

Complaints Procedure Policy

Scope

FGA expects all staff to take all possible steps to resolve any issues that patients or visitors raise so that they do not escalate and become a formal complaint. However, staff should also be able to advise complainants on how to make a complaint or raise a concern in the event that they are unable to resolve the issue at the time or recognising that on occasion some issues are more appropriately managed through the formal complaints process.

Complaints are a valuable source of feedback on our services from patients and the public. We encourage feedback from patients and the public and aim to use this as an opportunity to improve the services being delivered.

It is important, therefore, that robust processes are in place to investigate appropriately and respond in a timely and constructive way.

Objectives

The aim of the complaints procedure is to ensure that:

1. All complaints are investigated thoroughly, fairly and quickly through liaison with the complainant, ideally using a method of resolution agreed with the complainant.
2. The investigation is proportionate to the issue(s) being raised and in line with the complainant's desired outcome.
3. Following the investigation complainants receive an explanation, are told about the conclusions that have been reached and informed of what action, if any has been taken and apologies are given as appropriate and required.
4. Written responses should be written in plain language, are open and honest and are not formulaic or patronising: acronyms and technical medical jargon are avoided.
5. Patients who make a complaint are not subsequently discriminated against or made to feel guilty for having raised their concerns.
6. When the complaints process highlights deficiencies in the organisation or delivery of care, FGA responds and improves the quality of its services.
7. Trends in service dissatisfaction are identified which enable lessons to be learned and the quality of services to be improved.

Procedure

This section outlines processes for the resolution of complaints within the FGA. During the process every effort should be made to resolve the complaint. Complaints may be made in writing or verbally. The word 'complaint' is often used when the nature of the issue outlined (verbally or in writing) is not actually a formal complaint but a concerned enquiry.

Where there is doubt as to whether a letter is a formal complaint or a concerned enquiry, the patient or their representative should be asked how they wish to proceed, i.e. formally or informally. Where necessary, advice can also be sought from the Complaints Manager. This should be documented within the complaints file and the transfer to a formal complaint should be acknowledged and registered by the complaints team and the response time agreed.

Concerned Enquires

Concerned enquiries may be made verbally, via letter or email. They can provide valuable feedback from patients about our services, and all FGA staff have a responsibility to act upon them. Concerned enquiries, criticisms or concerns should, if possible, be resolved locally

and immediately or within a short timescale agreed with the individual. Any lessons to be learnt from these enquiries should be disseminated to staff within the relevant departments. If the complaints team have been involved at the informal stage then this must be registered as an informal complaint and logged on the Complaints & Incidents log.

If resolution is not possible, or the individual wants to pursue matters through the FGA formal complaints procedure, details should be taken and forwarded to the Quality Manager.

Formal Complaints

Upon receipt of a formal complaint, the following steps must be taken:

1. The details of the complaint passed to the PR.
2. Basic details logged on the Complaints & Incidents log by admin team.
3. Pass patient complaint letter and medical notes to the Quality Manager who will then decide who shall be the management lead (this can be any member of the senior management team or head of department) for the complaint
4. The lead for the complaint must then formally investigate the allegations. This must include:
 - (a) Identification of staff involved
 - (b) Identification of others who may be able to assist in the investigation
 - (c) Advise any staff involved in the complaint that a formal complaint has been logged and they are named
 - (d) Obtain statements from all staff involved as appropriate and required.
 - (e) Identification if the complaint potentially involves any breach of the HFEA Code of Practice
 - (f) If a potential incident is identified, this needs to be reported to the HFEA within 12 hours of discovery and an online incident report form should be completed no later than 24 hours later (see GENSOP13 - adverse incident reporting)
 - (g) All of the above needs to be documented and saved in the patients' specific complaints folder. No details of any complaint are to be saved in any medical record.**
 - (h) This is to ensure that the details and resolution are not made commonly available and also to mitigate the risk that the patient could be treated differently based upon the details of their complaint
5. A comprehensive response should be drafted, taking direct quotes from statements made by staff if relevant (these should be written in italics and quotation marks)
6. The draft response must be reviewed by the Medical Director/PR before being sent to the complainant.
7. As a result of the complaint, the management lead must identify any need for re-training, risk assessment, revision of SOP's or Quality manual to reflect corrective measures put in place.