

# Complaints & Feedback Policy



Category	Policy
Summary	This document outlines BAPAM's policy and procedures with Complaints and other feedback from clinic patients and service users about our health advice and assessment services.
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Approval date/ via	Medical Committee
Distribution	BAPAM clinicians e-mail & online forum Staff e-mail and meetings Public website
Related documents	<i>Patient Contract</i>
Author	Dr Deborah Charnock, Chief Executive
Further information/contacts	Issues relating to complaints and feedback from BAPAM staff, clinicians, volunteers, stakeholders and contractors are covered in our <i>Staff Handbook</i> , <i>Public Interest Disclosures Policy</i> and <i>Incidents Policy</i> .

## 1. Background

BAPAM aims to provide high quality health advice and assessments for performers. Our information and clinical services are designed to be appropriate, safe and confidential.

We welcome feedback from our patients, and take complaints and negative comments very seriously. We are keen to hear of ways we can improve our services and of any situations where we have not provided the service patients deserve and expect.

We use a number of methods to monitor our services, ranging from routine anonymous feedback forms to a formal Complaints procedure.

Any issues relating to our patient services which need to be addressed are dealt with by the BAPAM Clinics Manager and Chief Executive, in consultation with the Honorary Medical Director where necessary.

Formal complaints and serious negative feedback, regardless of whether or not they are upheld, are recorded as adverse events as outlined in our *Incidents Policy*. BAPAM's Chief Executive is responsible for developing a rapid, appropriate response and action plan to any negative feedback which may include reviewing policies and patient safety procedures.

Especially urgent action must be taken, including onward reporting to statutory bodies where appropriate, when any patient complaint or feedback about our services and clinical care suggests:

- a) Safe-guarding breaches (see *Safeguarding Policies*)
- b) Physical violence
- c) Dangers to health & safety
- d) Breaches of confidentiality

## 2. Anonymous Feedback

BAPAM clinic patients are encouraged to tell us about their experience of our services via an anonymous feedback form completed either in the clinic or online at [www.surveymonkey.co.uk/r/bapamfeedback](http://www.surveymonkey.co.uk/r/bapamfeedback) following their first free consultation (a similar process is used for all participants in BAPAM education and training initiatives).

We also conduct routine, online anonymous follow-up surveys of clinics patients to gather information about our impact and any problems performers encounter after leaving our care.

All routine clinics feedback is reviewed once per week by the Chief Executive and Clinics Manager, and issues or concerns may also be discussed with the Honorary Medical Director. The Chief Executive presents a detailed feedback report annually to the Medical Committee and Board of Trustees, and summaries are made available publicly through the BAPAM website.

Each BAPAM assessing clinician also receives a confidential annual report of anonymous feedback from their patients.

Any aspect of our clinical services that is rated as 'poor' on a Feedback form (2 or below on the 5 point likert scale) is recorded as an 'incident'. The Chief Executive discusses the issues with the personnel concerned, and decides on any necessary action and improvements.

## 3. Complaints - Overview

When a patient raises a complaint that is not considered a potentially serious incident (as outlined above), we will try to resolve matters *informally* (see 3.1).

If this is unsuccessful or unacceptable to the patient, the *formal complaints* procedure (see 3.2) is followed.

BAPAM will investigate complaints fully and fairly, and as speedily as is practicable given its staffing resources. Where delays are unavoidable, we will keep the patient informed of the reasons, and the stage that the complaint has reached.

Complaints will be dealt with in confidence. Information about the complaint will only be available to the patient and personnel directly involved and those responsible for the investigation.

A patient who is unhappy with our response to a complaint has the right to appeal. Appeals will be dealt with by a panel of BAPAM Trustees (see below).

The Care Quality Commission [www.cqc.org.uk](http://www.cqc.org.uk) can also advise patients who have concerns about the care they have received from any healthcare provider, including BAPAM.

### **3.1 Informal Complaints Procedure**

A patient wishing to make a complaint about their care at BAPAM should first contact the Clinics Manager (unless the complaint is about the Manager, in which case they should be directed to the Chief Executive).

The Manager will work to clarify the patient's concerns and resolve the complaint informally. The Manager may also seek advice on clinical or patient safety issues from the Chief Executive and Honorary Medical Director. In all instances, effort is made to maintain the confidentiality of all concerned.

If the patient does not wish to contact the Manager, or the complaint is about the Manager, or an acceptable resolution is not achieved, the patient should contact the Chief Executive directly.

If the Chief Executive's attempts to resolve the matter informally do not succeed, or if a patient/service user does not wish to use the informal approach, then the **formal** procedure below should be followed.

Staff will keep written records throughout the process and record the details on the Complaints Register. An anonymised summary will also be entered on the Incidents Report.

### **3.2 Procedure for Formal Complaints**

To register a formal complaint, a patient should outline their concerns in writing (a letter or secure fax or e-mail) to the Chief Executive (or Chairman, if the complaint is about the Chief Executive).

The Chief Executive will acknowledge receipt of the complaint in writing within **5** working days wherever practicable.

If the complaint suggests a potential, immediate risk to health and safety, the Chief Executive will be responsible for appropriate, urgent action (e.g. calling emergency services; suspending personnel whilst an investigation is undertaken).

The Chief Executive is responsible for any onward reporting to external bodies as outlined in the *Incidents* policy.

The Chief Executive will consult the Honorary Medical Director or Chair where necessary, and will keep a confidential record of all decisions and communications.

The Chief Executive must also log the complaint on the *Complaints* and *Incidents* Register (as outlined) and develops an appropriate action plan in accordance with these policies.

The Chief Executive should then conduct an **investigation** (see 3.2.1) and provide a full response to the patient within **20** working days of receipt of the complaint.

### **3.2.1 Investigation of complaint**

The Chief Executive's investigation of the complaint will encompass documentary and other evidence (e.g. patient records, confidential patient and staff interviews).

Any additional information required from the patient, staff or clinician involved in their care should be requested during the investigation period time. If it is not possible to provide a full answer to the complaint within the 20 working days, the Chief Executive will provide a written update giving reasons why and a date by which a full answer may be expected.

### **3.2.2 Response to complaint**

The Chief Executive's response to the complaint will be provided to the patient with 20 working days of receipt. The response will include:

- details of the investigation
- the outcome of the investigation and decision as to whether the complaint has been upheld, and the reason for that decision
- the redress, if appropriate, which will be offered to the patient e.g. an apology, additional help, directing to statutory reporting agencies
- summary details of any other action that BAPAM will be taking, including staff or clinician training, policy review, disciplinary action, statutory reporting.

## **4. Appeals**

If a patient is not satisfied with BAPAM's response to a complaint, they should submit an appeal in writing to the Chief Executive within 10 working days of receipt of the response, outlining their reasons for dissatisfaction with the outcome.

The Chief Executive will acknowledge receipt in writing within 5 working days of receipt of the appeal as far as practicable.

The Chief Executive will convene an Appeals Panel of three trustees, none of whom have any previous involvement in the complaint, including at least one medical and one non medical Trustee. A Trustee will chair the Panel.

The Appeals Panel will read the necessary papers, speak to relevant individuals involved with the complaint and make a decision.

The Chair of the Appeals Panel will communicate its decision within **30** working days of receiving the appeal. The letter will advise as to:

- the decision whether the complaint has been upheld, and the reason for that decision
- the redress, if appropriate, to be offered to the patient e.g. a formal apology, additional help, directing other sources of advice or support
- any other action that may be taken in the light of the complaint

If it is not possible to provide a full answer to the Appeal within 30 working days, a letter will be sent by the Appeals Panel chair to the patient, explaining the reasons for the delay together with an adjusted timescale for handling the complaint.

## **5. Communications**

All responses to the patient will be made in writing and sent in confidence to their postal address or by secure fax or e-mail.

The Chief Executive will also inform the staff member or clinician against whom a complaint is made in a similar manner. The member of staff will be informed of their right to be accompanied by a trade union or other representative at any future interview or hearing held under the provision of these procedures.

## **6. Support and Safeguards**

BAPAM recognises that a patient's decision to complain can be difficult, and is committed to supporting patients who make complaints in good faith and in the interests of the organisation and its service users.

BAPAM will not tolerate any harassment or victimisation of patients who make a complaint, or of any personnel who are being investigated as the result of a complaint.

BAPAM personnel who are suspended whilst a complaint is investigated retain employment rights as outlined in the Staff Handbook until the investigation is completed.

Complaints investigations will not influence or be influenced by disciplinary or redundancy procedures that already affect BAPAM personnel.

## **7. Confidentiality**

BAPAM will treat all complaints and investigations in a confidential and sensitive manner. The complaint should only be made to an appropriate person as outlined in this policy.

The investigation process may reveal the source of the complaint, and the patient making the complaint may need to provide a statement as evidence in an internal or external investigation (e.g. to the police or CQC). The Chief Executive will inform the patient if there are circumstances where it is necessary or likely that their identity will be revealed.

Similarly, the identity of BAPAM personnel subject to a patient complaint will be protected throughout any investigations unless the circumstances indicate that this poses an immediate risk to health and safety or to the function of the organisation. Such decisions will be the responsibility of the Chief Executive, in consultation with the Honorary Medical Director or Chair as appropriate.

## **8. Breach of Policy**

All BAPAM personnel (staff, clinicians, trainers) will receive a copy of this policy and will be required to comply as a condition of working at BAPAM. Breaches may constitute professional misconduct and could lead to a termination of contract and disciplinary action.

BAPAM also reserves the right to withdraw services from patients who make complaints which are proven to be deliberately false.

*Version 1.0 = 2008*

*Version 2.0 = October 2013; 2.1 = March 2016 (Update by D Charnock)*

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