



# Complaints Policy

Issue Date: 05/12/2022

## Introduction

Child Psychiatry UK (CPUK) is committed to providing a high quality service and wants those who use the service to have a positive experience. However we recognise that sometimes things do go wrong. CPUK is committed to making sure that those who use its services are able to easily access information about how to make a complaint and that issues are dealt with promptly and fairly.

This procedure is designed to provide a transparent guide to how to raise a concern or make a complaint and to demonstrate CPUK's desire to seek learning opportunities, continually develop its service and make improvements.

## How We Handle Complaints

We will always:

- Listen to every complaint in full
- Be open, honest and thorough in dealing with complaints
- Respond promptly
- Deal with everyone concerned, fairly and objectively
- Seek to resolve any issues amicably
- Use the experience to improve what we do.

## Who Can Complain

A complaint may be made by a service user, a person acting on behalf of a service user, or anyone affected by any action/omission/decision of CPUK. Where a complainant is acting on behalf of a service user, written consent must be obtained from the service user first. Where the service user is a child without capacity, a complaint may be made by the parent/guardian. Where the service user has died, a complaint may be made by the named next of kin. In other circumstances where the complainant may have difficulty complaining eg vulnerable children and people with mental health difficulties, CPUK will review each situation in light of current legal requirements and offer help and support to the complainant as appropriate.

CPUK has the right not to accept a complaint if it is anonymous, or deemed to be vexatious or malicious. Each complaint will be considered, and discretion will be used to decide on the action to be taken. Complaints which appear to be motivated by racist, sexist, and other discriminatory attitudes, or where the complaint threatens or abuses CPUK staff/Associates will also not be accepted.

CPUK may seek independent advice if a person makes repeated or unreasonable complaints. This includes when the person:

- Persists in pursuing a complaint when the procedures have been fully and properly implemented and exhausted
- Does not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services.

- Continually makes unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided quicker than agreed/published timescales
- Changes the substance of a complaint or seeks to prolong contact by continually raising further concerns or questions. Care must be taken however not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately
- Consumes a disproportionate amount of time and resources, placing unreasonable demands on staff with excessive number of contacts either in person, by telephone, letter or email  
Threatens or uses actual physical violence towards staff
- Has harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails)
- Will not accept documented evidence as being factual.

## Our Complaints Process

Our three-stage complaint process includes the following steps:

### Stage 1

In the first instance, Dr Westgarth (Medical Director) and CPUK request that complaints are made directly to provide us with the opportunity to resolve the issue quickly and personally. This can be either with Dr Westgarth or the relevant Associate working on behalf of CPUK. Verbal complaints should be responded to at the time of being made (assuming relevant clinician is available/not on leave etc). If an error has occurred an apology and explanation should be offered. An apology is not an admission of liability. Any verbal complaint and subsequent discussion will be followed up with a written response and logged in the CPUK complaints log (via Dr Westgarth).

Complaints should normally be made as soon as possible at Stage 1, and within 6 months of the date of the event complained about, or within 6 months of the matter coming to the attention of the complainant. The time limit may be extended by the Independent Health Practitioner where the complainant has good reason for not making a complaint in the time limit (for example, where a complainant has been grieving), and there is a realistic opportunity of conducting a fair and effective investigation into the issues raised.

### Stage 2

If you feel your complaint has not been resolved adequately, and you wish to raise a formal complaint, please email Dr Westgarth, making sure to provide the following details:

- Your name and address;
- The name and address of the patient (if different);
- Patient's date of birth;
- Complainant's contact details including phone and email address;
- A full description of all issues about which you wish to complain, including relevant dates and times.

CPUK will provide a written acknowledgement of the complaint within three working days of receiving it (assuming staff not on annual leave or unavailable to respond. If this is the case, we will respond within **three** working days of receiving the complaint following a return to the office). A response will be provided to arrange a meeting to clarify the details of the complaint - this could be face to face, telephone or via video conference. The person making the complaint is welcome to have someone accompany them.

Dr Westgarth, as Medical Director of CPUK, will investigate the issues raised and take statements from anyone involved.

The person making the complaint will then receive a response that sets out the complaint, details of how the investigation has taken place and findings made on all issues in the complaint. CPUK aims to have this stage of the process complete within **20 working days** of the date the complaint was made; if there likely to be delays, the person making the complaint will be informed and reasons for the delays will be provided.

CPUK will set out any lessons learned as a result of the investigation. If the complaint is upheld, then CPUK may offer a resolution. Examples of resolutions include:

- An apology, either written or formal from those involved
- A report outlining how CPUK will be improving or developing our policies/procedures as a result of the complaint
- Agreement to review employees/Associates work performances
- Reimbursement/cancellation of fee if appropriate

### **Stage 3 - escalating the concern beyond a local level**

If the response from Dr Westgarth and CPUK is not satisfactory there is an option to escalate the complaint to independent health organisations or a relevant regulatory body.

For specific complaints about Dr Westgarth - Dr Westgarth is a member of the Independent Doctors Federation (IDF). He has signed up to the IDF Patient Complaints Procedure. The IDF Patient Complaints Procedure comprises the following three stages:

**Stage 1** involves the doctor (Dr Westgarth) and the practice (CPUK) which are the subject of the complaint; the IDF offers a Stage 1 Complaint Support Service led by their Responsible Officer which aims to support Dr Westgarth in the handling of Stage 1 complaints.

If you remain dissatisfied following the final Stage 1 response, then you can request a review of your complaint, known as Stage 2 by writing to:

Complaint Manager  
The Independent Doctors Federation  
Lettsom House  
11 Chandos Street  
Marylebone  
London W1G 9EB

**Please note:** Escalation to Stage 2 must be made in writing within six months of the final Stage 1 response.

**Stage 2** involves the IDF Complaint Manager considering the complaint with input from the complainant and Dr Westgarth. The Complainant Manager may convene a Complaint Committee consisting of any party considered necessary to assist them in Stage 2 of the process. The Complainant Manager is required to provide the Stage 2 response to the complainant in line with the ISCAS Code, with a copy sent to Dr Westgarth and the Managing Director of the IDF.

**Stage 3** is where unresolved complaints are referred to The Independent Sector Complaints Adjudication Service (ISCAS).

ISCAS provides independent adjudication on complaints about ISCAS subscribers. ISCAS is a voluntary subscriber scheme for the vast majority of independent healthcare providers.

The IDF is a subscriber of ISCAS; Dr Westgarth (CPUK) is covered by the ISCAS code.

For specific complaints about a CPUK Associate - CPUK Associates are members of a range of professional bodies including The Nursing Midwifery Council, the Association of Family Therapy (AFT), the British Psychological Society (BSP), the British Association of Behavioural and Cognitive Psychotherapies (BABCP) and the Health and Care Professionals Council (HCPC) who have their own complaints procedures for members. Please contact us for clarification of the relevant professional body to contact.

Dr Westgarth and CPUK refers to the General Medical Council, Royal College of Psychiatrists, Independent Doctors Federation, ISCAS, The Medical Protection Society and the Care Quality Commission for up to date guidance and legislation.

## Confidentiality

CPUK takes data protection and confidentiality very seriously.

All complaints will be kept confidential, information shared between the patient, person making the complaint and CPUK as far as possible. Complaint procedural advice may be needed from specialists such as lawyers or the Medical Protection Society, and initially information will be anonymised, although consent to share details may then be sought to progress a complaint.

Exceptions are where there are significant safeguarding concerns or disclosure of criminality, in which case CPUK will escalate concerns to the relevant authorities.

Anonymised details of the content of the complaint may be highlighted by Dr Westgarth in confidential peer supervision as well as during his annual appraisal, in accordance with General Medical Council (GMC) regulations.

## Duty of Candour

All healthcare professionals have a Duty of Candour which is a professional responsibility to be honest with patients and their advocates, carers and families when things go wrong.

The key features of this responsibility are:

- Every healthcare professional must be open and honest with service users when something goes wrong with their treatment or care causes, or has the potential to cause, moderate-severe harm or distress (including prolonged psychological harm). This means that healthcare professionals must:
- Tell the patient (or, where appropriate, the patient's advocate, carer or family) when something has gone wrong
- Apologise to the patient
- Offer an appropriate remedy or support to put matters right if possible. Healthcare professionals must also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations / complaints when requested. They must also be open and honest with their regulators, raising concerns where appropriate. They must support and encourage each other to be open and honest, and not stop someone from raising concerns.

## Compliments

When we get it right, please let us know. Your positive comments are greatly appreciated by our team and help to ensure good practice is shared. Please share your comments via our admin email: [admin@childpsychiatryuk.com](mailto:admin@childpsychiatryuk.com)

This policy will be reviewed annually.



Dr SJ Westgarth  
**Consultant Child and Adolescent Psychiatrist**  
**Medical Director of Child Psychiatry UK**

December 2022

Review of procedure due: December 2023.