



Comments & Complaints Policy and Procedure

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1.0 Introduction

Orthoderm aims to provide a high quality service. In order to ensure this we need to take account of the views of those who use our service. We welcome every opportunity to improve our service and having a Comments and Complaints Policy and a clear procedure for resolving complaints is one way of doing this.

2.0 Comments About Our Service

Comments are valuable, welcome and important when they are received either verbally or in writing. We welcome all forms of feedback, including:

- Compliments – positive input regarding aspects of the service received;
- Comments – still positive, but providing possible scope for development;
- Concerns – feedback where action may be required to address an existing or emerging problem.
- Complaints – concerns on the part of the service user, requiring formal action.

We are always keen to receive any comments about our service and we encourage all service users to complete a patient satisfaction questionnaire. Feedback will be reviewed regularly and considered as appropriate.

3.0 Complaints

Orthoderm is committed to giving the best service to all our patients, their relatives and carers. Usually we succeed - but sometimes things can go wrong. When this happens, it is important that we hear about it so we can put things right.

If a patient is unhappy with any aspect of the service we have provided to them, a relative or someone in their care, we need to know so that we can learn and improve the quality of the service we provide. We will take any complaint seriously and treat them in confidence.

This policy sets out the way in which complaints will be managed by Orthoderm. It emphasises the importance of prompt resolution wherever possible. The policy also sets out the timeframes for responding to complaints and individuals' roles in the process.

The policy seeks to ensure that:

- Patients who complain are listened to and treated with courtesy and empathy
- Patients who complain are not disadvantaged as a result of making a complaint
- Complaints are investigated promptly, thoroughly, honestly and openly
- Complainants are kept informed of the progress and outcome of the investigation
- Apologies are given as appropriate

- Action to rectify the cause of the complaint is identified, implemented and evaluated
- Learning from complaints informs service development and improvement
- Complaints handling complies with confidentiality and data protection policies and is transparent

1.0 Responsibilities

The Directors of Orthoderm are responsible for ensuring that the right systems are in place to manage and resolve complaints. However, it is the responsibility of all staff to:

- Work to resolve any concerns expressed by patients
- Escalate to their manager any concerns which they cannot resolve or where the individual indicates that they wish to make a complaint

It is the responsibility of line managers to ensure that staff record details of issues and concerns that are raised, including details of how the concern/issue was resolved.

2.0 Confidentiality

Maintaining user confidentiality is essential and security of data relating to individuals must be protected in accordance with Data Protection law. No confidential information relating to complaints will be disclosed to any third party unless Orthoderm has the patient's consent or some other lawful authority to do so.

NHS patient complaints are handled in line with Trust protocols. The relevant Trust will be notified of any complaint and all associated documentation will be forwarded to them on request. Patient consent will be sought prior to notifying the Trust.

3.0 Definition of a Complaint

A complaint is "an expression of dissatisfaction that requires a response".

Patients can complain if they are:

- **Dissatisfied** with the service provided to themselves, a relative or someone in their care
- **Concerned** that they, a relative or someone in their care has not received a service they think should be provided

4.0 The Complaints Procedure

4.1 Receiving complaints

All staff are responsible for working to resolve concerns raised by patients. Prompt action to resolve concerns can prevent them escalating into more serious complaints.

Staff must:

- Ensure that they take time to listen and ensure they fully understand the concerns, this may mean asking for clarification where elements are unclear
- Respond to the issues raised or refer the complainant to someone who can assist them further
- Contact their line manager if any issue is serious or cannot be resolved easily and by the end of the next working day
- The manner used to respond to concerns must never be perfunctory, curt or negative. Care must be taken over the messages sent out in the first interaction as this will set the tone and often influence the likelihood of dealing with the issue
- The member of staff to whom the complaint is made is responsible for ensuring it is logged on the relevant complaints log
- When a complaint is made, staff must ensure that their line manager and the Practice Manager is informed

4.2 Recording complaints

A complaint can be made in writing, electronically, or verbally. Any member of staff receiving a complaint in person should document the details on the relevant complaints log (with the date received).

The acknowledgement of a complaint must include confirmation of the issues raised to ensure accuracy and confirmation of the complainant's expectations.

4.3 Resolving complaints

4.3.1 Stage One

- In the first instance complaints should be directed to the relevant member of staff for resolution. They may be able to resolve it swiftly and should do so if possible and appropriate.
- Whether or not the complaint has been resolved, the complaint information must be passed to the Practice Manager.
- If the complaint relates to a specific person, they should be informed and given a fair opportunity to respond.
- Complaints should be acknowledged within 2 working days by the member of staff handling the complaint. The acknowledgement should say who is handling the complaint and when the person complaining can expect a reply.
- Complainants will receive a response in writing within 20 working days. If this is not possible because, for example,

an investigation has not been fully completed, they will be advised and given an indication of when a full reply will be given.

- Whether the complaint is justified or not, the reply to the complainant should describe the action taken to investigate the complaint, the conclusions from the investigation, and any action taken as a result of the complaint. The response should include the contact details for complainants to contact if they remain dissatisfied and wish to escalate.

4.3.2 Stage two

- If the complainant feels that their complaint has not been satisfactorily resolved at Stage One, they can request that the complaint is reviewed at Director level.
- The request for Director level review should be acknowledged within 2 days of receiving it and the acknowledgement should say who is dealing with the case and when the complainant can expect a response.
- The Director may investigate the facts of the case themselves or delegate a suitably senior person to do so. This may involve reviewing the paperwork of the case and speaking with the person who dealt with the complaint at Stage One.
- The person who dealt with the original complaint at Stage One should be kept informed of what is happening.
- Ideally complainants should receive a definitive reply within 20 working days. If this is not possible because, for example, an investigation has not been fully completed, they will be advised and given an indication of when a full reply will be given.
- Whether the complaint is upheld or not, the reply to the complainant should describe the action taken to investigate the complaint, the conclusions from the investigation, and any action taken as a result of the complaint.
- If the complaint relates to an NHS patient, the Directors will advise the Trust/Board of the outcome of the investigation and relevant documentation will be forwarded on request.
- If the complaint relates to a regulated service under the Independent Healthcare Regulations, when required the Directors will advise RQIA of the outcome of the investigation, including actions and relevant documentation will be forwarded on request.

- The decision taken at this stage is final, unless the Directors feel it is appropriate to seek external assistance with resolution.

4.3.3 External Stage

If a complainant is still unhappy with the situation, they can refer their complaint to an external organisation/relevant professional body.

NHS patients who are still dissatisfied can get in touch with the Complaints Officer of the Health and Social Services Care Board to request an independent review. A Convenor will consider their complaint. Orthoderm will co-operate fully with any investigation of a complaint by the Board.

Contact details for the Office of the Convenor are as follows:

Health and Social Care Board
Champion House
12-22 Linen hall Street
Belfast
BT2 8BS
Telephone: 028 9055 3751
Email: Complaints.hscb@hscni.net

If an NHS patient is still unhappy they can ask for the N Ireland Commissioner for Complaints (the Ombudsman) to investigate their case. However, a case may not be taken on if it has not firstly gone through Orthoderm's Complaints Procedure.

5.0 Time limits for Raising a Complaint

It is important that a complaint is made as soon as possible.

Complaints from patients being treated via the NHS waiting list initiative will be handled in accordance with Trust protocols at that stage.

6.0 Monitoring and learning from complaints

Complaints are reviewed annually to identify any trends which may indicate a need to take further action.

7.0 Policy Review

This policy will be reviewed 3 yearly.

Revision History Record

Date	Version Number	Prepared by	Approved by Director	Amendment
June 07	1.1	M Eames	M Eames	First issue
Oct 11	1.1	A Pollock	M Eames	Annual review – no changes
Oct 12	1.2	A Pollock	M Eames	Annual review – updated re Trust
Oct 13	1.2	E Stinson	M Eames	Annual review – no changes
25/2/15	1.3	E Stinson	M Eames/ E Eames	Updated policy to include more detail 4.0 re procedure for staff receiving/handling complaints
24/5/17	1.3	E Stinson	M Eames/ E Eames	Annual review – no changes
11/1/18	1.4	E Stinson	E Eames	Changed title to Comments & Complaints Policy and Procedure. 1.0 – added in info re comments 4.3.2 – added in bullet pt regulation service complaint. 4.3.3 – added in RQIA details. 7.0 – changed review frequency to 3 yearly.