

## Managing Concerns and Complaints Policy

<b>Target Group:</b> All caregivers	<b>Version:</b> 2	<b>Issue Date:</b> 23 <sup>rd</sup> April 2025
<b>Approved by:</b> Leadership Team	<b>Date Last Approved/Reviewed:</b> February 2024	<b>Effective Date:</b> 23 <sup>rd</sup> April 2025

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**Please refer to the electronic copy for the latest version.**

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## **1. Introduction**

At Holy Cross Hospital, we are dedicated to providing outstanding care and service to all our patients and visitors. We understand that, at times, concerns or complaints may arise, and we are committed to addressing them in a manner that is fair, transparent, and responsive.

This Managing Concerns and Complaints Policy is designed to ensure that all issues are handled promptly and with empathy, supporting the continued improvement of our services. It applies to patients, their families, visitors, and caregivers, fostering an environment of mutual respect and open communication.

Our aim is to listen, learn, and act—transforming feedback into opportunities to enhance the quality of care and build trust within our organisation.

## **2. Purpose**

The purpose of this policy is to provide a clear and consistent framework for managing concerns and complaints raised by patients, their families, visitors, and caregivers. By addressing issues effectively and empathetically, we aim to enhance patient satisfaction and ensure that all feedback contributes to the continuous improvement of our services.

This policy reflects Holy Cross Hospital's commitment to transparency, respect, and accountability, creating an environment where everyone feels heard and valued. Our goal is to resolve concerns and complaints promptly and fairly, promoting a culture of open communication and learning.

## **3. Objectives of this Policy**

The objectives of this policy are to:

- Provide a clear, accessible process for raising and addressing concerns or complaints.
- Ensure that all concerns and complaints are handled promptly, fairly, and consistently.
- Foster trust and confidence by promoting transparency and accountability in the management of complaints.
- Utilise feedback from concerns and complaints to drive continuous improvement in the quality and safety of care and services.
- Cultivate a supportive and open communication culture where patients, families, visitors, and caregivers feel respected and valued.

#### **4. Policy Statement**

At Holy Cross Hospital, we are committed to creating a supportive environment where all concerns and complaints are valued as opportunities to learn and improve. We believe in fostering trust and confidence through transparent, fair, and timely processes that address issues raised by patients, families, visitors, and caregivers.

This policy reflects our dedication to upholding the principles of respect, accountability, and empathy. By listening to feedback and acting upon it, we aim to continuously enhance the quality of care and services we provide to our community.

#### **5. Scope**

This policy applies to all individuals who interact with Holy Cross Hospital, including patients, their families, visitors, and caregivers. It encompasses all concerns and complaints relating to the hospital's clinical care, administrative services, and overall environment.

The policy provides a framework for addressing issues in a fair, consistent, and timely manner within the scope of hospital operations. Matters falling outside the remit of this policy, such as external grievances or legal proceedings, may be managed under separate policies or procedures.

#### **6. Responsibilities**

##### **1) Chief Executive Officer (CEO)**

The CEO holds ultimate responsibility for ensuring the effective implementation of the policy and fostering a culture of openness and continuous improvement. The CEO's responsibilities include:

- Champion a hospital-wide commitment to resolving concerns and complaints fairly and promptly.
- Ensure sufficient resources are allocated for handling complaints effectively.
- Review concerns and complaint trends and outcomes to guide strategic improvements.

##### **2) Directors**

Directors oversee their respective areas to ensure the policy's successful application. Their responsibilities include:

- Support department leads and staff in adhering to the policy.
- Initial response and investigation.

- Ensure the timely investigation and resolution of escalated complaints.
- Monitor and report complaint trends within their area to the leadership team.
- Promote training and development to enhance staff competence in managing complaints.

### 3) Department Leads

Department leads ensure that their teams are compliant with the policy and provide direct support in resolving concerns. Their responsibilities involve:

- Act as the first point of escalation for unresolved or complex complaints.
- Coordinate investigations within the department, ensuring fair and thorough processes.
- Communicate complaint outcomes and lessons learned to the team.
- Identify systemic issues based on complaints and implement corrective actions.

### 4) Caregivers

Every caregiver plays a vital role in fostering a supportive environment and addressing concerns at their level. Their responsibilities include:

- Listen attentively to concerns and address them promptly when possible.
- Escalate unresolved or serious complaints to the appropriate lead or manager at the earliest opportunity.
- Co-operate fully and openly in any investigations.
- Document complaints accurately and in accordance with the policy's procedures.
- Participate in training to enhance their understanding and application of the policy.

## 7. Definitions

Integrated Care Board (ICB): An ICB is a statutory NHS organisation responsible for planning and funding health services in a specific area. It works collaboratively with local providers to improve population health, tackle inequalities, and enhance productivity.

Care Quality Commission (CQC): The CQC is the independent regulator of health and social care services in England. Its role is to ensure that care services provide safe, effective, compassionate, and high-quality care while encouraging continuous improvement.

Health Service Ombudsman: The Health Service Ombudsman investigates complaints about the NHS in England, ensuring that public services act fairly and provide proper care. It operates independently and is accountable to Parliament.

Directors in this policy are the Director of Patient Services, the Director of Therapy Services, Director of Operation, Director of Finance and Human Resource Manager.

Advisory Committee: is a group of individuals with relevant expertise or experience who provide guidance, recommendations, and insights on specific topics or projects. This committee is formed to support organisations in making informed decisions and shaping strategies.

## 8. Policy Implementation

### Instructions to Caregivers

- If a patient or a relative or visitor acting with permission on the patient's behalf, expresses concern about the services being provided, you must give careful attention to find out what is considered to be unsatisfactory and to determine if you can deal with the matter or whether it should be reported to a more senior member of staff.
- All staff must be prepared to listen to concerns expressed whether the matter is related to their work area or not. If not immediately resolved, a complaint must be brought to the immediate attention of an appropriate director. A report form is available for this purpose (Appendix 1).
- All matters are to be dealt with promptly. Speed of response demonstrates our commitment to providing a good service.
- For purposes of this procedure directors must acknowledge the complaint and seek to communicate directly with the complainant to determine as precisely as possible what is found to be wrong, what outcome the complainant is looking for, to agree on the steps to be taken to investigate and to set a time limit for preparing the response.
- An investigation may be conducted into the matters raised in the complaint. All caregivers are required to be open, honest and constructive in providing information to the director carrying out the investigation or the manager delegated to do this on the director's behalf.
- These instructions may be summarised as:  

Listen	Report	Record	Investigate
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### Arrangements to investigate and respond to complaints

- It is preferred but is not essential that a complaint be put in writing by the complainant if early attempts to resolve it have failed. The appropriate director will make arrangements with the complainant to do this. An acknowledgement of a complaint will be given within 3 working days and an offer made to discuss the matter of the complaint and how to proceed in resolving it. Subject to the outcome of a discussion, investigations will be carried out carefully and discreetly and a response prepared within the time limit agreed. Information on how to take the matter further will be included in the reply.
- All concerns and complaints will be reported to the Advisory Committee. Where required, a report will be given to any NHS funding authorities, the patient/family and to the Registering Authority (Care Quality Commission).
- When a concern or complaint is about a clinical matter, the medical consultant responsible for the care of the patient will be notified at the earliest opportunity, will be asked for comments and may be involved in the response.

- If the investigation results in management identifying the need for action to be taken to prevent a recurrence, the response will include reference to this.

### Appeal Procedure

- In the event that the complainant remains dissatisfied following the completion of the above process, an appeal may be addressed to the Chief Executive. The complainant should notify the Chief Executive of an appeal by letter, email or telephone at the earliest opportunity and agreement will be reached with the complainant on arrangements for a hearing.
- The Chief Executive will arrange for the complainant and the investigating director to present information to assist in establishing the facts of the case. The Chief Executive may involve colleagues in considering the facts if that appears necessary to achieve a fair settlement of the matter. If following receipt of a letter following the Chief Executive's investigation, the complainant is not satisfied with the outcome of the appeal, a report will be given to the Trustees of the organisation who will make the final decision on the matter.
- All patients funded by the NHS will be made aware that they have the right to bring their complaint to the attention of the funding authority Integrated care board (ICB) and/or Health Service Ombudsman if dissatisfied with the Hospital's response.
- In addition the Hospital will provide advice that complainants may report concerns to the Care Quality Commission. Although complaint resolution is outside the remit of the Commission, the Commission may decide to investigate if it considers that the Hospital may be in breach of regulations.

## 9. Regulatory Requirements/ References

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16 mandates that providers must have an effective and accessible system for handling complaints. Complaints must be investigated thoroughly, and necessary actions should be taken.

Care Quality Commission (CQC) has clear guidelines for handling complaints to ensure that care services meet high standards. Regulation 16 requires care providers to have an effective and accessible system for identifying, receiving, handling, and responding to complaints. Complaints must be thoroughly investigated, and necessary actions should be taken to address any failure

Care Act 2014: This act ensures that individuals receiving care and support services have the right to complain if they are dissatisfied with the services provided.

Complaint Handling Code: Issued by the Local Government and Social Care Ombudsman, this code provides guidance on effective and fair complaint handling for local councils and other organizations.

Data Protection Act 2018 and GDPR: These regulations govern the handling of personal data, ensuring confidentiality and providing a framework for complaints related to data breaches.

## 10. Evaluation Measures

- Accessibility: Complaints systems should be easy to access and navigate for all users.
- Transparency: Clear communication about the process, timelines, and outcomes is essential.
- Timeliness: Prompt acknowledgment and resolution of complaints demonstrate commitment to addressing concerns.
- Fairness: Ensuring impartiality and objectivity in handling complaints.
- Root Cause Analysis: Identifying underlying issues to prevent recurrence.
- Feedback Integration: Using complaints data to improve systems and services.
- Evaluation Frameworks: Regularly reviewing and refining complaint management processes.

## 11. Related Documents

Concerns and complaints register: The Hospital maintains a register of concerns and complaints received, whether orally or in writing, and records in it the action taken and the outcome, when known, as far as the complainant is concerned. All new entries are reported to the Advisory Committee, whether or not the complaint has been concluded at the time of the meeting. Information is given on progress of resolving complaints as soon as appropriate.

Internal Communications: is a structured framework that outlines how information is shared within an organisation. The purpose of the policy is to ensure effective, consistent, and transparent communication across all levels of the organisation.

Management of Serious Incidents: To ensure that the Hospital complies promptly with requirements in regulations concerning the management of serious untoward incidents and giving information that must be provided to the Care Quality Commission or other bodies as required by Regulation or contract.

Grievance: is a formal framework within an organisation that outlines the process for employees to raise concerns or complaints regarding workplace issues. These grievances could involve unfair treatment, discrimination, harassment, workplace conflicts, or dissatisfaction with organisational policies.

Duty of Candour: A legal requirement for health and social care providers to be open and honest with patients when things go wrong with their care or treatment.



## 12. Appendices

## HOLY CROSS HOSPITAL COMPLAINTS REPORT FORM

Section 1 to be completed by caregiver who received complaint or immediate Manager

Complaint: Written / Oral      Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_      Time: \_\_\_\_\_

Complainant Name: \_\_\_\_\_ who is Patient / Visitor / Caregiver  
or other

Complaint made to: \_\_\_\_\_ Department / Ward: \_\_\_\_\_

Details of Complaint:

Details of Action taken:

Is further Action required? YES / NO

Section 1 completed by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Once Section 1 has been completed, the form should be passed immediately to a Director

Section 2 to be completed by Director

[illegible]



Section 3 to be completed before passing to Chief Executive and registered on database

Complainant name, address, telephone number

Date Complaint Acknowledged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lead Person undertaking investigation:

Findings (attach separate sheets if necessary)

Response letter reference

Summary of Action in response to complaint

Recommendations of action to prevent recurrence

Section 4 to be completed by CEO

Name of Hospital Policy / procedure revised as a consequence of this complaint\_\_\_\_\_

or Not Applicable

Risk Management Assessment revised\_\_\_\_\_

ICB notified (name, date and reference)\_\_\_\_\_

Advisory Committee notified: \_\_\_\_\_

Database entry made by \_\_\_\_\_ Date: \_\_\_\_\_

Date of notification to Care Quality Commission (immediate or in annual summary) \_\_\_\_\_

Date all action complete: \_\_\_\_\_ Signed: \_\_\_\_\_

### Flowchart

