Complaints Meetings – During the meeting

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The meeting should start with introductions and an explanation of everyone’s role before seeking confirmation of the agenda to be covered. You can thank the complainant and/or their representative for attending.

Start by setting the scene and seeking early agreement on the objectives as seen by both parties.

An accurate record of any complaint meeting must be recorded in the complaint file.

If you intend to take notes or minutes, you should communicate this in advance and confirm before commencing, explaining the purpose and who will be taking them. This should avoid any surprises or conflicts on the day.

If you intend to record the meeting as an audio file, you must obtain the complainant's consent beforehand. You should also offer to provide them with a copy of the recording.

The complainant may also request that the meeting be recorded rather than receive written minutes. Such requests should be facilitated wherever possible. In any case, a complainant may record proceedings covertly, so it is better to agree on an approach.

Consider the following strategies.

**Encourage questions**

Allow the complainant to ask any initial questions they may have. Listening directly can help you understand all the issues raised in the complaint. The complainant can also be asked to describe how they have been affected by the events and what they would like to happen to put things right if possible.

Aim to answer all questions raised by the complainant openly and honestly. Try to address each issue separately, preferably in the order in which the complainant raised them.

A verbal acknowledgement that something has gone wrong is often a basic need for a complainant about their care or treatment. It is an opportunity to offer a meaningful and sincere apology, where appropriate.

**Offer an apology where appropriate**

In general, an apology is not considered an admission of legal liability. While there are situations where it may be appropriate to accept responsibility for a fault, blame, or mistake, in all circumstances it is important to adopt a conciliatory approach when a complaint is voiced, acknowledging a patient's feelings or concerns and expressing regret.

However, the apology must be genuine. Avoid giving a "qualified apology," which includes phrases like "I’m sorry if" or "I’m sorry but." Although these expressions may seem apologetic, they can imply that you are questioning the complainant's right to express their concern.

**Highlight potential outcomes**

It may help highlight the outcomes that can arise from complaint investigations. A meeting could be an opportunity to discuss the outcome of a complaint and how it was or will be decided.

**Use active listening skills**

Listen to what the complainant says, avoiding any unnecessary interruptions. However, if the complainant is not making themselves clear or is going off-topic, you may have to interject with appropriate questions to clarify. This would also apply if the complainant continues to go over the same ground already dealt with and explained.

A powerful technique is paraphrasing or summarising what you have been told into key points. For example: “Thank you. I’ve been listening carefully to what you have told me, and am I correct in thinking that………...?” If the complainant agrees with your summarisation, you can move on.

**Maintain control of the meeting**

There may be occasions when the complaints lead must take control of and/or terminate the conversation (or meeting). This might apply when the complainant or their representative does or says something inappropriate—for example, being abusive, aggressive, repetitive, or not accepting something that the organisation has explained clearly and isn’t going to be changed/revisited.

**Communicating outcomes**

A face-to-face meeting can also provide advantages at the conclusion of a complaint investigation as it allows the parties to discuss the actual findings and outcome of the complaint.

This can be an opportune time to communicate any proposed changes or improvements to your service that you intend to make as a result of the complaint investigation.

This could include:

* Providing additional training and support for staff.
* Changing operational or organisational policies and procedures.
* Any other proposed improvements to a service to try and prevent a recurrence of the issues being complained about.

A typical approach for discussing the conclusion of a complaint process during a meeting might be as follows:

* Summarise the complaint and clarify the chronology of events to check and confirm understanding.
* Detail the extent and nature of the complaint investigation that has been carried out to reach your conclusions.
* Explain any relevant views of clinicians/staff you have obtained and considered as part of the investigation.
* Detail your findings, any learning points, and any proposed changes following the complaint. Aim to reach conclusions on the standard of care and whether it was appropriate or whether any failings are accepted. If so, issue an apology as appropriate.
* Give the complainant details of any corrective actions you intend to take to prevent a recurrence or improve service delivery.

In conclusion, you can suggest further conciliation if any unresolved matters, including referral to the appropriate health service ombudsman. However, where you have considered all the available facts and circumstances in coming to your conclusion, it is important to make it clear that the objective of the meeting is to explain and clarify your complaint investigation and decision and not to re-open the complaint.

**Concluding the meeting**

At whatever stage of a complaint that a meeting is being held, be prepared to summarise the discussion and the proposed next steps briefly.