

QMS2703 – Complaints and Compliments Policy

V2.0

Process Owner

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Position: Director of Governance & Clinical Services
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A handwritten signature in blue ink, appearing to read 'Dale Robinson'.

Authorisation and Approval

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Summary of changes since last version

Screening Safety Incidents
Legislative Background

Related Documents:

QMS2702 – Violence & Aggression Policy
QMS2701 – Customer Care Policy
QMS6157 – Screening Safety Incidents Policy

1. Aim

The aim of this policy is to provide a framework to ensure patients, their carers and/or representatives have a clear published procedure so that they can easily:

- Challenge the decisions we make
- Make a complaint or compliment about the service, our policies and/or any member of our staff
- Be clear as to how their complaint will be dealt with.

2. Policy Statement

- 2.1. Health Intelligence is committed to high standards of customer care & service delivery but we want to know about things that are not so good so that we can deal with the specifics; take steps to avoid issues; and improve service and customer care.
- 2.2. Our complaints and compliments procedure aims to:
 - Provide an effective means for patients to complain if they are dissatisfied with the service (& to encourage such complaints);
 - Ensure all compliments and complaints are recorded;
 - Ensure complaints are dealt with in a courteous and efficient manner and are resolved without avoidable delay;
 - Ensure fairness to staff and patients alike;
 - Ensure we treat each and every complaint as a “golden nugget” leading to service and customer care improvement.
- 2.3. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force on 1 April 2009. Health Intelligence policy is to ensure it abides by the principles contained within the legislation. Every health service user, their relative, carer or friend has the right to bring any aspects of dissatisfaction to the attention of Health Intelligence.

3. General Principles

- 3.1. This complaints procedure will adhere to the Data Protection Act (1998), Human Rights Act (1998) and the NHS Complaints (England) Regulations 2009. Personal information about patients and staff will be confidential and will not be disclosed to a third party without written consent.
- 3.2. All staff must be aware of an individual’s right to comment on the standards and quality of services provided by Health Intelligence.
- 3.3. No action shall be taken by staff or management to discourage dissatisfaction from being brought to the attention of the company and/or its senior management including if necessary the Company Board.
- 3.4. All written records of the complaint and any subsequent investigation are subject to requests made under the Freedom of Information Act (2005) (Fol). All requests made under

the FoI shall be considered in line with guidance and legislative requirements of the FoI and information released unless it can be demonstrated that exclusion clauses apply.

- 3.5. This policy and procedure aims to meet the Principles of Good Complaints Handling laid down by the Parliamentary and Health Service Ombudsman (PHSO) and the Essential Standards of Quality & Safety as outlined by the Care Quality Commission, in particular Outcome 17.
- 3.6. Health Intelligence is committed to providing a complaints service for all, regardless of their ethnicity, gender or sexual orientation, religion or disability.
- 3.7. The complaint/compliment will be accepted from a relative/significant other or suitable representative body or any person who is affected by or likely to be affected by the act, omission or decision of Health Intelligence, providing it is the subject of the complaint/compliment.

4. General Responsibilities of Staff and Managers

- 4.1. All employees and managers have a responsibility to ensure that they are aware of the contents of this policy.
- 4.2. All staff and managers are empowered to identify and discuss concerns with a patient, their relative, carer or representative.
- 4.3. All staff and managers have a duty to ensure that they:
 - 4.3.1. Try their utmost to resolve all concerns and issues brought to their attention immediately to avoid escalation and undue distress for patients, their relatives, carers and friends.
 - 4.3.2. Encourage patients, their relatives, carers and friends to speak openly about any concerns they have or if they wish to make a complaint/ compliment.
 - 4.3.3. Take immediate action where failures have been identified to reduce the likelihood that further complaint and/or dissatisfaction by other patients/carers.
 - 4.3.4. Follow the procedures outline in this policy and procedure note and assist with any complaint investigation and provide statements.
 - 4.3.5. Escalate concerns, comments or complaints to the Programme and/or their line manager in a timely and professional manner.

- 4.3.6. Do not discriminate against or otherwise treat complainants and/or those passing on compliments any differently.

5. Compliments

- 5.1. Compliments are defined as positive feedback and may relate to an individual or service.
- 5.2. Where the compliment relating to a named staff member, Health Intelligence's Commendation Scheme may formally recognise that staff member.
- 5.3. Multi-disciplinary team (MDT) meetings and other service team meetings shall have a standard agenda item where compliments received can be positively fed back to the staff.
- 5.4. Where the details of the patient are known the patient shall receive a personal thank you for the compliment from the Programme Manager.

6. Recording Complaints & Compliments

- 6.1. All complaints shall be formally recorded and held in a log which shall detail:
- The patient's HI Pseud ID (a unique patient reference number used by Health Intelligence to avoid sharing patient identifiable data)
 - the complaint
 - Investigations undertaken
 - Action resulting from the investigation
 - Outline response
 - Learning points for onward referral (see section 9).
- 6.2. All Patient satisfaction cards shall be reviewed for comments, complaints and compliments and recorded appropriately. If the patient has made a complaint and has decided not to remain anonymous, their complaint shall be dealt with as if they made a direct complaint through other channels.

7. Complaints Management Procedures

- 7.1. All complaints will either be acknowledged or responded to within 5 working days of their receipt.
- 7.2. All complaints shall be dealt with using the three stage procedures outlined below.
- 7.3. **Stage 1** – a staff member/manager from the relevant service area will be responsible for investigating the complaint and responding (either verbally or in writing) within 15 working days of receipt.
- 7.4. Most complaints are sorted out quickly and amicably at this stage.
- 7.5. The receiving staff member, in discussion with their line manager, may consider the complaint serious enough to move straight into a stage 2 complaint.
- 7.6. **Stage 2** - If complainant remains unsatisfied the complaint will be escalated to the Programme Manager(s) for further investigation and written response within 20 working days.
- 7.7. Complaints received from the Patient Advice and Liaison Service (PALS); by patient representative groups; by healthcare representative groups (including GPs, Hospital Eye Services, MPs); local Councillors, Commissioners etc. or that concern specific named staff members will be treated as stage 2 complaints.
- 7.8. Complaints of a clinical nature or which raise possible clinical risks will be escalated and investigated by the Failsafe Manager who will discuss a suitable response with the Programme's Clinical Lead.
- 7.9. **Stage 3** – If the complainant remains unsatisfied and/or the matter is concerning information governance/data protection issues or is judged by the Programme Manager(s) to be so serious as to need the top level attention the complaint will be escalated to the Managing Director and/or the Medical Director for investigation and written response within 20 working days of notification of continued dissatisfaction.
- 7.10. All responses at this stage 3 will include informing the complainant of their right to contact the ombudsman and how to do this.
- 7.11. The complaint procedure together with details of how to complain and/or make a compliment will be detailed on our website.

8. Confidentiality

- 8.1. The obligation to maintain confidentiality applies throughout the complaint process.
- 8.2. To minimise the information governance issues all records within the complaint log shall use the patient's HI Pseud ID (rather than the name and other immediately identifiable data).
- 8.3. If the person complaining is not the patient, it is important to verify that the patient knows about the complaint and is in agreement with its content. The Complainant must be informed that in order to avoid any breaches of patient confidentiality, any questions relating to the patient's care and treatment can only be answered with the patient's consent and that the response to the complainant cannot be shared until the appropriate consent form has been received.
- 8.4. In these circumstances, a Patient Consent Form will be provided which the patient will be required to sign to indicate that they are happy for Health Intelligence to liaise with the complainant.
- 8.5. In cases where the patient is not capable of providing consent, the Medical Director of Health Intelligence will need to be satisfied that their representative is conducting the complaint in the best interests of the person on whose behalf the complaint is made.

9. Learning from Complaints

- 9.1. All complaints received and recorded on the complaint log shall be reviewed at the relevant service monthly performance review meetings to ensure that:
 - any learning points are captured
 - all the necessary actions have been undertaken within the time limits set
 - appropriate changes to service delivery and /or working practices are implemented.
- 9.2. MDT meetings and other service team meetings shall have a standard agenda item where complaints received and learning points resulting from the complaint can be discussed and disseminated to the staff.
- 9.3. Changes to service and/or working practices which have resource, staffing and/or financial implications shall be reported to the Company Board for decision.

10. Habitual and/or Vexatious Complaints

- 10.1. Habitual and/or vexatious complainants occasionally occur and can be difficult to handle and place a strain on time and resources. They may also cause undue stress for the staff involved in the complaint. Such complainants tend to make frequent complaints but each one is distinct.
- 10.2. In answering a complaint, each issue should be investigated and responded to. Even the most difficult of complainants may have issues of genuine substance and declaring an individual as habitual or vexatious does not mean that any new issue raised will not be investigated in line with this procedure.
- 10.3. Staff and managers should respond to complaints in a professional and helpful manner at all times. However, staff should ensure the staged process detailed above is consistently applied.
- 10.4. Health Intelligence has a duty to protect staff against outright abuse and it is necessary to identify unreasonably persistent complainants and to have in place a procedure for dealing with them.
- 10.5. A persistent/habitual or vexatious complainant may meet one or more of the following criteria:
 - Is in frequent contact with the Company on the same issue despite having been advised of the timescales for a written response and the procedure to be followed
 - Is aggressive or abusive towards staff in which case the Violence and Aggression Policy (QMS2702) should be applied
 - Is adamant their concerns have not been addressed despite having received detailed responses in line with this policy
 - Having received a response and exhausted procedures reframes their complaint and presents a new set of questions to the same complaint
 - Tries to dictate who they will speak to and/or meet with
 - Continually seeks an unrealistic outcome and expresses an intention to pursue the complaint until that is achieved.
- 10.6. A complainant may meet some or all of the above criteria and the final decision about what action to take will rest with the Managing Director in conjunction with the Medical Director. A record must be kept for future reference of the reasons why a complaint has been classified as habitual or vexatious and a reason for this decision.

11. Support for Staff

- 11.1. Members of staff named in the complaint, either personally or by role, should be informed of the complaint by their manager.
- 11.2. Staff should be fully supported by their line manager and consulted during the investigation.
- 11.3. The investigation should be full, fair and timely, and should not apportion blame.
- 11.4. The decision on whether disciplinary action is called for is a decision for the line manager in consultation with Human Resources, in accordance with the normal disciplinary procedure. This must be kept separate from the complaints procedure.