



COMPLAINTS AND COMPLIMENTS POLICY

(VERSION 1.3)

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1. AIM

The aim of this policy is to establish clear guidelines on how to deal with complaints, compliments and suggestions made by service users and carers or from third parties acting on their behalf.

2. INTRODUCTION

This Policy aims to encompass the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling (2009) as summarised below:

- We must get things right first time by implementing a clear and accountable process for complaints handling. We will listen to what our service users say and welcome all feedback as an opportunity to learn and enhance our service.
- We will place the service user at the centre of our decisions and resolve all problems at the first opportunity, wherever possible.
- We will be open and accountable in accordance with the duty of candour. Clear information will be readily available regarding the complaints process and how to proceed if the complaint cannot be resolved internally.
- We will act fairly and proportionately to complaints in a flexible and non-discriminatory manner. All complaints will be dealt with respectfully, and without prejudice
- We will take prompt, appropriate remedial action, which will often include acknowledging our mistakes and apologising to those affected. We aim to satisfy the person making the complaint, wherever possible.
- We will use the outcomes of the complaints process to improve the quality of our service delivery. Lessons learned and changes made to prevent the problem recurring will be shared within the organisation.

3. DEFINITION OF A COMPLAINT

A **complaint** is 'an expression of dissatisfaction made to an organisation, either written or spoken, and whether justified or not, which requires a response'. The Patient's Association (2013).

4. ROLES & RESPONSIBILITY:

Complaints manager- Emma Streater

- It is the responsibility of the complaints manager to ensure this policy is concise and practicable for staff to employ when dealing with complaints and to ensure that it is read and understood by all staff.
- The complaints manager has responsibility for ensuring the complaints procedure is carried out correctly by collating, responding and investigating each complaint.

All members of staff

- It is the responsibility of all members of staff to ensure that they have read and understood the policy and to ensure they are able to handle complaints effectively in accordance with this procedure.
- All staff must keep clear and accurate records of all aspects of the complaints procedure they are involved in.

5. SCOPE

Any complaint by a service user or third party acting on their behalf, with the service user's consent, falls within the scope of this policy. This may include relatives, carers, the service user's general practitioner or a recognised advocacy service.

6. EQUIPMENT

This policy document contains forms and letter templates detailing the process of the policy.

7. HAZARDS and SAFETY

The hazards of incorrect complaints managements are as follows:

- Future incidents not mitigated due to lack of action on complaints:
- Possible legal action
- Damage to Company reputation

8. HOW TO MAKE A COMPLAINT, SUGGESTION OR COMPLIMENT

A complaint can be made in person at one of our clinics or:

By **telephone**: 01795 436 465

By **email**: referrals.hemultrasound@nhs.net

By **post**: Unit 5 Conqueror Court, Vellum Drive, Sittingbourne, Kent, ME10 5BH

There is a clear complaint procedure publicised to patients in the reception area of the practice.

We will endeavour to make any reasonable adjustments in order to receive, investigate and resolve a complaint, taking into account all aspects of diversity. If a language barrier exists, we have access to a translation and telephone interpreting service. This document can be made available in alternative languages or formats, such as easy read or large print upon request.

9. WHAT TO DO IF A SERVICE USER RAISES A CONCERN VERBALLY

- Take responsibility for dealing with the problem. Most complaints are a result of a misunderstanding or a lack of communication.
- Listen to the patient; quite often just dedicating a few minutes of your time to understand the issue will help to put them at ease.
- If appropriate resolve the concern immediately or consult the management team for assistance.
- If the issue has been handled to the satisfaction of the complainant, the concern must be written in the complaints, suggestions and compliments register spreadsheet by the complaints manager to be used for learning and improving the service.
- Management must be informed immediately if it is believed that any person is at risk of harm following a raised concern.
- The complaints manager will maintain an awareness of the concerns resolved by other persons by

way of regular review of the folder. Corrective action will be taken if it is felt during this review that concerns are not being managed appropriately.

10. COMPLAINT PROCESS

- Complaints made by telephone or in person will be written down and must be agreed and ideally signed by the complainant.
- The complaint will then be directed to the complaint manager who will undertake a review to determine the level of investigation and immediate action required. If the complaint relates to a safety or safeguarding incident, then the relevant policy will be followed, and a referral made to the appropriate authorities if necessary.
- The complaint will be acknowledged in writing within three working days (appendix 3), together with a copy of the complaints procedure if this has not been obtained previously. The response will give an estimate of the time required to investigate the complaint and respond again with the outcome.
- This would typically be within ten working days and no later than twenty working days.
- The complainant will be given the opportunity to agree an alternative timescale if necessary.
- The investigation will aim to substantiate all points made by the complaint and to provide a detailed response explaining the proposed remedial action for the issue in question.
- Investigations and corresponding outcomes must be documented in writing on the company complaint form (appendix 1), adding additional pages as required.
- Subsequently, a final response letter (appendix 4) will be issued to the complainant, who will then be asked to sign the document to confirm they are satisfied with the outcome.
- Any proposed remedial action must be taken without delay to rectify the failings identified during the investigation.
- In the event of a continued disagreement which cannot be resolved internally, the complainant will be provided with contact details to take the matter to the appropriate external authority if necessary.
- This may include but is not limited to; the relevant commissioning body such as the local CCG, NHS England, the CQC or the Local Government Ombudsman.
- The practice will cooperate fully with any further investigation by the relevant commissioning body.
- Anonymous complaints will be processed under this policy as far as possible depending on the available information.

11. RECORD KEEPING

- All written documentation regarding a complaint investigation must be clear and accurate.
- Investigation records must be retained and stored within the complaints folder. This includes all written correspondence with the complainant.
- If appropriate, the complaints manager must also complete a record of the event in the risk register.
- The records are stored and provided to the CQC upon request (within 28 days of the request date).

- Written complaints recording rules must be complied with. Any attempt to conceal a complaint may give rise to formal disciplinary action.
- Complainants have a right to request access to their complaints record. These requests should be handled using the subject access request procedure.

12. LEARNING FROM COMPLAINTS, SUGGESTIONS AND COMPLIMENTS

- The management meeting will periodically (recommended every three months) review all complaints since the previous review in order to identify trends and matters which may have appeared to be relatively minor at the time but could indicate deeper problems.
- The services action plan will be updated to include all actions to be taken and all requirements or recommendations made following any investigation.
- Lessons learned from complaints and suggestions in addition to changes made to the service following a complaint will be shared with all relevant staff at the subsequent staff meeting.
- Compliments will be logged in the spreadsheet held by the complaints manager and shared at staff meetings, while adhering to patient confidentiality, to provide motivation and encouragement for the team.

13. CONFIDENTIALITY

- Complaint information must only be shared with staff directly involved in the investigation.
- Complaints made by third parties, or family members, raise consent and confidentiality issues. Therefore, written authority is normally required from the patient to include others in the sharing of information. If the patient lacks capacity, an independent representative should be involved.

14. ADVOCACY SERVICES IN KENT

Kent Advocacy

Tel: 0300 343 5714

Text: Start you message with the keyword SEAP to 80800

E-Mail: kent@seap.org.uk

Post: P.O. Box 375, Hastings, TN34 9HU

15. EXTERNAL AUTHORITY CONTACT DETAILS

Care Quality Commission:

National Correspondence

Citygate, Gallowgate

Newcastle upon Tyne NE1 4PA

Tel: 03000 616161

Fax: 03000 616171

NHS England:

PO Box 16738,

Redditch, B97 9PT

Tel: 0300 311 22 33

england.contactus@nhs.net

The Local Government Ombudsman:

PO Box 4771,
Coventry CV4 0EH,
Tel: 0845 602 1983 or 024 7682 1960,
Fax: 024 7682 0001,
advice@lgo.org.uk

Medway Clinical Commissioning Group:

Complaints Manager,
NHS Medway CCG, Fifty
Pembroke Court, Chatham
Maritime ME4 4EL
01634 335069 or 335111
medway.ccg@nhs.net

Swale Clinical Commissioning Group:

NHS Swale Clinical Commissioning Group Complaints Team
Bramblefield Clinic, Grovehurst Road
Kemsley, Sittingbourne
Kent, ME10 2ST
Tel: 01634 335177
mccg.northkent.complaints@nhs.net

West Kent Clinical Commissioning Group:

NEL Patient Experience Team
Phone: 03000 424244
NELCSU.Secomplaints@nhs.net

Note: this form will be used to record expressions of minor concerns which may be dealt with on the spot as well as obvious “complaints” which may require formal investigation. It should also be used to record compliments offered to employees of the organisation.

The original of this form will be:

Held in a clearly labelled “**Complaints** in progress” file in the Registered Manager’s office while the complaint is being investigated.

Transferred to a central **complaints** file as soon as the matter is closed.

Re. Person making the complaint, expressing a concern, or giving a compliment

Name:

Address:

Telephone Number:

Name and contact details of the Patient to which the complaint refers:

Details of complaint, concern or compliment (include dates, times and witnesses where possible):

Names of any employees specifically complained of or complimented:

Name of person originally complained to (if not the person completing this form):

Name of the person to whom the complaint was referred on to for investigation (state “as above” if the person who receives the complaint also investigates):

Investigations carried out (attach additional pages if required):

Action taken or recommended by investigator:

Did this action satisfy the complainant? If not state why, and who the complaint was referred on to next:

Action taken by person to whom the complaint was referred on to:

Did this action satisfy the complainant?

Name of organisation to which the complaint was referred in the event of a failure to satisfy the complainant:

Signed by complainant to signify satisfaction:

Date:

APPENDIX 2. COMPLAINT ACKNOWLEDGEMENT LETTER TEMPLATE

[insert date]

[insert name]

[insert address]

Our ref: [insert reference]

Your ref: [insert reference]

Our contact details (email and phone): [insert]

Dear [insert title and name]

Heading, e.g. Complaint about.....

Thank you for bringing to our attention your concerns in [your letter/your email/our conversation] of [date].

I am sorry that you are not happy with the service provided by HEM Clinical Ultrasound Service Limited.

As I understand it, you are concerned that [insert your understanding of the issues of concern, using a bulleted or numbered list if there is more than one point]. Please contact me straight away if I have misunderstood your concerns.

I would be happy to meet you to discuss the issues you have raised and our investigation procedures, if that would be helpful. [Suggest a date and/or provide contact details].

I am looking into the points you have made as a matter of urgency and shall be in touch with you with a full response by [insert anticipated response time – usually not longer than 10 working days].

Please do contact me again in the meantime if I can be of further assistance. My email and phone number are provided above.

Yours Sincerely

Name

Job Title

APPENDIX 3. COMPLAINT FINAL RESPONSE LETTER TEMPLATE

[insert date]

[insert name]

[insert address]

Our ref: [insert reference]

Your ref: [insert reference]

Our contact details (email and phone): [insert]

Dear [insert title and name]

Heading, e.g. Complaint about.....

My investigation into the concerns you raised on [insert date] is now complete.

I will address each of the points as outlined in my earlier acknowledgement letter to you.

[Repeat each individual point of complaint, and follow each one with what you found in the investigation. Put this as a numbered list if there is more than one issue.]

1. Point one, I have found that...
2. Point two, I have found that...

Outcome

As a result of your complaint we have taken the following action (if not already mentioned above).

1. [action one]
2. [action two]
3. [action three]

I would like to thank you for bringing these matters to our attention. We welcome comments from people who use our services and aim to use these to improve our services.

If you are not fully satisfied with the way we have handled your complaint you have the right to take your complaint to the General Medical Council:

General Medical Council Fitness to Practise Directorate, 3 Hardman Street, Manchester M3 3AW, practise@gmc-uk.org, or download a complaint form from their website <http://www.gmc-uk.org>.

Yours sincerely

Name

Job Title

16. QUALITY CONTROL and AUDIT

This policy is subject to review and amendment every 12 months or sooner if necessary.

END OF DOCUMENT