



Policy 15 - Complaints and compliments policy

- Created March 2019
- Author Phil Anderton
- Signed off by Directors August 2023
- Version 5.0
- Review August 2024

Overview and Brief policy explanation

Welcoming and listening to feedback from patients, their families and carers is an essential part of ADHD 360 quality and safety governance. The management of that feedback is necessary to ensure that patients are confident that their feedback is acted upon in a fair, consistent and timely manner.

Feedback mechanisms

People can give their feedback in a variety of ways, including telephone, email and in writing at our postal address. Those offering feedback by email will be specifically alerted to the insecure nature of the internet for personal and confidential information raised with them and ADHD 360 will seek express permission to continue using that format.

Our web page www.adhd-360.com will always in every iteration, have a specific section that is well signposted for patient observations.

Compliments and expressions of satisfaction made by a patient, their family or carer will be acknowledged in the format in which they were received. Compliments will be passed onto the relevant staff member and held for annual appraisal. If ADHD 360 are seeking to use compliments as a citation in any form express permission must be sought from the author and authorised for use by a Director. Permission to use citations MUST be recorded in the patient front sheet or file.

Complaints and feedback that can help ADHD 360 to develop as an organisation are welcomed and early resolution is encouraged to facilitate outcomes that resolve complaints as early as possible. All complaints must be shared across the Director group to ensure any learning or action required is benefitting the whole organisation. Anonymous complaints will be recorded and investigated to the extent which is possible given the information supplied.

Duty of candour

Legislation provides that we operate in an open, transparent way with anyone receiving care from us. This is at its most important when dealing with a complaint. The legislation also provides that where an incident leads to a 'Notifiable Safety Incident' we must carry out the Duty of Candour in a specific way. Most Notifiable Safety Incidents will emerge from either a complaint or a recognition of an incident. 360's policies on both mirror themselves in approach to the Duty of Candour and managing a complaint.

Upon receipt of a complaint, we all need to acknowledge our responsibilities under the Duty of Candour, these include as a minimum:

- 1. Have we apologised to the complainant for any distress / harm, caused (without liability being accepted)? Y / N**
- 2. Is there a notifiable safety incident? Y / N**
- 3. You should ensure that you act to encourage candour, openness, honesty whilst managing this this complaint? Y / N**

Appendix A to this policy includes guidance on Notifiable Safety Incidents.

Complaints process

ADHD 360 will adopt a three-stage process for investigating complaints.

Stage 1

Upon receipt of a complaint, the complaint will be logged in Chrysalis HR and brought to the immediate attention of a Manager. If the complaint is regarding a Manager, the complaint should be brought to the attention of a Manager other than the person being complained about.

If the Manager feels it is appropriate on any of the following grounds, at any time, they should refer the complaint to a Director to review before passing to an external investigator. In doing so the investigating Director should seek the permission of the complainant to share sensitive and patient information.

- Medical negligence
- Safeguarding concerns
- Professional negligence
- Duty of Candour Notifiable Safety Incident

The receiving member of staff will review the complaint and make an initial assessment of the next course of action and contact the patient. The next steps will be mindful of the relevant policies for ADHD 360, for instance Safeguarding. Unless there is a justification for not doing so, which will be ratified with a Director, the receiving member of staff will notify the relevant staff that are concerned in the complaint.

At this stage, unless there is a specific requirement or need not to, the receiving member of staff should contact the complainant and take appropriate action to resolve the complaint.

If the complaint cannot be resolved, the receiving staff member will consult with a senior manager and consider moving to stage 2.

Stage 2

At stage 2, the complaint will be fully documented and a Director will allocate a staff member (the investigator) to investigate the complaint, this should be a senior member of staff.

The investigator will contact the complainant after all evidence has been reviewed and will seek to resolve the complaint with the complainant.

If the complaint cannot be resolved, the following steps should be followed:

Full documentation of the steps taken thus far and why the complaint cannot be resolved at Stage 2. This should then be raised with a Director for final guidance on the potential options for the complaints closure.

Contact will be made with the complainant to advise of the potential options to close the complaint.

If the complaint outcome cannot be agreed upon and the patient has reasonable grounds to pursue an alternative outcome, they should be advised of a referral to an external investigator.

Stage 3 – external investigation

1. The external investigator will review the complaint in full and within 1 week draw up a Next Steps investigation plan to investigate matters further. This plan should be shared with the Directors.
2. The external investigator will upon agreement of the investigation plan proceed. They should consider contacting the complainant and interviewing the member of the team if necessary. In any interview, the staff member is entitled to representation as they feel appropriate.
3. Upon conclusion of the enquiry at Stage 3 formal contact should be made with the complainant demonstrating the inputs and outcomes of the complaint activity.
4. Any lessons learned will be communicated with the Director's as soon as practicable.
5. The staff member subject of the complaint will be informed of the results of the complaint.

Resolution of complaints

Complaints will result in one of the following outcomes:

- a) No further action
- b) Advice to the staff member involved
- c) A formal training plan for the staff member and / or other members of ADHD 360 where applicable
- d) Policy changes throughout ADHD 360
- e) Written warning to the staff member involved
- f) Dismissal of staff member

All outcomes will be recorded on the complaint reports and where appropriate (e.g. b, e, f above) on the personal file of the staff member.

****If at any time in any complaint the receiving Director or any other connected member of staff requires HR or policy advice they should contact Phil Anderton and this will be facilitated****

Trust Pilot

ADHD 360 will also solicit feedback through Trust Pilot which will be monitored for any complaints being submitted or raised through that route.

The Office manager will review ALL Trust Pilot reviews and respond to those of 4 and 5* rating. Anything less than 2* will be reviewed as negative feedback by the Customer Service Coordinator and considered for patterns and individual / organisational learning. This will culminate in a monthly report to the Clinical Operations meeting and feed into the clinical 6CCE framework.

5 key questions

Lessons learned from the '5 key questions' will be captured and reported into the monthly Clinical Operations Meeting by the Customer Service Coordinator.

Anything less than '2.5' will be reviewed as negative feedback by the Customer Service Coordinator and considered for patterns and individual / organisational learning. Anything reported as a result of '5' will be reported as positive feedback and both of these will also feed into clinical 6CCE framework.

Patient feedback from other sources

Feedback can come from a call, a letter or other means such as an email. It is our responsibility to respond to these events and make the very best of the opportunity to learn from comments made.

All inbound patient feedback channelled from 'other sources' will be reviewed by the Customer Service Coordinator and progressed according to the requirement. This will culminate as content in the monthly report to the Clinical Operations meeting.

Lessons Learned and Improvement Actions

Where a specific staff member is implicated in any feedback, the staff member will be mentioned in the detail of the complaint documentation within Chrysalis HR.

At the point where the complaint is closed, the staff member implicated will receive an automated email from Chrysalis HR, inviting them to review the complaint documentation. Once they have reviewed the complaint, inclusive of learning points, the staff member then confirms these facts and marks the complaint to 'confirm they have read and understood the complaint'.

This action sends a further automated email to the complaint manager, closing off the governance cycle, confirming that the lessons have been taken on board.

Finally, during the monthly quality check of complaints, the 'tick box' to confirm the employee implicated in the complaint has read and understood the documentation is audited and any staff member who is documented and has not marked the documentation appropriately, to confirm their understanding, will be tasked to carry out an urgent review of the complaint documentation that concerns them to close off the governance cycle.

Appendix A

Duty of Candour, Notifiable Safety Incident definitions

Any unintended or unexpected incident in relation of a regulated activity.

Appears to have resulted in, or requires treatment to prevent:

- Death of a patient
- Impairment of sensory, motor or intellectual functions of the service user which has lasted or is likely to last for 28 days
- Changes the structure of the patient's body
- Causes prolonged psychological pain or harm (prolonged 28 days or more)
- Shortens life expectancy of the patient.

Definitions of harm include:

- Moderate harm: requires a moderate increase in treatment
- Severe harm: permanent lessening in sensory, motor, physiological or intellectual functions
- Moderate increase in treatment: unplanned returns to surgery, extra time in hospital, cancelling of treatment
- Prolonged pain: continuous for more than 28 days
- Prolonged psychological harm: likely to, or has experienced for at least 28 days.

