

the national stadium **SPORTS MEDICINE CENTRE**

Complaints Policy

<u>Staff Training Log</u>			
Date	Staff Name (Print)	Signature	I have read & understood policy Y/N

The National Stadium Sports Medicine Centre (“the Centre”)

Complaints Policy (the “Policy”)

Please see the associated Clinic Clients Charter

1.0 Purpose

We pride ourselves on providing service users with quality care and treatment. However, there may be occasions when an individual’s expectations are not met. If you are dissatisfied with the service that you have received, you have the right to complain about our performance and have your concerns investigated.

We welcome complaints, as they are an important way of identifying the perspective of those we serve and improving satisfaction with the services we provide. Complaints can act as an early indicator that a system is not functioning effectively, and analysing trends in the factors that prompt complaints can provide valuable insight into where improvements may be required.

We aim to:

- ensure there are robust procedures for enquiring into and addressing the causes of dissatisfaction expressed by complainants
- facilitate continuous improvement

This document sets out our policy for the management of complaints. It also outlines the procedures that we will follow when we receive a complaint.

2.0 Scope

All staff are responsible for the implementation of this policy.

Information on the policy will be circulated to all staff and to all new employees.

Overall responsibility for ensuring that the policy is implemented, monitored and reviewed rests with the Centre Chief Executive.

3.0 Principles

We are committed to managing complaints in a professional manner and will observe the following principles when managing complaints.

User focused: we will put people who use services at the heart of the complaints process. We will respect the confidentiality of complainants when this is requested and if this is possible.

Accessible: we will clearly communicate the complaints process making it easily understood and available to all. We will try and provide access to support and advice when required.

Seeks early resolution: when a complaint is received, we will ensure we understand the outcome the complainant is seeking. We will encourage resolution at the earliest opportunity.

Thorough and consistent: we will ensure that a more formal investigation is undertaken when necessary.

Objective: our approach to decision making will be driven by facts, not assumptions as we strive to deliver a complaints process that is impartial, independent and accountable.

Fair: we will strike a balance between the need for consistency and the individual circumstances of each complaint. We will also ensure that we are fair to those complained about.

Proportionate and delivers improvement: we will ensure that complaint investigations are proportionate to the nature of the allegations and the need for improvement. We will learn from complaints received using them to improve how services are delivered.

3.1 Defining a Complaint

A complaint is an expression of dissatisfaction. It may relate to the standard of services that have been provided or to actions that have been taken. It may also relate to a failure to take action.

3.2 Who can make a Complaint?

Complaints may be made by:

- anyone directly affected by the way our service has carried out its functions
- anyone acting directly on such a person's behalf
- anyone having reasonable concern about the way our service is being provided.

Complainants may ask anyone to advise them how to express their complaint and to advocate for them during the investigation. If a complaint is made by a group or an organisation, we will ask for an individual to be identified as our contact.

3.3 Consent

If someone other than the person using the service or their authorised representative wishes to make a complaint about an individual's care, they must be able to demonstrate that they have obtained the consent of the person using the service to make a complaint on their behalf. This should be in writing and signed by the person using the service. Where the person using the service is unable to give consent we have to establish that the complainant is suitable to act on their behalf.

3.4 When a Complaint can be made

Complaints should normally be made whenever an issue or a concern becomes apparent. This helps to achieve early resolution. However, we recognise that the issues leading to a complaint are not always immediately apparent and therefore we will consider complaints up to one year after the events causing the complaint. We may accept a complaint after this time bar in situations where it can be demonstrated that a complaint could not have been made earlier, provided it is still practicable to investigate the facts.

3.5 Anonymous Complaints

If someone approaches us with a complaint, we will request their name, address, telephone number and email address, if they have one. This will enable us to acknowledge their complaint, confirm the issues causing concern, clarify or seek further information and provide information on the outcome of our investigation. We do accept anonymous complaints, if you do not wish to give your details. However, it may not be possible to fully investigate a complaint, if we do not have all the required information. Under these circumstances we will discuss this with the complainant.

3.6 Unacceptable Behaviour by Complainants

People may act out of character in times of trouble or distress. If there have been upsetting or distressing circumstances leading up to a complaint, in a small number of cases this can lead to a complainant acting in an unacceptable way.

Examples of behaviour that may be considered unacceptable include:

- persistent refusal to accept a decision made in relation to a complaint
- persistent refusal to accept explanations relating to what can or cannot be done about the complaint
- continuing to pursue a complaint without presenting any new information, and
- subjecting staff to behaviour that is offensive or unreasonably demanding.

How unacceptable behaviour is managed will depend on its nature and extent. If a complainant's behaviour adversely affects staff's ability to do their work and provide a service to others, the complainant's contact will be restricted. Wherever possible, this will be done in a way that allows a complaint to progress through the complaints procedure by restricting contact to written or third party correspondence, preventing them from directly contacting staff with repeated telephone calls or emails. The threat or use of physical violence, verbal abuse or harassment towards staff may result in the ending of all direct contact with the complainant. Incidents where physical violence is used or threatened will always be reported to the police.

3.7 Recording Complaints

All communications expressing a complaint, however informal, will be forwarded or notified to the Centre Chief Executive who will maintain a record in our complaints database.

The information recorded will include:

- the nature of the complaint (i.e. the key issues causing dissatisfaction)
- the action taken following any further response from the complainant that indicates continuing dissatisfaction.

Where complaints are formally investigated the record will include the timescale in which a response was sent following investigation and the outcome of the investigation.

3.8 Learning from Complaints

We are committed to learning from complaints about the way we carry out our functions and will review the issues arising from the complaints received and how they were handled.

4.0 Roles and Responsibilities

The Centre Chief Executive is responsible for ensuring that our complaints procedure is effective and that our approach ensures that appropriate investigations and actions have been completed before a response is sent following the formal investigation of a complaint.

The Centre Chief Executive will:

- oversee the operation of the complaints procedure to ensure that complaints are recorded, investigated and responded to within the appropriate timescales
- ensure that a full record is maintained of all complaints, the subsequent actions taken and correspondence sent
- ensure that our complaints policy and associated procedures are well publicised and kept under regular review.

5.0 Our Approach

5.1 Stages of the complaints procedure

We will follow the steps below in managing a complaint relating to our service:

- Complaints can be made verbally to any member of staff, by email or in writing to the Centre Chief Executive.
- We will acknowledge and investigate the complaint. This may involve discussing the issues raised with the staff and reviewing records.
- Within 20 working days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstance's, inform the complainant of any action (if any) that is to be taken.
- We will record the complaint details, outcome, and action taken and use this information to improve services.

5.2 Outcomes

To inform all the parties involved in the complaint and to facilitate consistent reporting we will apply two outcome headings to each element of a formal complaint that we investigate.

Upheld – used where the facts giving rise to a complaint have been established in the investigation we have undertaken.

Not upheld – used where the facts giving rise to a complaint have not been established in the investigation.

If for any reason the complainant is unhappy with the way we have managed their complaint, we will refer them to Healthcare Improvement Scotland.

5.3 Healthcare Improvement Scotland (HIS)

Healthcare Improvement Scotland can help service users if they are unhappy about the result of a complaint they have made about a service.

We will advise our service users to contact any Healthcare Improvement Scotland if they are unhappy about the result of a complaint they have made to us. HIS can be contacted at:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Email: hcis.complaints@nhs.net
Telephone: 0131 623 4300

5.4 Complaints Procedure

Our complaints procedure is detailed on our website, displayed visibly in reception as part of our Clients Charter.

We will supply a written copy of our complaints procedure/Clients Charter to every service user, and to any representative of a service users if that person so requests.

6.0 Training and Education

We are committed to ensuring that our staffs have the competencies and resources necessary. We will regularly review the training needs of staff to ensure that they have the skills and confidence to use the authority delegated to them.

7.0 Monitoring and Review

This policy will be reviewed on an annual basis or earlier if appropriate, to take into account any changes to legislation that may occur.

Any further actions to progress the policy aims will be identified and identified actions will be completed.

References and Further Reading

1. **Legislation - Scottish Statutory Instrument No 182 (15)**
<http://www.legislation.gov.uk/ssi/2011/182/contents/made>
2. **Guidance** <http://www.acas.org.uk/index.aspx?articleid=1670>
3. **Health and Social Care Standards** <http://www.newcarestandards.scot/>