

*Person responsible for review of this protocol:* Dr Katie Barber (Lead)  
*Date of last review:* February 2024  
*Date of next review:* February 2026

## Purpose

This policy sets out the approach of Oxford Menopause Ltd to the handling of complaints. This policy is relevant to all employers and anyone who works at Oxford Menopause Ltd including non-clinical staff. Individuals training and visitors/observers on the premises must also adhere to this.

## Persons who can complain

Complaints may be made verbally or in writing by patients, former patients or by someone who is affected, or likely to be affected, by the action, omission or decision of individuals working at the practice. Complaints may also be made by a representative of a patient who is unable to make the complaint directly.

When a complaint is made on behalf of a child, there must be reasonable grounds for the complaint being made by the representative rather than the child, and the complaint must be made in the best interests of the child. If this is not the case, then written notification of the decision not to investigate the complaint must be sent to the representative.

## Time limit for making a complaint

Complaints can be made up to 12 months after the incident that gave rise to the complaint, or from when the complainant was made aware of it. Beyond this timescale it is at the discretion of the practice as to whether to investigate the matter. Decisions as to whether or not to investigate a complaint over 12 months must be referred to a **responsible person**.

## Persons responsible for handling complaints

### Responsible Person

The Responsible Person is the Clinical Director who is responsible for the supervision of the complaints procedure and for making sure that action is taken following the outcome of any investigation.

The Business Manager is responsible for the handling and investigation of complaints.

## Initial handling of complaints

- 1) When a patient wishes to make a verbal complaint, the Business Manager will meet the complainant in private to make an assessment of the complaint. The complainant should be asked whether they would like to be accompanied at this meeting.
- 2) The complaint should be resolved at this meeting if possible. If the complaint is resolved informally then details of the complaint and resolution should be recorded in the complaints register as a Learning Event.
- 3) When the complaint cannot be resolved informally, the patient will be asked to make a formal written complaint. If necessary, the manager will write down the complaint on their behalf and ask them to sign to confirm that it is an accurate record of their concerns. The written complaint is to be recorded in the complaints register.
- 4) Where a patient sends a written complaint directly to the Service, the Business Manager will respond as per below:

- The complaint will be acknowledged within 3 working days of receipt
- The letter acknowledging the complaint will outline the investigation process and explain that we aim to respond within 25 working days. There is no defined timeframe for a response but we are aiming for 25 working days as good practice and to ensure a timely and relevant response.
- If a complaint takes longer to investigate, the complainant will be advised by letter or email that the investigation is taking longer and given an anticipated completion date. If a complaint response goes over 40 days then the complainant should be kept informed and updated every ten days.
- A copy of the service complaints leaflet for patients should be included with the acknowledgement letter. This letter may be sent by email or by post, depending on how the initial complaint was received.

## Investigation of complaint

- 1) Where a complaint is in relation to a member of the clinical team, the Responsible Officer will investigate the complaint in conjunction with the staff involved.
- 2) Where a complaint is in relation to administrative staff or service, the Business Manager will carry out an investigation and discuss their findings with the Responsible Officer in order to agree the response to the complainant.
- 3) The Manager will discuss the complaint with the implicated member of staff to establish their recollection of events.
- 4) In the case of a clinical complaint advice from the relevant medical defence body may need to be sought. The individual doctors may wish to seek separate advice from their respective medical defence body.
- 5) If the complaint is against the Business Manager, then the complaint is to be referred to the Responsible Person for investigation. Where the complaint is against the Responsible Person, then another Clinician of similar standing will investigate.
- 6) The complainant may be invited to a meeting to discuss the complaint with the Business Manager or Responsible Person. The complainant should be asked if they would like to be accompanied at this meeting. If appropriate, and with prior consent from the complainant, the staff member complained about may be present at that meeting. Minutes should be taken.
- 7) The full written response to the complainant should be signed by the Business Manager or Responsible Person. If it is sent by email then it should include their contact details. The response should include:
  - an outline of the complaint;
  - an explanation of how the complaint was considered;
  - the conclusions reached in relation to the complaint and any remedial action that will be needed;

- confirmation as to whether the practice is satisfied that any action has been taken or will be taken.

- 8) If it is not possible to send the complainant a response in the agreed period it is necessary to write to the complainant explaining why and to keep them informed as to the progress of the investigation. A response is to be sent to the complainant as soon as the practice is satisfied that they have concluded the investigation.
- 9) If the complainant is dissatisfied with the handling of the complaint then they should be advised of the escalation process, including contact with the Centre for Effective Dispute Resolution (CEDR).

## Recording complaints and investigations

A record must be kept of:

- each complaint received
- the subject matter of the complaint
- any statements from members of staff written as part of the investigation
- the outcome of each investigation
- any corrective or preventative action taken
- any delays to the completion of the investigation and the reason for the delay (for example, the member of staff involved was absent)
- copies of any correspondence or reports sent to the patient

## Review of complaints

Complaints received by the service are to be reviewed at staff meetings to ensure that learning points are shared.

A review of all complaints will be conducted annually by the Business Manager to identify any patterns that are to be reported to the Responsible Person. This will be discussed at a Company staff meeting.

The Business Manager will notify the Responsible Person of any concerns about a complaint leading to non-compliance. The Responsible Person will identify ways for the practice to return to compliance.

A report on complaints will be documented on an annual basis and will include:

- number of complaints received
- number of complaints which it was decided were well-founded
- number of complaints which the company has been informed have been referred to the Centre for Effective Dispute Resolution
- summarise the subject matter of complaints received
- summarise any matters of general importance arising out of those complaints, or the way in which the complaints were handled
- summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints

- consider whether any actions taken as a consequence of those complaints has been effective

This report is to be available to any person on request.

## Publicity

The company's arrangements for dealing with complaints and how further information about these arrangements may be obtained by patients is to be publicised by the Company. How to contact independent advocacy services is also to be publicised. This information is contained within the Patient Information Leaflet and this is also available on the Company Website. This is reviewed on an annual basis to ensure that contact information and organisations are still relevant.

## Dealing with Unreasonable complaints or behaviour

Where complainants may become particularly vexatious or frustrated that their complaint is not being investigated appropriately or in a timely manner, the company will attempt to seek conciliation and agreement on ground rules for contact and updates whilst the complaint is being investigated. Where this does not resolve matters of behaviour then the company will adopt a zero tolerance approach with regards behaviour in the practice and treatment of staff and other patients. This will be discussed and an approach agreed between the Business Manager and Responsible Person where necessary.