#### *Severnbank Surgery*

*Tutnalls Street, Lydney,*

*Gloucestershire GL15 5PF*

*Tel 01594 845715*

 Adopted: April 2018

 Reviewed: 4.2.20 EM

# COMPLAINT REVIEW FORM

**Introduction**

This form is designed for use as part of an initial discussion of complaints received from patients, and to facilitate analysis of the complaint, with the identification of possible learning points.

The analysis categories on the form also relate to the Complaints Annual Report [\*] and may be used to populate the report template as part of your end-of-year complaints procedure

It may also be used to ensure that any actions arising from the complaint can be reviewed after an appropriate period, so that any need for changes to procedure etc. identified have been consolidated into practice day-to-day procedure.

It is assumed that complaints forwarded to another organisation to be dealt with under the NHS joint-agency complaints process will still be recorded and reviewed

The form may be attached to the front of the complaint documents.

**>>> The form is on the next page >>>**

**COMPLAINT REVIEW FORM**

|  |  |
| --- | --- |
| **Patient identifier:** | **Date of Review:** |

## BRIEF DESCRIPTION OF EVENT

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| --- |
|  |

**LEARNING POINTS**

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| --- |
|  |

**SPECIFIC ACTION REQUIRED**

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| --- |
|  |

*Analysis (Delete that which does not apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE** | **Source** | **Staff Group** | **Justification** |
| Clinical Care | Patient | Doctor | Fully Justified |
| Prescribing | Patient Relative | Nurse | Partially Justified |
| Attitude | Healthcare Professional | Administration | Not Justified |
| Administration | Other Healthcare worker | Reception | Genuine |
| Policy / Procedures | Visitor | External worker | Not Genuine |
| Referral | Carer |  |  |
| Premises | Other organisation / advocate |  |  |
| Hospital Care |  |  |  |
| Patient Complaint |  |  |  |
| Relative Complaint |  |  |  |
| Shared Agency |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Requires later review** | **Management** | **Resolution** |  |
| No | Wholly within Practice | 1 day |  |
| 3 months | Shared with another agency (Practice response) | 10 days |  |
| 6 months | Shared with another agency (referred to them) | 20 days |  |
| End of year | Other agency to provide copy of resolution | 3 months |  |
|  | Escalated by patient to Ombudsman | 12 months |  |
|  | Referred by patient to the GMC | 24 months |  |
|  |  | Not resolved |  |

## REVIEW

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| --- |
| Reviewed by: Date: |