investigation should be full, fair and timely and should not apportion blame.

BrisDoc staff can be upset when a complaint is made, and abusive comments can disrupt the smooth running of BrisDoc. Therefore, the management style and culture in BrisDoc is to have a positive attitude towards dealing with complaints. Our focus is on good care for patients, relatives and carers and sensitivity to their views. Complaints will be investigated in accordance with the principles set out in the Duty of Candour policy.

Complaints into the organisation will be appropriately shared across services to assure good quality of patient care by identifying themes and trends and sharing learning appropriately.

The investigating manager will consider the welfare of a staff member involved in a complaint and share details of a complaint with a staff members line manager to ensure the staff member is offered adequate support if needed.

6. Support for the Complainant

Complainants will be provided with appropriate support to express the issues about which they are unhappy. Support may include for example, signposting to an advocate or interpretation services, receiving their complaint verbally, or asking BrisDoc's Governance Team to contact them if they do not wish to talk directly with a member of staff in the service. Each service will provide people with clear information about how to make their complaint in a way that suits them best. Complainants will be assured that there will be no effect on any aspect of their ongoing care because they have raised an issue about which they are unhappy.

7. Complaint Process

The complaints management procedure is set out in full in appendix 1.

7.1 How to complain

BrisDoc aims to ensure that complaints can be resolved easily and quickly, often at the time they arise, with the person concerned and to the complainant's satisfaction. However, If the complaint cannot be resolved in this way, we will manage the complaint using our formal complaints procedure.

There are time limits for a complaint to be received. The complainant is required to provide the details of their complaint either within 12 months of the incident, or 12 months from the date on which the event/incident which is the subject of the complaint, is known to the complainant.

Formal complaints may be made in writing or verbally to the Governance Team or the Manager in the relevant BrisDoc service.

BrisDoc will acknowledge receipt of the complaint and confirm how the response will be made.

7.2 How a complaint is dealt with

- When a complaint is received, it is acknowledged, a response date is shared with the complainant and details of the complaint are recorded on the relevant complaint management system. The complaint is shared with a manager to investigate and respond to the complainant.
- A decision is made whether the complaint should be shared with our insurers (CNA or CNSGP)
- The investigation should be completed and the complainants receive a full explanation within the timescale agreed with them.

When responding to a complaint the following will be included:

- A summary of each element of the complaint
 - Details of policies or guidelines in place at the time
 - Reference to the Duty of Candour process, if the complaint relates to an associated notifiable incident
 - A summary of the investigation
 - Details of key issues or facts identified by the investigation
 - Conclusions of the investigations – was there an error, omission or shortfall by BrisDoc?
 - An apology if one is needed
 - Lessons learnt/reflection from the organisation's and or member of staff's perspective, where applicable
 - An explanation of what happens next, e.g., what will be done, who will do it and when
 - How lessons learnt will be disseminated to the wider workforce
 - The response method (written or verbal) will be documented in BOB/GPTeamnet
 - Invitation to meet a senior manager/clinician in person for further discussion if necessary
 - Information on what the person complaining should do if they are still unhappy.
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- BrisDoc must act in accordance with the Duty of Candour in respect of complaints about care and treatment that have resulted in a notifiable safety incident.
 - The response may be in writing, by email or verbally. A complaint response, can also be translated into another language; by using language line services. (The complaint response method will be agreed with the complainant)
 - If the complainant remains dissatisfied a meeting can be arranged between the complainant, any person involved in the complaint, the Service Manager and a senior clinician to discuss the matter further. Complaints that cannot be resolved locally in a BrisDoc service may be referred to the Director of Nursing, Allied Health Professionals and Governance and Medical Director to attempt local resolution prior to referral to an external body.
 - BrisDoc managers who may respond directly to a complainant include Practice Managers, Lead GPs, Deputy Medical Directors, and Heads of Services. Where a complaint is significant the response should be reviewed and/or sent by the Medical Director.

7.3 Complaining or appealing to external bodies

Usually, most complaints can be dealt with in-house using the BrisDoc complaint's procedure to the satisfaction of both BrisDoc and the complainant. This gives the best chance of putting right whatever has gone wrong and the opportunity to improve the service offered.

However, if the complainant is unhappy with the response to his/her complaint from BrisDoc, they can take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) for an "Independent Review" of their case. The PHSO is an independent complaint handling service for complaints that have not been resolved by the NHS in England. The PHSO share their findings to help drive improvements in healthcare and complaint handling. The complainant should contact the PHSO as soon as possible after they have had the final response from BrisDoc, as legally the complainant must make their complaint to the PHSO within a year of becoming aware of the problem. However, the law does give some flexibility on this and in some circumstances the PHSO may be able to investigate after this time limit. The complainant will be provided with the PHSO details within the complaint response, and BrisDoc will cooperate with any independent review or process.

If BrisDoc are contacted by the PHSO regarding an independent review of a complaint, details of the complaint and PHSO correspondence must be shared with CNSGP/AJG immediately.

Patients can also get independent health complaints advocacy through the local service

Independent Complaints Advocacy Service – The Advocacy People.

This service can be contacted on:

Tel: 0330 440 9000

Email: info@theadvocacypeople.org.uk

The Patient Advice and Liaison Service for the Commissioner and other Provider services can be a bridge between the complainant and BrisDoc.

pals@ubht.nhs.uk

tel: 0117 4144569

The Parliamentary and Health Service Ombudsman

Complainant can call 0345 015 4033. They will need to follow this enquiry up by a letter which can be sent by post, fax or email to:

Fax: 0300 061 4000

Email: phso.enquiries@ombudsman.org.uk

Address: Millbank Tower
Millbank
London
SW1P 4QP

8. Joint Complaint Resolution

If a complaint involves other agencies, then BrisDoc has a duty under the Local Authority Social Services and NHS Complaints (England) Regulations 2009 to co-operate with other agencies involved.

In these circumstances BrisDoc may be either the lead investigator or a contributory investigator. BrisDoc will actively collaborate as a contributory investigator in accordance with the lead investigator's requirements with respect to evidence and timescales.

The lead investigator, BrisDoc will make timely contact with other contributory investigators, providing clear guidance on what evidence is required and by when. A final draft of the response will be shared with contributory investigators for an accuracy check. Each contributory investigator will receive a copy of the final response for their records and to follow through any joint learning opportunities. A collaborative approach could reasonably be expected to take longer to investigate so BrisDoc will ensure the complainant is kept up to date on progress at all times.

9. Vexatious Complainants

Habitually demanding or vexatious complainants are an increasing problem for healthcare staff. Handling such complainants could place a strain on time and resources, and cause unacceptable stress for staff, who may need support in difficult situations.

It is accepted that complainants or others coming into contact with a BrisDoc service may act out of character. They may show signs of vexatious behaviour for several reasons, and may be unaware that their attitude/behaviour is causing unnecessary distress to others. Unacceptable behaviour that continues through several contacts however, should be considered for alternative management of the complaint.

9.1 Definition and characteristics

Vexatious behaviour is defined as "to harass, distress, annoy, tease, cause trouble, agitate, disturb or pursue issues excessively".

Behaviour exhibited by a person (and/or anyone acting on their behalf) may be deemed to be vexatious where previous or current contact with them shows that they meet any of the following criteria:

- a) persisting in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted, but no appeal has been made to the Parliamentary Health Service Ombudsman.
- b) seeking to prolong contact by continually raising further concerns or questions upon receipt of a response. (Care must be taken not to discard new issues, which are significantly different from the original issue. These might need to be addressed as separate issues.)
- c) unwilling to accept documented evidence as being factual or denying receipt of an adequate response in spite of correspondence specifically answering their questions, or

does not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.

d) does not clearly identify the precise problem, despite reasonable efforts of staff and, where appropriate an advocate to help them specify their concerns, and/or where the concerns are not within the remit of BrisDoc to investigate.

e) focuses on a matter to an extent, which is out of proportion to its significance and continues to focus on this point.

f) has threatened or used actual physical violence towards staff or their families or associates. This will, of itself, cause personal contact with the person and/or their representatives to be discontinued and the issue will, thereafter, only be pursued through written communication.

g) has harassed or been personally abusive or verbally aggressive, on more than one occasion towards staff dealing with their issue or their families or associates. However, staff must recognise that people may sometimes act out of character at times of stress, anxiety or illness and should make reasonable allowances for this.

h) has had, in the course of addressing an issue, an excessive number of contacts with BrisDoc, placing unreasonable demands on staff time or resources. (A contact may be in person, or by telephone, letter, fax or e-mail.) Judgement must be used in determining what an "excessive number" of contacts is, and this will be based on the specific circumstances of each individual case.

i) has electronically recorded meetings or face to face/telephone conversations without the prior knowledge or consent of the other parties involved.

j) displays unreasonable demands or expectations and fails to accept that these may be unreasonable (e.g. insists on responses to enquiries being provided more urgently than is reasonable or normally recognised practice).

9.2 Management of vexatious complainants

BrisDoc will manage vexatious complainants in accordance with the NHS England Complaints Policy 2017.

Service managers will fully record any suggestion of vexatious behaviour. Good documented evidence will be required and the completion of incident forms is mandatory for incidents relating to possible verbal or physical abuse (this includes telephone conversations).

Where people have been identified as exhibiting "habitual or vexatious" behaviour in accordance with the above criteria, a Head of Service will decide what action to take, they will implement the action and will notify complainants in writing of the action that has been taken and the reasons for it. If appropriate, notification of this action may be copied to other providers/commissioner for information. A record will be kept of the reasons why a complainant has been classified as "vexatious".

A complainant displaying the criteria above will be notified in writing that their conduct is unacceptable, and that they persist they may be classified as "vexatious", citing the examples of the behaviour displayed. They will be advised to seek advocacy support to present their complaint. If amenable a code of behaviour may be drawn up with the complainant. A "vexatious" status will be reviewed six monthly and may be accordingly withdrawn.

10. Appendices

BRISDOC COMPLAINTS MANAGEMENT PROCEDURE

Individual making a complaint

A complaint made on someone else's behalf

In writing

Verbally

In writing

Verbally

Complaint details entered into the complaints management tool (CNA/CNSGP notification as necessary)

Acknowledgement will be made verbally or by letter sent with 3 working days, enclosing a copy of the service complaints leaflet

Consent from the patient obtained (where they have capacity) or evidence of a LPA. Next of Kin evidence if deceased

Complaint details captured in the message handling form and sent to Governance manager / Quality Manager

Complaint details confirmed verbally or sent back to complainant for checking of accuracy and completeness

Member of staff notified there has been a complaint made and who the Investigating Manager is who, will be contacting them for a statement. Case records and voice recordings pulled for the Investigating Manager. Investigating Manager shares details with staff members line manager where appropriate

Investigating Manager investigates the complaint in timescale agreed with complainant, and drafts the response

Staff member provides statement within set timescales and reviews draft response where appropriate

Regular progress reviews between Governance Team and Investigating Manager, extensions agreed with complainant as required

Draft response reviewed by a BrisDoc Lead or Head of Service before being shared with the complainant (within 25 working days for GP OOHs and timescales agreed with complainant for other BrisDoc services)

Complainant satisfied with response

Yes

No

Meeting offered with the Investigating Manager to explain the investigation and/or cover additional questions asked by the complainant

Where the complainant remains unhappy with the outcome of the complaint investigation, they are signposted to the Public Health Ombudsman or an advocacy service

Review at PDR meeting

Feedback to staff member by Line Manager

Complaints data included within the Corporate Dashboard

Review of complaints at Quality Board level where necessary identification of themes that present a risk to BrisDoc and that need including on the risk register

Complete complaint management tool and close

11. Change Register

Date	Reviewed and amended by	Revision details	Issue number
11.2013	CL Nicholls	Updated to reflect input from Investigating Manager and deputy to Head of Governance, individually agreed response timescales, management of verbal complaints including those received via another organisation, inclusion of section 4 complaint record keeping, obtaining consent when a complaint is made of someone else's behalf, names within the responsibilities section. Change of title from procedure to policy. Add related policies.	9
27.4.15	CL Nicholls	General review and update to include change register and implementation record, CQC standards, new core value headings, notification to insurer, procedure. Inclusion of GPST. Removal of amendment register from 2009 to 2013.	9.1
19.6.16	CL Nicholls	Update to include new values slide, NFP and HHS, change GPSU/T to AGPT, and removal of named support for the Lead GP role. Change ICAS details to SEAP. Update response timescales.	9.2
October 2018	CL Nicholls	Review by CNA following complaints letter writing workshop and general update. Inclusion of managing vexatious complainants, support to complainants, joint complaint resolution, documentation and disclosure arrangements, use of GPTeamNet by Practice Services. Updated procedure.	10
October 2021	T Clutterbuck	The BrisDoc complaints management database is now called BOB rather than DAC	10.1
October 2021	T Clutterbuck	Medical indemnity providers to include CNSGP for incidents reportable after 1 st April 2019	10.1
October 2021	T Clutterbuck	Notification of investigation by Parliamentary & Health Ombudsman to be shared with Medical Indemnity providers	10.1
October 2021	T Clutterbuck	Update of the contact information for the Advocacy service and added the information for PALS	10.1
October 2021	T Clutterbuck	Appendix 1 updated	10.1
January 2022	S Pearce	Update section 5 to add in sharing with Line Manager	10.2
January 2022	S Pearce	Appendix 1 updated	10.2
March 2022	T Clutterbuck	Insurers can be CNSGP, AJG or both	10.3

March 2022	T Clutterbuck	Any PHSO investigation of a complaint must be shared with our insurers (CNSGP/AJG)	10.3
March 2022	T Clutterbuck	Policy wording updated to say that complaint responses may be shared verbally, by letter or by email – the response method will be documented in BOB/GPTeamnet	10.3
March 2022	T Clutterbuck	Reference to the Head of Governance have been amended to read Governance Team or Director of Nursing, Allied Health Professionals and Governance	10.3
March 2022	T Clutterbuck	Appendix 1 amended	10.3
October 2022	T Clutterbuck	Following Review by Rhys Hancock this policy has been rewritten and group reviews. The policy template has been updated as has the appendix	11