



Registered Charity 1092333

Hart First Response

Compliments, Comments, Concerns & Complaints Policy

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1. Summary

- 1.1. Hart First Response (HFR) is committed to providing our patients and service users with what they need, not only in respect of excellent clinical care and safe and efficient ambulance transport, but also in passing on their thanks, providing them with information, answering their questions and concerns, or resolving their complaints, in an open, efficient and timely way to ensure that they receive an appropriate response to whatever their specific needs are. HFR provides a focal point for the provision of accurate, effective and sensitive information, supporting all patients, their representatives or anyone who may be affected by the actions of HFR or need information from it.
- 1.2. This policy enables HFR to manage compliments, comments, concerns and complaints, while ensuring that compliance to best practice is maintained.
- 1.3. The HFR Executive Committee (HFR Exec) accepts its responsibility for the effective management and performance of HFR in handling compliments, comments, concerns and complaints. In particular, the HFR Exec will ensure that:
 - This policy is integrated into the wider organisational governance;
 - Volunteers who may have a concern or a complaint made against them are adequately supported;
 - HFR will adhere to the principle of openness and honesty in all investigations and responses to those who wish to communicate with it.
 - The HFR Exec will take each contact seriously and attempt to resolve issues regarding its services in an open, courteous and conciliatory manner, and will communicate a process for investigating and managing any complaint.
 - HFR will maintain a professional and caring approach to all contacts and complainants.
- 1.4. It is essential that all issues are managed promptly and effectively, with the aim of satisfying the individual that they have been listened to, offering an apology and explanation as appropriate, ensuring that any actions identified are completed and lessons learnt.
- 1.5. HFR will ensure that the way it manages all issues will also:
 - Enhance the reputation of HFR;
 - Avoid protracted correspondence;
 - Avoid unnecessary litigation;
 - Use complaints as a means of improving services;
 - Be fair and support all volunteers;
 - Maintain a proper accountability for the actions of HFR and its volunteers;
 - Guarantee that all contacts and complainants will be dealt with fairly and impartially and will not be treated differently as result of raising a complaint/concern.

2. Responsibilities

- 2.1. The HFR Exec is responsible for the effectiveness of this policy. They will therefore monitor performance of HFR in respect of its response to all issues of compliment, comment, concern or complaint and review trends identified from these as identified.
- 2.2. The Honorary Secretary (Hon. Sec.) is the Executive lead responsible for compliments, comments, concerns and complaints. The Hon. Sec. will ensure:



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- Issues are dealt with in a timely and appropriate way.
- Undertake any detailed investigation required.
- That an accurate record of the investigation is kept.
- That any changes in national guidance are disseminated appropriately.
- Provide guidance, support and where necessary direct assistance to other volunteers in respect of these matters.

2.3. All volunteers have a responsibility to read and understand this policy. If they have been asked for information pertaining to an issue or complaint, whether it involves them or not, they must co-operate and provide any relevant information to any investigating officer when asked to do so. They must also forward any written or verbal details of any issues received by them to the Hon. Sec. as soon as possible. If required to be interviewed, either when at an event or afterwards, volunteers are expected to give their full support as part of this policy.

3. Volunteer training and support

- On induction HFR volunteers will receive training on how to deal with compliments, comments, concerns or complaints
- HFR volunteers will be made aware of this updated policy by members of the HFR Exec as appropriate.
- All HFR volunteers are assigned mentors (members of the HFR Exec) whom they are encouraged to approach as a first point of contact in the event of a concern.

4. Compliments

- 4.1. What is a compliment? Compliments are the appreciation or expressions of thanks, received from anyone who has received clinical treatment or used one of the services HFR provides. It is as essential that these compliments are treated with the same respect and importance as concerns or complaints.
- 4.2. All compliments received by HFR through whatever route should be directed to the Hon. Sec. and managed in line with this policy.
- 4.3. These compliments will be reviewed by the Hon. Sec., who will write to and send a copy to any volunteers involved and thank the originator of the communication.
- 4.4. An update on all compliments received by HFR will be regularly shared with volunteers via the regular training sessions.

5. Comments or Questions

- 5.1. What is a comment or question? Anyone is free to communicate with HFR and provide it with their views and comments about the services it provides. They may also need to ask a question of HFR or seek advice or signposting within the wider care network.
- 5.2. All comments or questions received by HFR through whatever route should be directed to the Hon. Sec. and managed in line with this policy.
- 5.3. These comments and questions will be acknowledged and responded to as appropriate by the Hon. Sec.
- 5.4. Where possible, the following time limits will be followed:
 - The comment will be acknowledged within 5 days.
 - An investigation will be conducted and reported internally within 21 days.
 - A written response to the concern will be made within 28 days.
- 5.5. It is the aim of HFR to respond within the stated timescales, but as all members are volunteers, it may not be possible to respond within the times given. In such a case the person making the comment will be kept advised of the reason for that delay. This may be a patient, those affected by the actions of HFR, member of the public, or any other person.



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5.6. Any response will be used to monitor and review our processes in order to improve HFR's services.

6. Concerns

- 6.1. What is a Concern? A concern is an issue or worry which has not been specified as a formal complaint. This may be identified by anyone who has concerns about the actions of HFR or any volunteer acting on behalf of HFR has taken. Although these issues may not have been specified as a complaint, they will be treated as seriously and investigated in the same way to ensure a fair and effective resolution.
- 6.2. All concerns received by HFR through whatever route should be directed to the Hon. Sec. and managed in line with this policy.
- 6.3. Any concerns will be acknowledged, managed and responded to by the Hon. Sec.
- 6.4. If the concern relates to the Hon. Sec. then the person raising the concern will be asked to contact the Vice-Chair instead who will manage the concern.
- 6.5. Where possible, the following time limits will be followed:
 - The concern will be acknowledged within 5 days.
 - An investigation will be conducted and reported internally within 21 days.
 - A written response will be made within 28 days.
- 6.6. It is the aim of HFR to respond within the stated timescales, but as all members are volunteers, it may not be possible to respond within the times given. In such a case the person making the comment will be kept advised of the reason for that delay. This may be a patient, those affected by the actions of HFR, member of the public, or any other person.
- 6.7. Any response will be used to monitor and review our processes in order to improve HFR's services.
- 6.8. What will happen if a concern is not resolved? If the person involved feels that their concern has not been addressed appropriately or adequately, the matter will be reviewed by the Hon. Sec. and referred to the Chair for further investigation if necessary and a second response will be provided.
- 6.9. If this is not possible or the result still unacceptable, then the matter will be as a formal complaint.

7. Complaints

- 7.1. What is a complaint and who can complain? A complaint is an expression of dissatisfaction in respect of any actions of HFR. The complaints process is designed to address such expressions made by a patient or someone on their behalf.
- 7.2. All complaints received by HFR through whichever route should be directed to the Hon. Sec. and managed in line with this policy.
- 7.3. Any complaints will be acknowledged, managed and responded to by the Hon. Sec.
- 7.4. If the complaint relates to the Hon. Sec. then the complainant will be asked to contact the Vice-Chair instead who will manage the complaint.
- 7.5. A complaint may be made by:
 - a person who receives or has received services from HFR; or
 - any person who is affected by, or likely to be affected by, the action, omission or decision of HFR
- 7.6. Patients have a right to complain and the fact that a patient or their advocate has made a complaint will not affect the patient's current or future care and does not have to relate to clinical care.
- 7.7. Each complaint must be taken on its own merit and responded to appropriately.
- 7.8. A complaint may be made by a representative acting on behalf of someone if that person:
 - has died;
 - is a child;



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- is unable by reason of physical or mental capacity to make the complaint themselves;
- has requested the representative to act on their behalf.

In all but the latter, the Hon. Sec. will review the application to ensure that the representative has sufficient interest in the person's welfare, is a suitable person to act as representative and is acting in the best interests of the person on whose behalf the complaint is being made. If there is any uncertainty the Hon. Sec. must notify that representative in writing stating the reasons.

7.9. Where possible, the following time limits will be followed:

- The complaint will be acknowledged within 5 days.
- An investigation will be conducted and reported internally within 21 days.
- A written response to the concern will be made within 28 days.

7.10. It is the aim of HFR to respond within the stated timescales, but as all members are volunteers, it may not be possible to respond within the times given. In such a case the person making the comment will be kept advised of the reason for that delay. This may be a patient, those affected by the actions of HFR, member of the public, or any other person.

7.11. Any response will be used to monitor and review our processes in order to influence the improvement of HFR's services.

7.12. Summary of Complaints Process

- Department of Health Guidance advice notes on the Handling of Complaints will be consulted.
- The complaint will, where possible, be investigated by someone not involved in the events leading to the complaint.
- On receipt of a complaint the Hon. Sec. will notify the HFR Exec and if required nominate another member of the HFR Exec as the lead investigator.
- HFR will fully document the investigation and maintain an audit trail
- HFR will offer help to the complainant in finding assistance to make the complaint if so required, this will be through signposting to organisations such as Citizens Advice Bureau. In Hart District, they can be contacted on 01252 617922 or online at <http://www.citizensadvicehart.org.uk/home.html> , or via <http://www.adviceguide.org.uk/>. For persons with learning difficulties there is a local advocacy group <http://www.justadvocacy.org.uk/> (who represent Independent Mental Capacity (IMCA) Advocacy in the local area) contact telephone number 01252 322204.

7.13. Issues that cannot be dealt with as a Complaint

There are some instances where HFR is unable to investigate and report an issue as a complaint and these are issues:

- made by a volunteer about any matter relating to their current or past volunteering,
- relating to anyone applying to volunteer for the HFR;
- arising out of the alleged failure to comply with a request for information under the Freedom of Information Act 2000;
- such as complaints made by an independent provider or an NHS Foundation Trust about any matter relating to arrangements made with them;
- where someone has stated specifically in writing that they will take legal proceedings;
- resulting in an investigation of a criminal offence;
- where a complaint has already been investigated by HFR;

Although these cannot be investigated as a complaint, they will still be treated seriously and investigated appropriately as necessary.

7.14. What will happen if a complaint is not resolved?

- The response to the person will include the information on how they can contact HFR again if they feel that their complaint has not been resolved to their satisfaction and they



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may then refer the matter back to HFR. The matter will then be reviewed by the Hon. Sec. and if required will be re-investigated and a second response provided.

7.15. Complaints relating in part to NHS or Local Authority Social Services

- A complaint may be received which relates not only to HFR but also raises issues which pertain to another health service or local authority. Organisations should in this case co-operate in order to try to co-ordinate the handling of the complaint and ensure that the complainant receives a co-ordinated response unless the complainant has requested separate responses.
- Where required, the organisations involved will agree where appropriate, on who will take the lead in co-ordinating the handling of the complaint and communicating with the complainant.
- HFR will cooperate in resolving the complaint with other organisations and share any relevant information and attend any joint meetings reasonably arranged to consider the complaint in order to facilitate a more effective outcome.
- The complaint will be identified as belonging to HFR where it is identified as the lead organisation and HFR will provide information for another organisation to lead and respond.

7.16. Complaints relating to another organisation

- HFR is only required to respond to complaints about services it provides or manages but may receive complaints about another organisation. In these cases the complainant will be informed of this and where possible signposted to the correct organisation.

8. Consent

- Consent is required from the patient or person involved for the outcome of any investigation to be released to a third person. In the case of a minor, the permission should be sought from the parent or guardian.
- If it is not possible to gain formal consent, for instance if the patient's clinical condition is such that it would make it inappropriate for it to be sought, or a similar genuine barrier exists in gaining it, then the Hon. Sec. may use their discretion in waiving consent.
- If consent could be reasonably expected, but not received, HFR will investigate further to learn lessons, but will provide limited information as appropriate, with advice to the contact that no further response can be made.

9. Policy Consultation

- This policy has been circulated to the HFR Exec for consultation.
- The policy will be approved by the HFR Exec with future reviews and updates tabled for approval at HFR Exec meetings.

10. Dissemination

- Once the policy has been approved a summary of key changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy of the policy placed by a member of the HFR Exec on the member's section of the website: www.hartresponse.org.uk

11. Monitoring of Compliance and Effectiveness

- Monitoring of the policy will be the responsibility of the HFR Exec. This will be through incidents reported on the HFR database, and the annual report. Actions and lessons learned from complaint investigations will be monitored through the HFR Exec. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Exec.
- Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.



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- Ad hoc reports on numbers, outcomes and trends of all contacts with HFR by any process, will be provided to any commissioning body for whom HFR provides services.
- HFR will provide all required reports to the Care Quality Commission

12. Implementation

- The HFR Exec are responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.
- It is important that patients and/or their representatives are aware of how to access HFR to make it aware of their needs. HFR ensures that all relevant routes for contact are advertised via up to date information on its website, in leaflets and the appropriate telephone contact numbers
- Volunteers are made aware of these procedures in order for them to pass this information directly to the patients they may support.
- Contacts made by telephone will be responded to within the time limits described in this policy.
- All HFR policies are available on the Hart First Response website www.hartfirstresponse.org.uk.

13. Archive Statement

- The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

14. References

- A Review of the NHS Hospitals 'Putting Patients Back in the Picture' - Clwyd Hart, October 2013
- Caldicott Report 1997
- Care Quality Commission www.cqc.org.uk
- Code of Conduct for NHS Managers www.dh.gov.uk/publications
- Data Protection Act 1998 www.legislation.gov.uk/ukpga/1998
- Equality Act 2010
- Equality Impact Appraisal – Complaints Policy, South East Coast Ambulance Service NHS Trust, 7th November 2008.
- Francis Report Recommendations February 2013.
- Freedom of Information Act 2000
- Human Rights Act 1998
- Improving the safety of patients in England (Berwick Report) – August 2013
- Independent Complaints Advocacy Service (ICAS) www.seap.org.uk/icas
- Listening, Responding, Improving - A guide to better customer care – DoH 2009 www.dh.gov.uk/mec - advice notes
- National Patient Safety Agency – Being Open www.npsa.nhs.uk
- NHS Complaints Review Report (Clwyd/Hart Review) – November 2013
- NHS Confidentiality Code of Practice www.dh.gov.uk/publications
- Outcome 17, Essential standards of quality and safety, Care Quality Commission, March 2010.
- PHSO- 'My expectations for raising a concern or complaint
- Principles for remedy. Parliamentary and Health Service Ombudsman (2007)
- Principles of good complaints handling. Parliamentary and Health Service Ombudsman (2008)
- Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report (Keogh Report) – July 2013
- Talking to Us, The Four Cs, Compliments, Comments, Concerns and Complaints Policy, South Central Ambulance Service NHS Trust, 1st May 2010.



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- The Local Authority Social Services and National Health Service Complaints (England) – Regulations 2009 www.dh.gov.uk/statutoryinstruments
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- The Parliamentary and Health Service Ombudsman www.ombudsman.org.uk



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Appendix 1 Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	Y	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	Y	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	Race –There may problems with people whose first language is not English. This is risk assessed as a low probability occurrence for HFR's current work. This would be mitigated by use of advisory support.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	Death by indifference: Mencap's campaign for equal healthcare treatment for people with a learning disability. This is risk assessed as a low probability occurrence for HFR's current work. This would be mitigated by use of advisory support.

Based on the information set out above the HFR Exec has decided that a full equality impact assessment is not necessary.