

## Concerns and Complaints Procedure

### Concerns Procedure

1. A concern may be raised with any member of staff. Concerns received via *iWantGreatCare* or any other survey or feedback mechanism will be handled separately but logged and supervised by the Quality Assurance and Audit Group.
2. When receiving a concern in person, staff will ask for the full details and take written notes if required. The following will be asked and recorded:
  - The name of the person raising the concern.
  - The date received.
  - The name and position of the person receiving the concern.
  - A brief description of the concern. This should be verified with the Complainant.
  - The outcome or response the Complainant is seeking, including whether they want any feedback. If they do want feedback staff should record;
    - i. Whether the Complainant wants a verbal or written response.
    - ii. Any contact details that may be necessary.
    - iii. Any special communication requirements or other needs the Complainant might have.
    - iv. If the concern involves an external provider, whether the Complainant consents to having their personal information passed to them.
3. If the Complainant is raising a concern that has affected them or a person for whom they care who is in receipt of St Helena services, they should be asked whether they wish to make a formal complaint. If they choose to make a complaint, the complaints procedure should be followed from this point on (see page 2 of this document).
4. The person raising the concern should be informed that their concern will be logged and raised with the appropriate manager. They should be informed of the timescale within which they can expect to receive feedback (if it has been requested).
5. Once the details of the concern have been taken, the concern must be logged within one working day.

### Investigating the Concern

1. From this point on, the concern will be treated in the same manner as an incident (St Helena has a separate policy for incidents).
2. If the Complainant has requested feedback, this should be given in the preferred form where practicable at the conclusion of any investigation or, if no investigation is required, within five working days. If the concern is referred to the Risk and Incident Group (RIG), the RIG will determine the appropriate response.

3. The RIG should manage investigations, ensuring that they are completed promptly, and that Complainants receive timely notifications. Compliance figures and exceptions will be reported to the RIG at each meeting.
4. Feedback to the Complainant should detail any findings and any actions that have resulted from raising the concern, as appropriate.

## Complaints Procedure

1. A complaint may be raised with any member of staff, verbally or in writing.
2. If the Complainant wishes to make a verbal complaint, the following details should be recorded in all instances;
  - The name of the person making the complaint.
  - The Complainant's contact details.
  - The date received.
  - The name and position of the person receiving the complaint.
  - A full description of the complaint, which the Complainant should be asked to sign off for accuracy (where appropriate and practicable).
  - The outcome or response the Complainant is seeking, including whether they want a response and, if so, in what form.
  - Any special communication requirements or other needs the Complainant might have.
  - If the concern involves an external provider, whether the Complainant consents to having their personal information passed to them.
3. Complaints received by post must be logged by whomever receives them.
4. All complaints will be reported in the first instance to the Director of Care (DoC) with the appropriate line manager copied in.
5. For all formal complaints, the DoC will nominate A) a named case handler who will be the Complainant's point of contact throughout the complaint; B) an Investigation Lead. This may be the same person if needed.
6. All Complainants should receive a phone call from the DoC or nominated deputy within 3 working days of receipt to confirm the details of the case and to offer them an initial face-to-face meeting at a mutually convenient time and place. This should be within 10 working days, unless inconvenient to the Complainant. Delays longer than 10 days must be documented on the complaint record.
7. The phone call should be followed up, no later than 3 days after receipt of the complaint, by sending the Complaints Pack to the Complainant. This should be documented on the record. This pack consists of a written acknowledgement from the DoC (or deputy) and should include the following (if established):

- a. A point by point summary of the complaint confirming the specific questions or concerns raised by the Complainant.
  - b. The resolution sought.
  - c. An outline of the process that will be followed.
  - d. The name and contact details of the case handler.
  - e. A copy of the full complaints and concerns policy and procedure.
  - f. Any other pertinent information.
  - g. If accepted, details of the initial face-to-face meeting with the case handler.
  - h. The date by which they should expect to receive a report.
8. Progress investigating a complaint will be reported at each subsequent RIG meeting until the complaint is closed. At the discretion of its Chair, an extraordinary meeting of the RIG may be convened to discuss the complaint at any stage of the process.
9. On completion of the investigation, the report and subsequent response letter will be reviewed by the DoC and RIG prior to being sent to the Complainant.
10. Investigations should be carried out as promptly as possible, with a report being sent to the Complainant no later than 20 working days after receipt of the complaint.
  - Where investigations breach their deadlines, the Investigation Lead must document the reason on the record and any extension must be approved by the Complaint Owner. Breaches will be reviewed by the RIG.
  - Where the 20 day deadline is likely to be breached, or is breached, the Complainant must be given an explanation and a revised completion estimate. All exceptions to the deadline and revised deadlines must be documented on the record.
  - The RIG will monitor compliance and exceptions.
11. The Complainant will be invited to confirm if they are satisfied with the outcome. The deadline for this will be 20 working days, after which, if no response is received, the complaint will be closed, and the Complainant recorded as satisfied. The Complainant will also be offered a face-to-face meeting with their case handler or a member of the Senior Management Team, should they wish it.
12. If the Complainant requests a face-to-face meeting, this will be an opportunity for the case handler to further explain the investigation findings (if necessary) and to explore with the Complainant any requests, concerns or objections they might have. Further requests should be treated favourably wherever possible and referred to the RIG if required (in the event of such a referral, the clock will be stopped). At the conclusion of the meeting, the Complainant will be invited to confirm if they are satisfied with the results of the investigation. If they are satisfied, the complaint will be closed. Note that the Complainant must be

reassured that they do not need to decide at this meeting and may take 10 working days to consider their response. If this deadline passes without response, the complaint will be closed, and the Complainant will be recorded as having been satisfied with the resolution.

13. If the Complainant is not satisfied with the outcome, they may request that their complaint is reviewed by the Patient and Family Services Committee of the Board of Trustees at their quarterly meeting or earlier, if necessary, by the Chair of the Committee. The Complainant should be given the opportunity to speak to the Committee or individual Trustees if they request. The Committee Chair should then write to the Complainant outlining their findings. If the Complainant remains dissatisfied, they should be given advice and assistance to refer their complaint to the Public Health Service Ombudsman (PHSO) or Care Quality Commission (CQC).
14. If the complaint is referred to the CQC or PHSO, St Helena will cooperate fully with any ensuing investigation and will comply with any requirements that may result.
15. When complaints are upheld or partially upheld, the RIG should send a summary to the appropriate team to ensure lessons are learned and that any action plan is completed. The RIG will approve all actions and ensure compliance. Staff members should be supported to reflect on their practice as required.
16. Complaints will be seen primarily as an opportunity to learn rather than a reason to apportion unfair blame. However, the DoC, in consultation with the RIG and senior colleagues where necessary, will determine whether a complaint merits invoking the disciplinary process against any member of staff. The Complainant shall be informed of the disciplinary process and, at the discretion of the RIG, its outcome.

## Reporting

- Complaints and concerns will be reported from the RIG to the CGCG in its submission to the 1st draft Quarterly Quality Report. This will be an anonymised summary of each complaint, findings, whether the Complainant was satisfied, and any actions resulting from it. The RIG will also report quarterly compliance figures.
- The CGCG will report to the PFS Committee and to the CCG and CQC using the final draft of the Quarterly Quality Report. The Service User Group (SUG) Chair will act as liaison between the SUG and the CGCG
- St Helena must provide to the CQC, 10 by no later than 28 days beginning on the day after receipt of the request, a summary of
  - All complaints made
  - Responses made to such complaints
  - Any further correspondence with the complainants in relation to such complaints, any other relevant information in relation to such complaints as the Commission may request.

## Security

Access to complaints is restricted to only those people with a legitimate purpose in accessing them. Certain complaints may be further restricted, and access granted as appropriate. Parties to a complaint may not be permitted access to the record except with the approval of the Clinical Director. All accesses and amendments to records are logged.