

# Falkland Islands Government

## Department of Health and Social Services



## Complaints, Compliments and Comments Policy

**Author:** Governance/Complaints Manager

**Issue Date:** December 2022

**Version No:** 1.6

**Status:** Active

**Review date:** December 2025

### Amendment History

Version	Status	Summary of changes	Date of issue
1:1	Draft	Add 'Client' as well as Patient	April 2009
1:2	Draft	Change FIG Logo	November 2010
1:3	Draft	Change title	July 11
1.4	Final	Ratified by DoHE	October 2011
1.5	Draft	Reviewed and updated	July 2015
1.6	Draft	Reviewed and revised to reference Q-Pulse and FIG corporate policy and procedure – For submission to SMT	
1.6	Active	Presented and approved by SMT. For inclusion on website	December 2022

<b><u>Contents</u></b>	<b><u>Page</u></b>
<b>1. Introduction</b>	<b>3</b>
<b>2. Aims</b>	<b>3</b>
<b>3. Definitions</b>	<b>3 - 4</b>
<b>4. Scope</b>	<b>4 - 5</b>
<b>4.1 Who can make a complaint?</b>	<b>4 - 5</b>
<b>4.2 Children and Young People</b>	<b>5</b>
<b>4.3 Timescale for making a complaint</b>	<b>5</b>
<b>5. Roles and Responsibilities</b>	<b>5 - 7</b>
<b>5.1. All staff</b>	<b>5 - 6</b>
<b>5.2. Heads of Department/Clinical Area</b>	<b>6</b>
<b>5.3. Hospital Manager</b>	<b>6 - 7</b>
<b>5.4. Director of Health and Social Services</b>	<b>7</b>
<b>5.5. Caldicott Guardian</b>	<b>7</b>
<b>5.6. Governance Facilitator</b>	<b>7</b>
<b>6. Implementation</b>	<b>8</b>
<b>7. Auditable Standards</b>	<b>8</b>
<b>8. Supporting Documents</b>	<b>8</b>
<b>9. Bibliography</b>	<b>8</b>
<b>Appendix 1 – Process of making a complaint</b>	<b>9</b>
<b>Appendix 2 – Investigation Procedure</b>	<b>10</b>
<b>Appendix 3 – Complaints form</b>	<b>11</b>

## **1. Introduction**

Staff members are committed to providing the best possible care for service users. If service users have any concerns about their care or treatment, or that of a relative, we need to know as soon as possible, so we can endeavour to improve the situation.

Positive comments about our services or care received are also very welcome, and provide a great morale booster for staff. They also ensure that we do not make changes that would impact on the positive aspects of our service.

Concerns or complaints about personal care, or the care of a relative, or positive comments about care received, should be brought to the attention of the person in charge of the area concerned in the first instance.

## **2. Aims**

To ensure that there is an identifiable process within the Health and Social Services Department for receiving, recording and investigating complaints, recording compliments and taking note of comments when they are received and that the roles and responsibilities of those involved in dealing with complaints etc. are clearly laid out so that;

- People who are dissatisfied with the service they have received from the department have the opportunity to air their grievance and to receive a response to their concerns;
- Complaints are efficiently and effectively managed within the department;
- Where appropriate, lessons are learnt and action taken to improve the quality of services throughout the department;
- The department operates an effective, fair and rapid complaints response service which treats complainants with courtesy and sympathy and involves them in decisions about how their complaint is handled;
- Compliments received are shared with the relevant department's staff members;
- Comments are looked at and any ideas or suggestions acted upon if appropriate to do so.

## **3. Definitions**

### **Complaint or concern**

A complaint or concern is an expression of dissatisfaction about an act, omission or decision made by the Health and Social Services Department, either verbal or written, and whether justified or not, which requires a response and/or redress.

## **Informal Complaints**

Informal complaints are defined in this policy as those which do not require investigation and a formal written response. This typically arises when a verbal complaint is made which can be addressed and resolved immediately.

Details of the complaint should still be passed to the Line Manager and the Healthcare Governance Manager - HGM (whose role it is to manage the process). In the majority of cases complaints are resolved at this stage.

## **Formal Complaints**

If the response to the informal complaint is not satisfactory or a more formal complaint is appropriate, the complaint should be made in writing.

A formal complaint may be received by letter, complaint form (attached), e-mail, or verbally, in which case it is then documented by the recipient.

A formal complaint is one that cannot be resolved “on the spot” and will usually require investigation.

## **4. Scope**

This policy applies to the handling of complaints, compliments or concerns relating to all services provided by the Department of Health and Social Services (DHSS).

### **4.1 Who can make a complaint?**

Anyone can complain, including children and young people. A family member, carer, friend, or an MLA, can complain on a patient/client’s behalf, but only having obtained their prior permission.

A complaint can be made on behalf of someone else if the person who has grounds to complain:

- has died, or
- is a child, or
- unable make the complaint themselves because of physical or mental capacity, or
- has asked someone else to act on their behalf.

In the case of a third party making a complaint on behalf of the person affected, we will request the following information:

- Name and address of the person making the complaint;
- Name and address of the affected person; and
- Contact details for the affected person (if not deceased) so that we can contact them for confirmation that they consent to a third party acting on their behalf.

This will be documented on Q-Pulse and confirmation will be sent to both the person making the complaint and the person affected.

If the Head of Department or the HGM is of the opinion that a representative is not acting in the affected person's best interests, they will notify the representative in writing stating the reasons.

## **4.2 Children and young people**

Under the Falkland Island Constitution 2008 a child means an individual who is under 18 years of age. A parent or guardian can make a complaint on behalf of a child if the DHSS considers that child too young to make the complaint themselves. If the DHSS think the child is old enough to make the complaint themselves a parent or guardian can still make the complaint but the child's permission will be required in order to do so.

## **4.3 Timescale for making a complaint**

A complaint can be made up to twelve months from the date on which the matter that is the subject of the complaint came to the notice of the complainant.

If there are good reasons for not having made the complaint within the above timeframe and, **if it is still possible to investigate the complaint effectively and fairly**, the DHSS may decide to consider the complaint.

# **5. Roles and Responsibilities**

## **5.1 All Staff**

As a general rule, the department expects every member of staff to try to deal with the complainant's issues.

However, when the member of staff dealing with the individual 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 Head of Department/Clinical Area.

Written complaints should be addressed to the HGM. If an individual, ward or department receives a written complaint, the individual who receives the complaint is responsible for ensuring that the letter of complaint and any information relevant to the complaint is given to the HGM or deputising officer on the same day (or next working day).

All service users, their relatives and carers' have a right to complain about the services provided by the DHSS. Staff will ensure that the care of any complainant is not adversely affected as a result of making a complaint.

Information relating to complaints will not be placed in any patient/client's medical records – but instead placed on Q-Pulse.

Complaints relating to breaches of patient/client confidentiality or data protection issues should be brought to the attention of the Caldicott Guardian (Chief Medical Officer).

## **5.2 Heads of Department/Clinical Area**

These include:

Chief Medical Officer  
Chief Nursing Officer  
Medical Estates Manager  
Team Leader Social Worker  
Hospital Manager  
Practice Manager  
Senior Dental Officer  
Ward Manager  
Pharmacist  
Community Support Manager  
Or Healthcare Governance Manager on behalf of a Head of Department/Clinical Area

Heads of Department/Clinical Area will respond to formal complaints by:

- Acknowledging receipt of the complaint within 5 working days to ensure clarity of the complaint.
- Informing the patient/client of the outcome of the complaint within 10 working days, or if this is not possible contact them with a proposed new schedule for dealing with the complaint.

This should be in form of a letter or email which can be placed onto the Q-Pulse system. However if the response is relayed by telephone, then details (such as date and information provided) need to be documented in order to be placed on Q-Pulse.

The outcome should provide open and honest explanations which address each grievance raised. It should also include an outline of any action that will be undertaken with a time scale for its completion.

## **5.3 Hospital Manager**

If the service user is dissatisfied with the response from the Head of Department/Clinical Area, then they are entitled to appeal the decision in writing to the Hospital Manager. If the Hospital Manager was the Head of Department/Clinical Area who undertook the original investigation another Head of Department/Clinical Area will be asked to look into the appeal.

The service user will receive an acknowledgement of their appeal within 5 working days

The appeals process is not a repeat of the original investigation, but a check to ensure that any investigation was carried out correctly.

If the outcome of the appeal finds that the correct procedures were applied and the outcome was reasonable, then the matter is closed.

Within 10 working days the service user should receive either an outcome of their appeal or a letter explaining why this is not possible with a proposed new schedule for dealing with the appeal.

#### **5.4 Director of Health and Social Services**

If the service user still remain dissatisfied for any reason, over how their complaint/appeal was dealt with, then the Director of Health and Social Services must be notified.

The Director is ultimately responsible for all complaints received by the department.

An annual anonymised report of all complaints will be submitted to the Health and Medical Services Committee (HMSC)

Every 6 months the Director will be required to submit to the Chief Executive's Office a summary and analysis of the complaints recorded in the department.

#### **5.5 Caldicott Guardian**

The Chief Medical Officer is the Caldicott Guardian – and is responsible for protecting the confidentiality, security and sharing of service user information held by the DHSS.

#### **5.6 Healthcare Governance Manager**

All formal complaints should be addressed or submitted to the HGM, who is responsible for monitoring all complaints, ensuring that time lines are met and trends identified.

## **6. Implementation**

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

## **7. Auditable Standards**

- Complaints are consistently dealt with within the time frames laid out in this document.
- Any actions arising from complaint outcomes are completed within the agreed time frames.

## **8. Supporting Documents**

Appendix 1 – Investigation Procedure

Appendix 2 – Process for Making a Complaint

Appendix 3 – Health and Social Services complaints form

## **9. Supporting Documents**

FIG Comments, Compliments and Complaints Policy and Procedure (located on Intranet)



## **How to raise a complaint**

**MOST complaints can be resolved informally by talking to the people and managers concerned.**

- If a service user has a complaint to make about a service or the way it was provided, they should contact, either the person concerned or their Head of Department/Clinical Area as soon as possible to ask for an appointment to discuss the matter.
- In the majority of cases complaints are resolved at this stage.

### **What if they are still not satisfied?**

- The service user should put their complaint in writing and address it to the HGM who will log the complaint on Q-Pulse (if this has not already been actioned) and notify the appropriate Head of Department/Clinical Area for action.
- The complainant will receive an acknowledgement of their complaint within 5 working days from/on behalf of the Head of Department/Clinical Area receiving the complaint.
- Within 10 working days the complainant should receive either an outcome to their complaint or a letter explaining why this is not possible with a proposed new schedule for dealing with their complaint.

### **Appeals Process**

- If the service user remains unhappy with the response to their complaint they are entitled to appeal the outcome, and should do so in writing to the Hospital Manager (If the Hospital Manager was the Head of Department/Clinical Area who undertook the original investigation another Head of Department/Clinical Area will be asked to look into the appeal.
- The service user will receive an acknowledgement of their appeal within 5 working days.
- The Hospital Manager will review the case and determine if the correct steps were taken and if the evidence supports the outcome which was reached.
- The appeals process is not a repeat of the original investigation but a check that any investigation was carried out correctly and that the appropriate facts were considered in making judgement.
- If the outcome of the appeal finds that the correct procedures were applied and that the outcome was reasonable then the matter is closed.
- Within 10 working days the complainant should receive either an outcome of their appeal or a letter explaining why this is not possible with a proposed new schedule for dealing with their appeal.
- If the appeals process indicates that error was made then the Director of Health and Social Services will be asked to review the matter and make a final judgement.

## Appendix 2

### **Investigation Procedure**

If a complaint cannot be resolved informally and is submitted as a formal complaint an investigation will be required.

Upon receipt of a formal complaint, the Head of Department/Clinical Area will initiate an investigation, which may involve collecting verbal or written statements from current or former staff, and examination of the relevant documentation and other sources of evidence.

The objective is to complete the investigation and provide a written response to the complainant within 10 working days. The investigation may take longer depending on the availability of staff or other unforeseen events. The complainant must be kept fully informed of the process and contacted with a proposed new schedule for dealing with the complaint.

The HGM may be asked to respond to the complainant on behalf of the Head of Department/Clinical Area but still within the timeframe laid out in this document.

Once the complaint response is completed, the Head of Department/Clinical Area will ensure that an action and learning plan is developed, and shared with the relevant staff.

A copy of the response and action plan will be sent to the HGM in order to monitor implementation and effect.

The HGM will produce a quarterly report for submission to the Director so that the Senior Management Team can be kept informed.

Occasionally, concerns may arise from complaints which need to be referred to other agencies. In such cases, the advice of the Director will be sought.

## Appendix 3



### Health and Social Services Complaints form

*Please complete and return to the Healthcare Governance Manager KEMH – continue overleaf if required.*

*You will receive acknowledgement within 5 working days of receipt of this form.*

<b>Name of person filing a complaint:</b>	<b>Date:</b>
<b>Address:</b>	<b>Telephone Number:</b>

#### **Details of Complaint**

**Date and Time of Event:**

**Place of Event:**

**Staff member(s) involved (if any):**

**What happened?**

*Please explain in your own words giving as much detail as you can, including times and dates and people involved.*

**Signature:**