|  |
| --- |
| Complaints Policy:  Cathryn Tripp:  Approved by C.A.T.S Optometrist: 23 July 2023: |

**C.A.T.S OPTOMETRIST**

**Complaints Policy**

The Company will endeavour to deliver a service whereby the likelihood of complaints being made is very low. However, if complaints do occur, the Company is well placed to address these and implement lessons learned in order to improve the quality of our service provision, in the interests of patients.

This review/analysis mechanism allows the Company to identify areas for improvement. Central to the Company’s complaints policy is an emphasis on transparency for all parties.

The Company adheres to the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and NHS Complaints Policy 2017 and all local requirements on complaints management.

For the purpose of this policy, a complaint is not a complaint, if it is made orally and is resolved to the complainant’s satisfaction within 24 hours. A complaint may not refer to a failure to comply with the Freedom of Information Act. Nor may a complaint relate to a subject which has already been dealt with as a complaint and been resolved.

A complaint may be made orally, in writing or electronically. If it is made orally, a written record will be made of the complaint if 24 hours have elapsed since the complaint was made and if the complaint has not been resolved. A copy of the written record will be provided to the complainant.

The Company will make information available to the general public about their arrangements for dealing with complaints about NHS services.

Our named complaints manager with overall responsibility for complaints management is Cathryn Tripp.

The complaints manager will ensure:

* Complaints are dealt with efficiently and are properly investigated.
* Complainants are treated courteously, fairly, expeditiously, appropriately and are informed of the outcome of the investigation of their complaint.
* Action is taken in the light of the outcome of the investigation if any is necessary.

Complaints are reported to the commissioner as required by the contract.

A service improvement plan is produced and implemented where appropriate, in accordance with the Company’s Quality and Continuous Improvement Policy.

**The Company’s Procedure for Managing Complaints**

1. All complaints will be acknowledged by the complaints manager within 3 working days.
2. When acknowledging receipt of a complaint, the complaints manager will offer to discuss with the complainant how and when he/she intends to investigate and resolve the complaint. If the complainant refuses this offer, the complaints manager will advise the complainant in writing how long it is likely to take him to respond concerning the substance of the complaint (the ‘response period’).
3. The complaints manager will endeavour to keep the complainant informed of the progress of the investigation. As soon as possible after completing the investigation, the complaints manager will advise the complainant in writing how he has considered the complaint and what he proposes to do to resolve the complaint and any consequent action. This will be done within 10 working days where possible. He will also inform the complainant of their right to pursue the complaint with the Health Service Commissioner (the ‘health ombudsman’).
4. The Company will endeavour to resolve the complaint within six months after receiving the complaint or, if it cannot be resolved, the complaints manager will tell the complainant why they have not managed to do so.
5. The Company will make information available to the general public about their arrangements for dealing with complaints about NHS services.
6. The Company will keep a record of each complaint received, the subject matter and outcome of each complaint, each response period where applicable, and, in the cases of a response period being applicable, whether the complainant was informed of the outcome of the investigation.

The Company will report complaints to the commissioner as per the terms of the contract for the service. This information will also be used within annual reports from the board.

In situations where a complaint develops into a serious incident - particularly when a patient becomes harmed or otherwise deemed at risk - the Company’s serious incident policy will be activated.