

COMMENTS & COMPLAINTS POLICY & PROCEDURE

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Title	Comments & Complaints Policy & Procedure
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Purpose	This policy outlined how complaints will be managed by the Company. It emphasises the importance of prompt resolution wherever possible. The policy also sets out the timeframes for responding to complaints and individuals' roles in the process.
Scope	The 'Company' refers to Orthoderm and Hillsborough Private Clinics.

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1.0 Introduction

The Company aims to provide a high quality service at all times. Our clinics welcome comments, suggestions, or expressions of dissatisfaction, which provide valuable feedback on our services; including patient outcomes, experiences and quality of care delivered.

Each member of staff has a responsibility to ensure that situations which may lead to complaints are avoided or dealt with at local level. All feedback is reviewed regularly and considered as appropriate. As an organisation, we believe in learning from all feedback and provide regular training and learning opportunities to our staff to address any gaps in knowledge or service delivery.

2.0 Definition

A complaint is an expression of a concern or a dissatisfaction with any matter connected with the provision of our services. A complaint may be made by:

- A patient;
- Former patient using the services or facilities;
- Someone acting on behalf of existing or former patients, provided they have obtained the patient's consent;
- Parents (or persons with parental responsibility) on behalf of a child;
- Any appropriate person in respect of a patient unable by reason of physical or mental capacity to make the complaint himself or who has died eg the next of kin.

3.0 Complaints Policy

This policy sets out the way in which complaints will be managed by the Company. It emphasises the importance of prompt resolution wherever possible. The policy also sets out the timeframes for responding to complaints and individuals' roles in the process.

The policy seeks to ensure that:

- Patients who complain are listened to and treated with courtesy and empathy;
- Patients who complain are not disadvantaged as a result of making a complaint;
- Complaints are investigated promptly, thoroughly, honestly and openly;
- Complainants are kept informed of the progress and outcome of the investigation;
- Apologies are given as appropriate;
- Action to rectify the cause of the complaint is identified, implemented and evaluated;
- Learning from complaints informs service development and improvement;
- Complaints handling complies with confidentiality and data protection policies and is transparent.

All customers will have access to communication describing the Complaints Procedure.

All formal complaints should be directed to:

Complaints Officer

Telephone: 028 9268 0940

Email: vesta.zemaite@affidea.com

4.0 Responsibilities

The Directors are responsible for ensuring that the right systems are in place to manage and resolve complaints. However, it is the responsibility of all staff to:

- Work to resolve any concerns expressed by patients;
- Escalate to their manager any concerns which they cannot resolve or where the individual indicates that they wish to make a complaint.

It is the responsibility of line managers to ensure that staff record details of issues and concerns that are raised, including details of how the concern/issue was resolved.

5.0 Confidentiality

Maintaining user confidentiality is essential and security of data relating to individuals must be protected in accordance with Data Protection law. No confidential information relating to complaints will be disclosed to any third party unless the Company has the patient's consent or some other lawful authority to do so.

NHS patient complaints are handled in line with Trust protocols. The relevant Trust will be notified of any complaint and all associated documentation will be forwarded to them on request. Patient consent will be sought prior to notifying the Trust.

6.0 The Complaints Procedure

6.1 Receiving complaints

All staff are responsible for working to resolve concerns raised by patients. Prompt action to resolve concerns can prevent them escalating into more serious complaints.

Staff must:

- Ensure that they take time to listen and ensure they fully understand the concerns, this may mean asking for clarification where elements are unclear;
- Respond to the issues raised or refer the complainant to someone who can assist them further;
- Contact their line manager if any issue is serious or cannot be resolved easily and by the end of the next working day;

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- The manner used to respond to concerns must never be perfunctory, curt or negative. Care must be taken over the messages sent out in the first interaction as this will set the tone and often influence the likelihood of dealing with the issue;
- The member of staff to whom the complaint is made is responsible for ensuring it is logged on the relevant complaints log;
- When a complaint is made, staff must ensure that their line manager and the Clinic Operations Manager are informed.

6.2 Recording complaints

A complaint can be made in writing, electronically, or verbally. Any member of staff receiving a complaint in person should document the details on the relevant complaints log (with the date received).

The acknowledgement of a complaint must include confirmation of the issues raised to ensure accuracy and confirmation of the complainant's expectations.

6.3 Resolving complaints

6.3.1 Stage One

- In the first instance complaints should be directed to the relevant member of staff for resolution. They may be able to resolve it swiftly and should do so if possible and appropriate.
- Whether or not the complaint has been resolved, the complaint information must be passed to the Clinic Operations Manager.
- If the complaint relates to a specific person, they should be informed and given a fair opportunity to respond.
- Complaints should be acknowledged within **3 working days** by the Clinic Operations Manager or appropriate person. The acknowledgement should say who is handling the complaint and when the person complaining can expect a reply.
- Complainants will receive a response in writing within **20 working days**. If this is not possible because, for example, an investigation has not been fully completed, they will be advised and given an indication of when a full reply will be given.
- Whether the complaint is justified or not, the reply to the complainant should describe the action taken to investigate the complaint, the conclusions from the investigation, and any action taken as a result of the complaint. The response should include the contact details for complainants to contact if they remain dissatisfied and wish to escalate.
- Any investigations will be managed by the Clinic Operations Manager or appropriate person, who will respond to the complainant.
- The Clinical Manager will notify RQIA in line with their published guidance 'Statutory Notification of Incidents and Deaths'.

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- All complaints will be discussed with the Medical Directors at the Directors meetings.
- To ensure a valid whole practice appraisal, complaints regarding Consultant medical staff should be shared by the relevant Consultant at their next appraisal. As per NI INI recommendations* a Medical Director will correspond with the Consultant's Responsible Officer regarding any complaints deemed serious.
- The Clinic Operations Manager may apply disciplinary sanctions where necessary or withhold practising privileges until the complaint is fully investigated.
- Where the complaint is regarding a Consultant and deemed serious, the complaint will be shared immediately with the Consultant's Responsible Officer. This may necessitate temporary suspension of practising privileges, which may become permanent if serious misconduct is found.

6.3.2 Stage Two

- If the complainant feels that their complaint has not been satisfactorily resolved at Stage One, they can request that the complaint is reviewed by the Directors/ Country Quality & Risk Manager, Affidea Ireland.
- The request for Director/ Country Quality & Risk Manager level review should be acknowledged within **3 days** of receiving it and the acknowledgement should say who is dealing with the case and when the complainant can expect a response.
- The Director/ Country Quality & Risk Manager may investigate the facts of the case themselves or delegate a suitably senior person to do so. This may involve reviewing the paperwork of the case and speaking with the person who dealt with the complaint at Stage One.
- The person who dealt with the original complaint at Stage One should be kept informed.
- Ideally complainants should receive a definitive reply within **20 working days**. If this is not possible because, for example, an investigation has not been fully completed, they will be advised and given an indication of when a full reply will be given.
- Whether the complaint is upheld or not, the reply to the complainant should describe the action taken to investigate the complaint, the conclusions from the investigation, and any action taken as a result of the complaint.
- If the complaint relates to an NHS patient, the Directors/Country Quality & Risk Manager will advise the Trust/Board of the outcome of the investigation and relevant documentation will be forwarded on request.

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- When required the Directors/Country Quality, Risk & Manager will advise RQIA of the outcome of the investigation, including actions and relevant documentation.
- The decision taken at this stage is final, unless the Directors/Country Quality & Risk Manager feel it is appropriate to seek external assistance with resolution.

6.3.3 External Stage

If a complainant is still unhappy with the situation, they can refer their complaint to an external organisation/relevant professional body. NHS patients can get in touch with the relevant Health Care Trust as follows:

South Eastern Health & Social Care Trust

T: (028) 9056 1427

Email: complaints@setrust.hscni.net

Southern Health & Social Care Trust

T: (028) 3861 4150

Email: complaints@southerntrust.hscni.net

Western Health & Social Care Trust

Tel: (028) 7161 1226

Email: complaints.department@westerntrust.hscni.net

Northern Health & Social Care Trust

Tel: (028) 9442 4655

E-Mail: user.feedback@northerntrust.hscni.net

Belfast Health & Social Care Trust

Tel: (028) 9504 8000

Email: complaints@belfasttrust.hscni.net

NHS patients who are still dissatisfied can contact the Complaints Officer of the Strategic Planning and Performance Group of the Department of Health (SPPG). The SPPG can act as an intermediary in relation to complaints. We will co-operate fully with the SPPG.

Strategic Planning and Performance Group

Department of Health

12-22 Linenhall Street

Belfast BT2 8BS

Email: complaints.SPPG@hscni.net

If an NHS patient unhappy with the service provided by a government department/agency or public body, including Health and Social Care Service in

In Ireland they can ask for the Ombudsman to investigate their case. However, a case may not be taken on if it has not firstly gone through this Complaints Procedure.

Northern Ireland Public Services Ombudsman
Progressive House
33 Wellington Place
Belfast
BT1 6HN
Telephone: 0800 34 34 24
Email: nipso@nipso.org.uk

7.0 Time Limits for Raising a Complaint

It is important that a complaint is made as soon as possible. Complaints from patients being treated via the NHS waiting list initiative will be handled in accordance with Trust protocols at that stage.

8.0 Regulatory Body

Both clinics are registered with and regulated by The Regulation and Quality Improvement Authority.

RQIA contact details:
James House
2-4 Cromac Avenue
Belfast
BT7 2JA
Telephone: 028 9536 1111

9.0 Records

All records relating the complaint will be held confidentially and kept together in one location.

10.0 Monitoring and learning from complaints

Complaints are reviewed annually to identify any trends which may indicate a need to take further action.

Complaints and concerns will be provided on a yearly basis to consultant medical staff who hold practising privileges.

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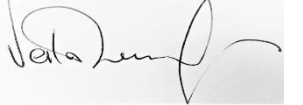
11.0 Policy Review

This policy will be reviewed at least every 3 years.

12.0 Revision History

Version	Page	Section	Description of change
1.0			First issue – this policy amalgamates the following policies: Orthoderm – Comments & Complaints Policy & Procedure P05 Hillsborough Private Clinic – Complaints Policy No.4
2.0	5	6.3.1	31/1/24 Added reference to NI INI recommendations re complaints

13.0 Sign-offs

	Approver Name	Job Title	Date	Signature
Document Author	Emma Stinson	HR & Compliance Manager	31/1/24	
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CEO/Director	Michael Eames <i>(on behalf of MDs)</i>	Medical Director	31/1/24	