



Complaint handling procedure

It is important to us that you are happy with the care you receive. However, we are aware that pregnancy and birth are anxious times for you as a family, and sometimes the little things can mount up and spoil your experience if they are not addressed promptly.

If you are not completely happy with any element of the care you are receiving, we urge you to speak directly, as soon as possible to the midwife or health professional caring for you. Often, small misunderstandings regarding appointment times, suggestions or advice, for example, can easily be rectified at the time. It is much better for you to be honest and tell us, fix any problem straight away and everyone to be happy going forward.

If your concerns are more serious, or you feel that you cannot get a resolution by talking to your midwife directly, we want you to contact us as soon as possible. Please don't delay. We ask for your concern in writing so that we have a full record of the issues. You can contact us:

- Via email at info@privatemidwives.com
- By post – Private Midwives, The Heath Business Park, Runcorn, WA7 4QX, UK.

We have a procedure for you to follow so that your complaint can be addressed in a structured manner.

When you raise a concern or complaint to us, we will listen to you, investigate, review your notes, respond to you in writing and outline any remedy and actions that we are going to take.

Private Midwives are members of the Independent Healthcare Sector Complaints Adjudication Service (ISCAS). Complaints will be handled in accordance with their Code of Practice. A copy can be found here:

<https://www.iscas.org.uk>

The process and timeframes are summarised below. You should raise any concerns as soon as possible so that memories of events are fresh in people's minds. Complaints relating to care more than 6 months ago will not normally be investigated. Complaints received outside the timeframes stipulated, without exceptional reasons, will be acknowledged but may not be investigated as the ability of staff members to recall events with accuracy and detail may be compromised.

1. Introduction

The policy outlines our commitment to handling complaints about services provided by Private Midwives.

2. Scope

This policy **only** applies to the handling of complaints relating to Private Midwives goods and services.

For the purposes of this policy, a complaint is defined as an expression of dissatisfaction about an act, omission or decision, which requires investigation and a formal response.

3. Confidentiality

You may be raising a complaint on behalf of someone else, for example your partner. In these circumstances we will ask the client for their permission to investigate the concerns raised. Once investigated the response will be addressed back to the client and it will be their decision as to whom they share the response with.

Occasionally, we may ask an external expert to review your care. In such circumstances, your clinical notes will be anonymised. If this is not possible, we will ask your permission to share the details.

4. How to make a complaint

Email: Info@privatemidwives.com

If you require assistance, we will seek to make the necessary reasonable adjustments to handle any complaint. For people whose first language is not English, we have access to a translation and telephone interpreting service. We can also handle complaints in alternative formats such as Braille.

If a complaint is made via telephone, a senior manager will return the call, establish the key heads of complaint and email the complainant asking them to confirm the details are correct.

5. Timeframes

You should make your complaint to us within 6 months of care completion. Complaints outside this time frame will be investigated as a single stage, final response.

If your complaint is raised within 6 months, below, we have given time frames so that you know what to expect and how long things will take. The time frame will be paused in some circumstances such as:

- We are waiting for permission from the client. In these circumstances the clock does not start until permission is received
- We are waiting for you to supply a copy of the medical notes that Private Midwives used to document the care you received. We cannot complete an investigation without the notes. You are welcome to take a copy but the originals must be returned to us so we can complete a thorough investigation and answer your concerns.

We will ask a total of three times for permission (consent) and for the notes to be returned. This will be over a period on 4 weeks. If we have not received written consent and any outstanding clinical notes in that time, your complaint will be closed.

6. Other regulators and what they do

The Care Quality Commission (CQC) regulates Health and Social Care in England. It collects information about health care providers and may act if regulatory requirements are not met. However, it does not handle complaints or offer an arbitration service.

<https://www.cqc.org.uk>

The NMC in UK and NMBI in Ireland are the regulators for Health Care professionals and you may escalate concerns about the clinical practice of a midwife to them directly.

Unresolved financial disputes should be logged with the small claims court.

Legal disputes should be logged with the police.

You have a right to seek independent legal advice.

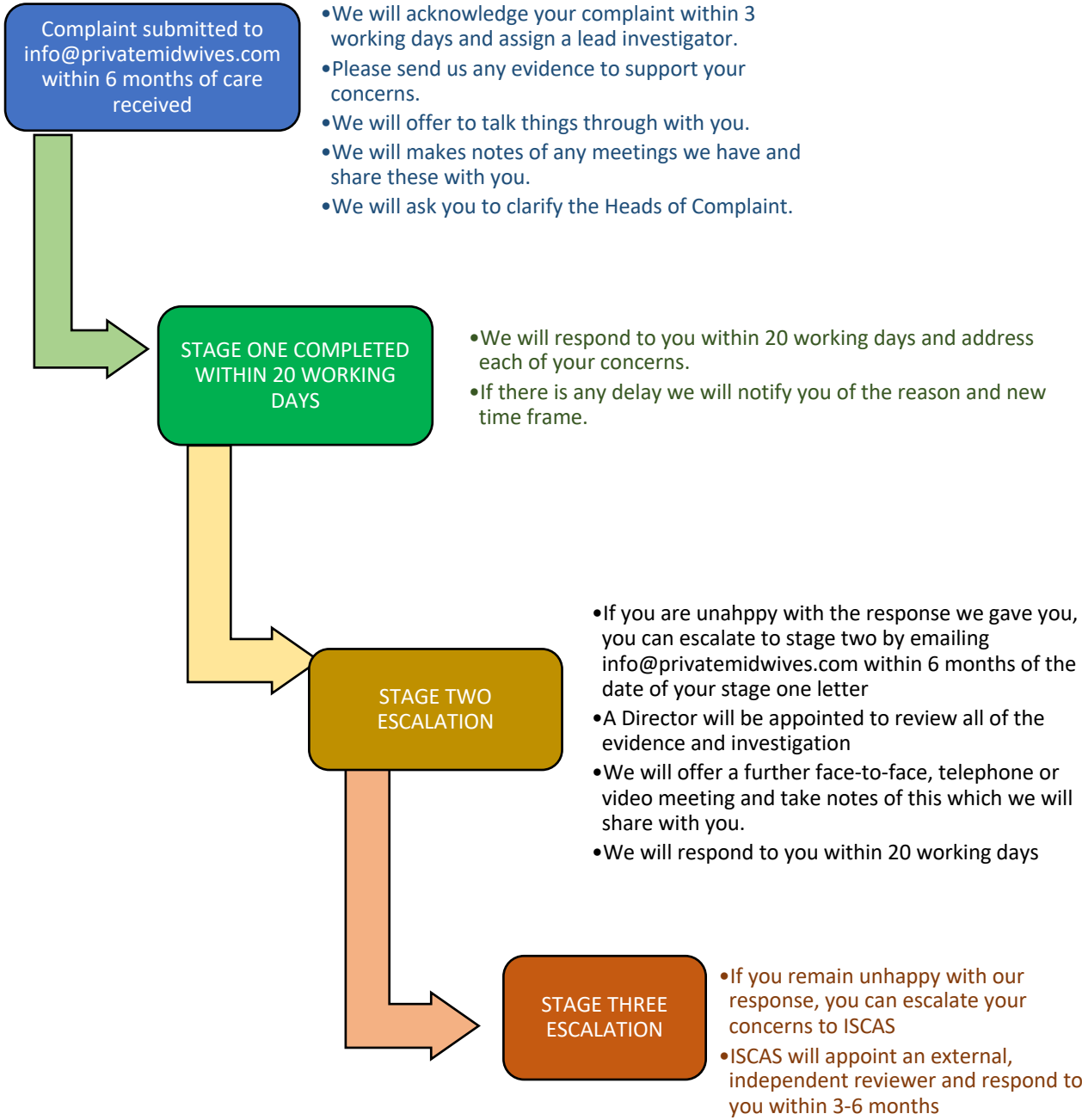
7. Our approach in handling your complaint

We will aim to be open and honest with you and show you respect throughout the complaint process. We will do all we can to address your concerns in a fair manner and give you answers to your questions. We will listen to you and take your concerns seriously. As part of the investigation, we will access your clinical records, and any communication you have with your health care provider such as emails or text messages so we can investigate thoroughly the care you have received. We will aim to learn from the process so we can continue to improve the services we offer.

Raising concerns will not have a negative impact on any care that you receive from us. We value your feedback and see it as an opportunity to improve. In some circumstances, if the relationship between you and your midwife has completely broken down, we may offer you care from an alternative midwife if we can.

We acknowledge that during the complaints process, you may experience distress or anxiety. However, we ask that you also behave in a manner that is respectful to our staff. If your behaviour becomes unacceptable (for example you refuse to comply with the process, you withhold your clinical notes preventing investigation, you are abusive or offensive to staff or you refuse to accept the findings even when there is evidence to support them) a Director from Private Midwives will formally write to you with a code of expected behaviour. In extreme cases, legal action will be taken, and you will be asked to make alternative arrangements for your care provision.

As part of the investigation process, we will offer you a telephone, video or face-to-face meeting. We will take notes of the meeting and share these with you. We will also ask you to clarify the key headline issues (Head of Complaint) so that we can structure our investigation and our response to you.



8. In some circumstances the ISCAS code does not apply.

In these circumstances, the following process will apply for STAGE THREE complaints:

Stage one and two are as above				
If you believe a health care provider has behaved unlawfully and committed a criminal act, you should notify the police and the regulatory body (Nursing and Midwifery Council for UK and Nursing and Midwifery Board of Ireland)	If your complaint is concerning a financial dispute you should make a claim with the small claims court	If your complaint relates to your private medical insurance and their provision, you should escalate to the financial ombudsman	If your complaint relates to NHS/HSE care, you should address your complaint to the hospital concerned	If you are seeking compensation because you believe medical negligence has occurred, you should seek legal advice

9. Complaints about other providers.

We cannot investigate or comment on care provided by other providers. You must address concerns direct to the organisation responsible for your care.

10. Persistent or unreasonable contact

There is no one single feature of unreasonable behaviour. Examples of behaviour may include those who:

- Persist in pursuing an issue when the procedures have been fully and properly implemented and exhausted.
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff to help them specify their complaint.
- Continually make 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 more urgently than is reasonable or is recognised practice.
- Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded.
- Change the substance of a complaint/concern or seek to prolong contact by continually raising further issues in relation to the original contact. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately.

- Consume a disproportionate amount of time and resources.
- Threaten or use actual physical violence towards staff.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails).
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.
- Make excessive telephone calls or send excessive numbers of emails or letters to staff.
- Publicise aspects of the complaint, response or personal views about the staff within the company on social media whilst the complaint process is still in process
- Make unfounded or defamatory allegations against the company or staff in a public forum necessitating the consideration of legal action by the company and thereby rendering the complaint process compromised

Actions prior to designating a person's contact as persistent and/or or unreasonable.

It is important to ensure that the details of a complaint/concern are not lost because of its presentation. There are several points to bear in mind when considering imposing restrictions upon a person. These may include:

- Ensuring the person's case is being, or has been dealt with appropriately, and that reasonable actions will follow, or have followed, the final response.
- Confidence that the person has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable or persistent.
- Checking that new or significant concerns are not being raised, that requires consideration as a separate case.
- Applying criteria with care, fairness and due consideration for the person's circumstances – bearing in mind that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant/sudden changes to the person's lifestyle, quality of life or life expectancy.
- Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff.
- Ensuring that the person has been advised of the existence of the policy and has been warned about and given a chance to amend their behaviour.
- Consideration should also be given as to whether any further action can be taken prior to designating the person's contact as unreasonable or persistent.
This might include:
 - Raising the issue with a senior manager with no previous involvement, in order to give an independent view.
 - Where there are multiple contact points, consider a strategy to agree a cross-departmental approach.
 - Consider whether the assistance of an advocate may be helpful.
Consider how communication with the person could be managed, which may include.

- Time limits on telephone conversations and contacts.
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
- Requiring contact to be made with a named member of staff and agreeing when this should be.
- Requiring contact via a third party e.g. advocate.
- Limiting the person to one mode of contact.
- Informing the person of a reasonable timescale to respond to correspondence.
- Informing the person that future correspondence will be read and placed on file, but not acknowledged.
- Advising that the organisation does not deal with calls or correspondence that are abusive, threatening, offensive or discriminatory.
- Asking the person to enter into an agreement about their conduct.

It is important that all relevant information be made available before a decision is made, to ensure the person is treated fairly when considering imposing of restrictions.

Once a decision has been made, depending on where the focus of communication has taken place, a Director will write to the person informing them that:

1. Their complaint/concern is being investigated, and a response will be prepared and issued as soon as possible within the timescales agreed or;
2. Their complaint/concern has been responded to as fully as possible and there is nothing to be added.

Additionally:

3. That repeated contact regarding the complaint/concern in question is not acceptable and that further calls will be terminated and,
4. That any further correspondence will not be acknowledged.

All appropriate staff should be informed of the decision so that there is a consistent and co-ordinated approach across the organisation.

If the person raises any new issues, then they should be dealt with in the usual way.