HealthHarmonie
Quality and safety first.

Complaints Policy

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Name of responsible (ratifying) committee	Senior Management Team
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Document Manager (job title)	Head of Quality
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Contents

SECTION 1 – INTRODUCTION

1.1 This policy and procedure identify the process of making a complaint and the roles and responsibilities of those involved in dealing with complaints. It is written in line with the relevant national guidance and legislation.

SECTION 2 - HEALTHHARMONIE STATEMENT

2.1 HealthHarmonie encourage feedback from patients, relatives, referring sources and other stakeholders to assist with continuous service improvement. All staff are trained in handling complaints and their role is to ensure complaints are listened to with empathy, where applicable solve concerns and to signpost stakeholders to the official complaint channels into the business. HealthHarmonie ensures 95% of received feedback/complaints are investigated and a response to their concerns received within 14 days of receipt. There are times due to the nature of the investigation that this may take longer, but in these situations patients should always be informed of the progress.

SECTION 3 - PURPOSE

The purpose of this complaints" procedure is as follows:-

3.1. to offer an open, honest, candid, fair and equitable system, which is non-discriminatory and accessible to people of all backgrounds, by which people who are dissatisfied with the service they have received from HealthHarmonie have the opportunity to air their grievance and to receive a response to their concerns;

3.2. To ensure that the organisation uses information from complaints and other feedback to improve its services and where possible prevent a recurrence of the factors giving rise to a given complaint;

3.3. To ensure HealthHarmonie maintains data regarding its performance in relation to complaints, and provides such data to those bodies which have a legitimate interest in it;

3.4. To ensure that the complaints service offered by HealthHarmonie is consistent with all relevant legislation and best practice guidance.

SECTION 4 - SCOPE

4.1 The policy applies to all groups of staff and anyone using HealthHarmonie's services.

4.2 Anyone who uses HealthHarmonie's services may complain, including:

- The patient
- Someone acting on behalf of the patient, and with their written consent. (e.g. an advocate, relative, Member of Parliament);
- Parents or legal guardians of children;
- Someone acting on behalf of a patient who is unable to represent his or her own interests, provided this does not conflict with the patient's right to confidentiality or a previously expressed wish of the patient.
- Referring GPs
- CCGs/Commissioner of Service
- Health/Social groups involved with the patient pathway.

SECTION 5 - DEFINITIONS

5.1 A **complaint** is any expression of dissatisfaction, which requires a response.
5.2 A **complainant** is the person making the complaint, whether on behalf of themselves or another.
5.3 The person about whom the complaint is made is referred to as the **subject**.

SECTION 6 - DUTIES

6.1 **Managing Director** is responsible for ensuring that an effective and appropriate complaints" system exists.

6.2 **Managing Director** is the Executive Director responsible for the operational delivery of the described complaints" system. Has the responsibility for the strategic leadership of the complaints" service, for policy development and implementation. They will ensure that appropriate triage is undertaken for each complaint and that an appropriate level of investigation is undertaken.

6.3 Head of Quality is responsible to ensure that complaints are received, disseminated to appropriate clinical or operational management teams, there is a thorough investigation and that the response letter is compiled appropriately covering all issues in chronological order. Responsible for letting the Complainant & CCG know if the response will be outside the agreed 14 day time, the reasons for the delay and the expected date of completion. Undertake a central role in communicating with the complainant, ensuring an investigation is initiated by the division in which the complaint originated, and that the divisional response is comprehensive and compliant with the expected standard for the response letter. The Clinical Governance Manager will ensure that the Medical Director is made aware of any problems in meeting the plan agreed with the complainant. Responsible for the collection of data in relation to complaints and for entering the data onto the QSS database.

6.4 **All Managers** are responsible for the effective implementation of the policy. This includes:-

- Cooperating fully with the investigation of each complaint, and ensuring that any staff for which they have responsibility respond to investigations in a timely and appropriate manner;
- Ensuring that action is taken and the action plan implemented, following any complaint which gives rise to the need for wide-scale implementation of change;
- Enabling the processes of organisational learning following a complaint; • Ensuring that complaints are responded to within the agreed timetable;
- Releasing staff for relevant training events.

6.5 **All staff** have a role to play in reducing the numbers of complaints received by ensuring that:-

- as far as possible, their attitude, approach or behaviour do not give service users cause for complaint,
- they deal with any issues courteously and efficiently,
- they keep good quality records,
- provide statements were necessary,
- Ensure if necessary the complaint is escalated appropriately.

SECTION 7 - POLICY STATEMENT

7.1 All users of HealthHarmonie's services will have equal access to a fair, modern, fit for purpose complaints" system in which efforts are continually made to learn.

SECTION 8 - THE POLICY ITSELF

8.1 Complaints made in writing, verbally or electronically, such as by email, intranet, website forms **will be acknowledged within 2 working days.** This must be completed in writing. This will also be undertaken by a member of the Governance Team.

8.2 HealthHarmonie will accept complaints made via any communication route, including written, verbal in person or by phone; email or other electronic means; via an appropriate third party; via an interpreter etc.

8.3 All expressions of dissatisfaction are considered complaints and will be treated using formal processes.

8.4 A letter or e-mail will be sent for the acknowledgement of the complaint.

8.5 Once the timeframe for the method of resolution has been acknowledged with the complainant, HealthHarmonie will aim to achieve this unless exceptional circumstances prevail. Only our Managing Director can give authority for the timeframe and/or method of resolution to be varied.

8.6 HealthHarmonie will investigate the complaint in a manner appropriate to the nature of the issues it raises, aim to resolve it speedily and efficiently and, during the investigation, keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation and any delays.

8.6 HealthHarmonie will still aim to resolve the majority of complaints within 28 working days of receipt of the complaint. The focus will be on quality, open candid investigations and responses which sometimes may necessitate a longer time period. The facility to agree a timeframe with the complainant will not be seen as a means of unduly extending the process of responding to complaints, but rather as a means of setting a realistic timescale given all the circumstances which may arise.

8.7 Following investigation, the complainant must be sent a written response signed by the "responsible person". The "responsible person" is the Managing Director. However, the national regulations allow that the functions of the responsible person may be performed by any person authorised by HealthHarmonie to act on behalf of the responsible person. In the case of HealthHarmonie, this function can be performed by the Medical Director or a member of the Clinical Governance Team.

8.8 The written response must contain text which provides a response to the issues raised.

8.9 The normal time limit whereby people can raise their complaint is 12 months. HealthHarmonie will maintain its long-standing commitment to responding to all complaints, irrespective of the time elapsed since the event(s) in question occurred if there is a reasonable chance of being able to investigate and respond.

8.10 If necessary, complainants expressing concerns about events which occurred some considerable time ago will be informed of the limitations this is likely to impose on the response HealthHarmonie is able

to give if serious allegations are made they will be investigated if at all possible regardless of the time period.

8.11 Should any interpretation of HealthHarmonie's time limit regulations be necessary, this will be provided by the Head of Quality.

8.12 As a general rule, HealthHarmonie expects every member of staff to try to deal with the complainant's issues and will provide a programme of training designed to give all staff the confidence and skills to do so.

8.13 When the member of staff dealing with a given issue is unable to investigate or deal with the complaint adequately or feels unable to give the assurances that the complainant is seeking, or the complainant remains dissatisfied, then the complaint should be referred to the relevant manager for further investigation.

8.14 hould the complainant be dissatisfied with the response to the complaint they should be offered a meeting with the Medical & Commercial Director who is able to address the further issues. The meeting will be organised and attended by the Medical & Commercial Director the Clinical Governance Team whose role it will be to take meeting notes carefully listing the concerns raised at the meeting and ensuring that a satisfactory response is given.

8.15 Following any meeting the notes should be shared with the complainant. The Clinical Governance Team will ensure that explanations offered during the meeting have been understood by the complainant and/or their representatives and that the complainant has had the opportunity to put all questions to the meeting.

8.16 If all issues have been resolved a letter of closure to the complaint should be offered to the complainant.

SECTION 9 – PROCESS FOR ENSURING PATIENTS OR THEIR RELATIVES/CARERS ARE NOT DISADVANTAGED OR TREATED DIFFERENTLY AS A RESULT OF A COMPLAINT

9.1 Every assistance will be given to individuals who wish to make a complaint, including the provision of interpreter services or any other service or body which may serve to enhance the communication of the complaint to the organisation.

9.2 Patients must be supported in expressing their concerns and must not be led to believe either directly or indirectly, that they may be disadvantaged because they have made a complaint. Making a complaint / raising a concern does not mean that a patient/complainant will receive less help or that things will be made difficult for them.

9.3 Everyone can expect to be treated fairly and equally regardless of age, disability, race, culture, nationality, gender and sexual orientation.

9.4 Within the acknowledgement letter the complainant will be advised that HealthHarmonie does not expect any patient to be treated differently as a result of making a complaint and explaining that no record of the complaint will be held in their medical records.

9.5 The complainant is asked to inform the Medical Director if they feel this has occurred, who will then alert senior managers within HealthHarmonie to investigate the claim and seek resolution.

SECTION 10 - PROCESS FOR THE HANDLING OF JOINT COMPLAINTS BETWEEN ORGANISATIONS

10.1 HealthHarmonie will co-operate in resolving complaints that relate to more than one body with the relevant organisations, and as far as possible ensure that the complaint is addressed by a single organisation.

10.2 HealthHarmonie have a duty to cooperate with other organisations ensuring that the complainant receives a single response where their complaint involves more than one organisation.

10.3 The organisation receiving the complaint must ensure that the complainant receives a full response. Whilst the organisation receiving the complaint would usually be expected to coordinate the investigations and response, there will be occasions when the complaint is predominantly about another organisation's services and in such cases, and with the complainant's agreement, the third-party organisation will coordinate the investigation and response.

10.4 Where it is identified that the complaint relates to services provided by another organisation such as a CCG, Hospital, Adult Social Care Services or General Practitioner, the complainant will be contacted and consent will be sought for the complaint to be shared with the other parties involved.

10.5 Agreement will then be sought as to which organisation will take the lead and the complainant will be duly informed.

SECTION 11 – INVOLVEMENT OF THE LOCAL CLINICAL COMMISSIONING GROUP (CCG)

11.1 HealthHarmonie is aware that some complaints of a serious nature may need to be advised to the local CCG, as a contractual requirement. This could include:

- The patient has been injured or harmed during the treatment by HealthHarmonie.
- Breach of patient confidentiality
- Safeguarding concerns

11.2 The Clinical Governance Team will ensure appropriate communication of complaints is made with the local CCG and also act as a contact point for the CCG to raise complaints with HealthHarmonie.

11.3 HealthHarmonie will ensure the local CCG is kept informed of the progress being made and lessons learnt following the investigation of a complaint, which has required the CCG be informed.

SECTION 12 – RISK MANAGEMENT OF COMPLAINTS RECEIVED

12.1 Each complaint will be triaged and graded by a member of the Quality & Governance Team. This will determine the level of investigation required and whether any additional actions need to be taken, such as a Serious Incident Review by Root Cause Analysis, or liaison with Stakeholders, for example, the Safeguarding Team.

12.2 Complaints will also contribute to the HealthHarmonie's body of feedback evidence for service improvement.

12.3 In exceptional circumstances, a complaint may be considered to be so serious that all or part of the investigation of the complaint needs to be undertaken with the assistance of external agencies. If such a complaint is received, the Medical Director will usually determine the reporting requirements, determine which agencies are to be involved and coordinate the utilisation of the external body in the complaint process, keeping the Managing Director (and any other relevant Executive Director) fully apprised of progress and developments.

SECTION 13 – INVOLVEMENT OF COMPANY INSURERS

13.1 There may be circumstances where the company insurers need to be informed of a complaint received. This could include, but is not limited to:

- Any complaint, written or verbal, in which the patient or patient's representative expresses dissatisfaction regarding the treatment received and alleges that, as a result, the patient suffered bodily injury.
- A request for access to medical records received from a solicitor or third party on the basis that a Claim against you/your service (to include any of your employees) is being contemplated.
- Any incident in which a Serious Incident Report is generated.
- Any unexpected or unusual death of which you become aware.
- Any adverse outcome or clinical "near miss" in which you believe there may have been a negligent act, error or omission, irrespective of whether or not the patient is aware of this or whether the patient or patient's representative has made a complaint.

13.2 Only authorised staff are permitted to contact the company insurers to discuss a patient complaints, this could include:

- Medical Director
- Managing Director
- Head of Operations
- Head of Business Development
- Head Of Quality

13.3 Other staff members may speak with the company insurers only as authorised by the Medical Director or Managing Director.

SECTION 14 – WHEN THE COMPLAINANT IS NOT THE PATIENT

14.1 If the complainant is not the patient and consent is needed, the Clinical Governance Team issue a standard form to the patient requesting their permission to release confidential information to the complainant.

14.2 The investigation can commence at this point (if there is no reason to believe the patient will not give their permission) but no response should be given to the complainant until the signed and dated consent form has been received by the Clinical Governance Team.

14.3 If a consent form is issued but not returned, the complaint shall be deemed closed within 10 working days of issue, thereafter the 14 working day compliance will commence from the time that the consent form is received.

SECTION 15 – WHEN THE COMPLAINANT REQUESTS ACCESS TO HEALTH CARE RECORDS

15.1 A proportion of complainants request access to healthcare records in the context of their complaint.

15.2 Should such a request be made, the Clinical Governance Team will send an “Access to Health Records Request Form” to the complainant.

15.3 In certain circumstances, HealthHarmonie will waive the fee which normally applies. This decision will usually be taken by the Managing Director.

15.4 The department or division to which the complaint relates will meet the costs of duplication and postage in all such circumstances.

SECTION 16 – INVESTIGATION AND MANAGEMENT OF COMPLAINTS

16.1 The Clinical Governance Team will undertake a central role in communicating with the complainant, ensuring an investigation is initiated, check the appropriateness of the divisional written response before presenting for signature by the “responsible person”.

16.2 The Clinical Governance Team will make an appropriate senior manager aware of any problems encountered by the division in meeting the plan agreed with the complainant.

16.3 Clinical Governance will enter the details of each complaint on to the Complaints database.

SECTION 17 – ROLE OF THE INVESTIGATING OFFICER AND PROCESS OF INVESTIGATION

17.1 For each complaint, an Investigating Officer will usually be the Clinical Governance Manager, however, an alternate individual could be identified, as appropriate by the Medical Director or Managing Director.

17.2 This will normally be an experienced manager who has received training in and/or has extensive experience of the management of complaints.

17.3 The Investigating Officer may delegate all or part of the investigation to a suitably qualified and/or experienced colleague but will retain overall responsibility for the quality and content of the investigation and complaint response.

17.4 An investigation will be overseen by the Investigating Officer and may involve collecting verbal or written statements from current or former staff, and examination of the relevant documentation and other sources of evidence.

17.5 It is important that data is collected systematically, recorded at an appropriate professional standard, and filed according to a logical system.

17.6 The data used in the investigation of a complaint is always requested when the Ombudsman undertakes a second stage independent review.

17.7 Once the complaint response is completed, the Investigating Officer will ensure that any action and learning is progressed and developed and shared with the relevant staff.

17.8 For serious complaints the Clinical Governance Team and Medical Director may initiate an investigation by a panel as described in the Incidents, Complaints and Claims Reporting and Investigation Policy and if necessary align this to a Serious Incident, Inquest, Claim or Safeguarding process

SECTION 18 – MEETING A COMPLAINANT

18.1 If a meeting is arranged with the complainant at any point in the process of dealing with a complaint, the Investigating Officer, in collaboration with the Clinical Governance Team, will ensure that:- • Appropriate time and setting for the meeting has been arranged,

- Enough time for discussion has been allowed,
- The complainant should be advised they can bring a friend, relative or member of an external agency to the meeting,
- The relevant HealthHarmonie personnel are present at the meeting,
- The meeting is attended by a member of the Clinical Governance Team or Medical Director

18.2 The meeting will normally form part of, or be subsumed into an agreed plan.

18.3 If it is HealthHarmonie's intention that the complaint is closed via this formal written response, the text should clearly indicate that local resolution has been exhausted.

18.4 All of the foregoing should be explained to the complainant before the meeting commences.

18.5 The need to maintain appropriate written, dated and signed records at all stages of the complaints process, and particularly in these circumstances, cannot be stressed too highly.

SECTION 19 – COMPLAINTS GIVING RISE TO ISSUES WHICH ARE THE CONCERN OF OTHER AGENCIES

19.1 Occasionally, concerns may arise from complaints which need to be referred to other agencies (e.g. the police, professional regulatory bodies, or the Safeguarding Board).

19.2 In such cases, the advice of the Clinical Governance Team should be sought. This will normally be the Clinical Governance Manager or the Medical Director.

SECTION 20 – COMPLAINTS ABOUT THE FREEDOM OF INFORMATION OR DATA PROTECTION ACT

20.1 Complaints about the operation of the Freedom of Information Act and the Data Protection Act are dealt with via separate structures and procedures.

20.2 The Managing Director (Caldecott Guardian) is responsible for the operation of these structures and should be contacted in the first instance.

SECTION 21 – RESPONDING TO THE COMPLAINANT AND CONCLUDING THE COMPLAINT PROCESS

21.1 The Investigating Officer will produce a draft letter of response insufficient time to meet the response deadline agreed with the complainant.

21.2 It will convey to the complainant that their complaint has been taken seriously, appropriately investigated and be written in an appropriate tone.

21.3 It will indicate what action the complainant can immediately take if not satisfied, and where appropriate contain an apology.

21.4 It will respond to all of the issues raised by the complainant, normally in the order presented by the complainant, and provide background information, such as a clinical chronology, if this will assist in the explanation.

21.5 Health care terminology will be avoided or defined in lay person’s terms when used.

21.6 Similarly, any abbreviations used will be both written in full and defined on the first occasion they appear in the letter of response.

21.7 It will describe how the complaint has been considered, what conclusions have been reached and what actions if any, have or will be taken as a result.

21.8 The draft final response is sent by the Clinical Governance Team as a printed draft copy to the Head Of Quality for checking.

21.9 If the Head Of Quality is unavailable through planned absence, an interim letter will be sent to explain the delay and reassure that the complaint is being investigated and will be responded to promptly once the Head Of Quality has returned.

21.10 Where absence is unforeseen the Head Of Quality or Commercial Director will nominate an appropriate individual to undertake the roles.

SECTION 22 – CLOSURE OF COMPLAINTS

22.1 Once a final letter has been sent from the governance team or the process agreed with the complainant has been completed, if different), the Complaint is closed on the Complaints system after 10 working days of issue if no further response received from the complainant.

22.2 It may not be possible to resolve a complaint where the complainant's expectations of the outcome are unrealistic or a matter of opinion.

22.3 Complaints should only be re-opened where evidence can be provided that the original issues raised have not been addressed. In this case, the complaint is referred to as a "further" complaint and should be investigated as soon as possible and the investigation and letter should follow the process flow as for the original complaint.

22.4 The expectation of HealthHarmonie is that the response should be sent as soon after receipt of the further letter but should aim to take no longer than 14 working days, though a further extension may be needed depending on the further issues

22.5 If the complainant raises new issues, the Managing Director will formally determine whether the complaint should be deemed a new complaint and advise the Clinical Governance Team to update the database accordingly.

22.6 If the complainant makes comments on HealthHarmonie's final response, requests further information, requests access to healthcare records, or makes other enquiries without additional complaints, this will not be regarded as a new complaint, but a continuation of a previous complaint.

22.7 In these circumstances HealthHarmonie will respond in the manner it considers most appropriate.

22.8 Records will be maintained to demonstrate the HealthHarmonie's continuing commitment to patient satisfaction.

SECTION 23 – COMPLAINANTS WHO CANNOT BE SATISFIED BY HEALTHHARMONIE PROCEDURE

23.1 Occasionally a situation may arise where, despite every effort made by HealthHarmonie, the Complainant remains dissatisfied and continues to make complaints.

23.2 Provided the Complainant has been informed of his/her rights to request an Independent Review from the Ombudsman, a decision will be taken by the Medical Director.

23.3 The Managing Director will write to the complainant informing them of this decision and that no further action will be taken by HealthHarmonie on their complaint, but reiterating the alternatives open to the complainant.

SECTION 24 – VEXATIOUS COMPLAINANTS

24.1 The Managing Director, in consultation with the Medical Director (as appropriate), may also deem a complainant to be “vexatious”, that is, a complainant who does not intend that his complaint should ever be resolved, and is pursuing the complaint about other reasons.

24.2 Again, the Managing Director will write to the complainant informing them of this decision, and that no further action will be taken by HealthHarmonie on their complaint, but reiterating the alternatives open to the complainant.

24.3 The Clinical Governance Team will keep a record of all Vexatious Complainants, and share the names with the CCG.

SECTION 25 – OMBUDSMAN INVESTIGATIONS

25.1 A complainant who remains dissatisfied has the right to request an Independent Review of their case by the Ombudsman This advice is contained in the complaints leaflet given to all persons making a formal complaint and is enclosed with the acknowledgement letter to all complainants.

25.2 HealthHarmonie will provide every assistance to the Ombudsman, and in particular, will ensure that all requested information is provided within stated deadlines.

SECTION 26 – MANAGEMENT AND STORAGE OF COMPLAINTS FILES

26.1 A complaint file has the same status as any other created by a healthcare organisation, and is thus a confidential record

26.2 HealthHarmonie will therefore at all times provide facilities for the storage of complaints files which enable complaints files to:

- be easily located by appropriately authorised individuals;
- be retained safely, without danger of damage or corruption, and in a complete state;

- be easily retrieved and understood, in the event of further inquiry;
- contain relevant items such as statements or investigation notes, or to clearly identify where such materials are located;
- be kept for 10 years from the date upon which the complaint was completed;
- be disposed of confidentially when they have expired;
- Be kept separately from the healthcare record – similarly, the healthcare record should contain no material from or reference to a complaint or its investigation.

26.3 HealthHarmonie will ensure that its management and storage of complaints files is consistent with any relevant guidelines which may apply.

26.4 Should any material relating to a complaint be discovered in a health care record, it will be removed and reconciled with the complaint file

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26.5 The person misfiling the material will be reminded of HealthHarmonie's policy if they can be identified and applicable further education provided.

SECTION 27 – FRIENDS AND FAMILY TEST

27.1 As of January 2015, the NHS Friends and Family Test was extended to include Community Services.

27.2 The Friends and Family Test is asked of patients who have accessed HealthHarmonie Community Services, as a measure to establish if they would recommend the service.

27.3 The Friends and Family Test Questions are as follows:

> *"We would like you to think about your recent experiences of our service/team. How likely are you to recommend HealthHarmonie to friends and family if they needed similar care or treatment?"*

27.3 The Friends and Family Test does not replace any part of the Complaints Process or other feedback mechanisms implemented by HealthHarmonie.

SECTION 28 – POLICY DEVELOPMENT AND CONSULTATION

28.1 This policy builds on previous versions and iterations and reflects current guidance and legislation.

28.2 The policy was updated with contributions from members of the Executive Team, Managing Director, Clinical Governance Team, CCG and the Senior Managers.

SECTION 29 – IMPLEMENTATION

29.1 The policy will be implemented with immediate effect and issued to the organisation on the understanding that it completely replaces the previous version.

29.2 Structures for the implementation of the complaints system, including audit and reporting already exist.

29.3 The policy will be widely and positively promoted within the organisation, and will ensure that the complainants do not feel they will be discriminated against if they make a complaint, but rather that their complaint will help to improve services for future patients.

29.4 HealthHarmonie will continue to offer training to all staff, providing bespoke sessions where required.

29.5 The training will be offered by the Clinical Governance/Senior Management Team

SECTION 30 – MONITORING THE EFFECTIVENESS OF COMPLAINTS SYSTEM AND POLICY

30.1 Where monitoring has identified deficiencies, recommendations and action plans will be developed and changes implemented accordingly, these will be monitored by the Clinical Governance Team and discussed in the Quarterly Clinical Governance Meetings.

SECTION 31 AUDIT OF POLICY

31.1 The Clinical Governance Manager will conduct an audit of complaints to establish if they have been investigated and responded to in line with this policy.

31.2 Findings of this audit will be discussed in the Quarterly Clinical Governance Meeting.

31.3 Any non-compliance with the policy will be reviewed to establish cause for nonadherence, impact on outcomes for the patient and any steps that need to be taken to improve processes and procedures.

SECTION 32 – LEARNING FROM COMPLAINTS

32.1 As can be seen from the previous section, HealthHarmonie has available a number of means by which complaint data are collated, analysed and distributed.

32.2 HealthHarmonie is strongly committed to the concept of organisational learning and recognises that whatever the circumstances, and however regrettable these may be, each complaint provides opportunities for organisational learning to occur.

32.3 Sometimes, the complaint has business-wide, or other divisional implications.

32.4 Normally, the learning for such complaints will be included in the Risk Management Quarterly report and Clinical Governance reports ensured by the Senior Management Team.

32.5 HealthHarmonie quarterly report contains examples of changes in practice or other forms of organisational learning which have arisen following complaints received in the quarter to which the report relates.

32.6 For Divisional complaints with a more local focus, the manager for the area in which the complaint occurred will produce action in order to improve the service and avoid repetitions of the incidents giving rise to the complaint in conjunction with Service Improvement.

32.7 These actions will be subject to periodic evaluation by Service Improvement part of the organisation, with assistance from the Managing Director, Patient representatives and front line employees.

32.8 Implementation of action plans will be monitored by the Clinical Governance Team and Service Improvement resource.

32.9 HealthHarmonie also requires that feedback is given to the individuals involved in the circumstances giving rise to the complaint. The manager for that area will identify the most appropriate means of providing feedback/education, which may include direct verbal or written briefing and which may lead to the implementation of other measures such as further training, disciplinary procedures, recorded counselling, or no further action.

SECTION 33 – RELATED POLICIES

33.1 Safeguarding Adults Policy
33.2 Safeguarding Children Policy
33.3 Incidents & Serious Incidents Policy
33.4 Clinical Governance Strategy
33.5 Patient Feedback Policy

SECTION 34 - REFERENCES

34.1 “Complaints: Listening … Acting … Improving - Guidance on the Implementation of the NHS Complaints Procedure“ (Department of Health, 1996)

34.2 “Cause for Complaint? An evaluation of the effectiveness of the NHS complaints procedure” (Public Law Project, 1999)

34.3 “Effective Responses to Complaints About Health Services - A protocol” (Healthcare Commission, 2013)

34.4 “Management of Complaints Files – Good Practice Guide” (Healthcare Commission, 2013)

34.5 “National Health Service Complaints Regulations 2004, Amended 2006” (HMSO, 2006)
34.6“Principles for Remedy” Parliamentary & Health Service Ombudsman (HMSO, 2013)
34.7 “Is Anyone Listening? – A Report on Complaints Handling in the NHS” (Healthcare Commission, 2007)
34.8 “Handling Complaints within the NHS – Complaints Toolkit” (Healthcare Commission, 2008)
34.9 “Friends and Family Test: Guidance” (NHS England, July 2015)

SECTION 35 - REVIEW

35.1 This policy will be formally reviewed annually or earlier depending on the results of monitoring and/or changes to national legislation or guidance which may be produced in the intervening period

SECTION 36 – VERSION CONTROL

Version Control Document				
Date	Version Update number	**Amendments to policy**	**Completed By**	**Approved By**
01/07/2009	1.1	Policy written	Kate O'Keeffe	Joe Jordan
08/07/2010	2.0	Policy review and inclusion of the Equal Opportunities Act	Kate O'Keeffe	Joe Jordan
01/02/2011	3.0	Joint company complaint policy section included	Kate O'Keeffe	Joe Jordan
01/08/2011	3.1	Policy review	Kate O'Keeffe	Joe Jordan
04/05/2012	4.0	Enhancement to lesson learned section	Kate O'Keeffe	Joe Jordan
04/03/2013	5.0	Inclusion of meeting with complainant guidelines	Kate O'Keeffe	Joe Jordan
09/08/2013	5.1	Policy review	Kate O'Keeffe	Joe Jordan
06/01/2014	6.0	Amendments to roles and responsibilities and inclusion of Clinical Governance	Kate O'Keeffe	Joe Jordan
07/08/2014	6.1	Policy review	Nicole McQueen	Joe Jordan
05/08/2015	7.0	Amendments to escalation process and inclusion of CCG and insurance brokers	John Boulton	Andrew Jackman
20/07/2016	7.1	Slight amendments and reviewed to ensure relevancy	Samantha Paterson	Andrew Jackman
08/06/2018	7.2	Review of policy – no updates	Andrew Jackman	Andrew Jackman
30/08/2019	7.3	Formatting Changes made	Andrew Jackman	Andrew Jackman
10/11/2020	7.4	Slight amendments and reviewed to ensure relevancy	Natalie Shield	Andrew Jackman