

COMPLAINTS POLICY

INTRODUCTION

This policy outlines procedures and responsibilities within Heart Networks UK Ltd ("the organisation") for handling any concerns, issues or complaints that may arise.

EQUALITY ANALYSIS

Heart Networks UK Limited is committed to promoting equality, diversity and human rights in all areas of its activities.

Heart Networks UK Limited undertakes equality analysis to ensure that its activities do not discriminate on the grounds of religion or belief, age, disability, race or ethnicity, sex or gender, sexual orientation, human rights and socio-economic status.

An equality analysis of the Complaints policy has been undertaken.

PURPOSE AND OBJECTIVES

The purpose of this Policy is to ensure that any complaints or concerns by patients (or their representatives) are correctly managed. Patients who have cause to complain about their care or treatment can have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate. Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them. The process adopted by the Heart Networks is fully compliant with the relevant NHS Regulations (2009)

https://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf and guidance available from defence organisations, doctors' representative bodies and Care Quality Commission. Everyone in the organisation is expected to be aware of the process and to remember that everything they do and say may present a poor impression of the service and may prompt a complaint or even legal action.

The general principle of the organisation in respect of all complaints will be to regard it first and foremost as a learning process, however in appropriate cases and after full and proper investigation the issue may form the basis of a separate disciplinary action. In case of any complaint with implications for professional negligence or legal action, the appropriate defence organisation must be informed immediately.

Although it is an independent health organisation, Heart Networks will undertake complaints investigations and complaints handling as described in the principles set out in the NHS Constitution which are:

- The right to have any complaint made about services dealt with efficiently and to have it properly investigated.
- The right to know the outcome of any investigation into a complaint.
- The right to take a complaint to independent review if the complainant is not satisfied with the way their complaint has been dealt with by us.

Version	Date Published	Review Status	Review Due	Complaints Policy
6	February 2016	July 2024	July 2027	

- The commitment to ensure patients are treated with courtesy and receive appropriate support throughout the handling of a complaint; and the fact that they have complained will not adversely affect their future treatment.
- When mistakes happen they shall be acknowledged; an apology made; an explanation given of what went wrong and the problem rectified quickly and effectively.
- The commitment to ensure that Heart Networks learns lessons from complaints and claims and uses these to improve our services.
- This policy serves to indicate how issues concerning patient concerns or complaints should be managed within the organisation.

PROCEDURE

Availability of information

Heart Networks will ensure that there are notices advising on the complaints process conspicuously displayed in all reception/waiting areas and that leaflets containing sufficient details for anyone to make a complaint are available without the need to ask. Heart Networks' website and any other public material (Organisation leaflet etc.) will similarly provide this information and also signpost the complainant to the help available through the NHS Complaints Advisory Service.

A formal complaint can be made to the organisation or to:

Manchester Feedback and Complaints Service
Manchester City Council
PO Box 532
Town Hall
Manchester
M60 2LA
Tel: 0161 953 8388
Email: nhscomplaints@manchester.gov.uk

In those complaints where the complaint is made to the Manchester Feedback and Complaints Service, the organisation will comply with all appropriate requests for information and co-operate fully in assisting them to investigate and respond to the complaint.

INDEPENDENT MENTAL CAPACITY ADVOCACY

The Independent Complaints Advocacy service can support anyone to make a complaint and not just those people who lack capacity. It is for people who need an advocate to represent their rights and defend what is in their best interests. These advocates are called Independent Mental Capacity Advocates (IMCAs). If patients have a complaint about the care, they have received from the Organisation the Independent Complaints Advocacy can help them make this complaint by providing a free, confidential and independent service designed to help them understand their rights and make their voice heard.

They can be contacted at the Manchester Advocacy Hub website -
<https://www.gaddum.org.uk/advocacy/independent-health-complaints-advocacy/>

Version	Date Published	Review Status	Review Due	Complaints Policy
6	February 2016	July 2024	July 2027	

WHO CAN MAKE A COMPLAINT?

A complaint can be made by or, with consent, on behalf of a patient (i.e. a representative); a former patient, who is receiving or has received treatment at the Organisation; or someone who may have been affected by any decision, act or omission of the Organisation.

A Representative may also be

- Someone acting on behalf of a patient/former patient who lacks capacity to make a complaint and they acting in the interests of their welfare
- Someone acting for the relatives of a deceased patient/former patient.

In all cases where a representative makes a complaint in the absence of patient consent, the Organisation will consider whether they are acting in the best interests of the patient and whether there are reasonable grounds for the patient not making the complaint on their own behalf. In the event of a complaint from a representative is not accepted, the grounds upon which this decision was based must be advised to them in writing.

DUTIES AND RESPONSIBILITIES

The CQC Registered Manager and Director, Dr Washik Parkar, holds overall responsibility for ensuring the development, implementation and operation of this policy regarding complaints. He will lead and oversee the process of the implementation of this policy, as well as monitoring its compliance and effectiveness. He will ensure complaints are handled in accordance with the regulations, that lessons are fully implemented, and that no Complainant is discriminated against for making a complaint.

The CQC Registered Manager will act as the designated complaints manager for Heart Networks. He is:

- Responsible for managing the procedures for handling and considering complaints.
- Responsible for ensuring that action is taken if necessary, in the light of the outcome of a complaint or investigation.
- Responsible for the effective management of the complaints procedure.

PRINCIPLES

Heart Networks will:

- Publicise for patients how any complaints can be made, and also how any concerns or issues can be raised.
- Heart Networks will aim to resolve any concerns or issues without recourse to the need to make use of the formal complaints policy whenever possible.
- Acknowledge receipt of a complaint and offer to discuss the matter with the complainant within three working days.
- Deal efficiently with complaints and investigate them appropriately.

Version	Date Published	Review Status	Review Due	Complaints Policy
6	February 2016	July 2024	July 2027	

- Write to the complainant on completion of any investigation explaining how it has been resolved, what appropriate action has been taken.
- Indicate that recourse to independent arbitration or mediation can be made by a patient if they are still unhappy.
- Assist the complainant in following the complaints procedure or provide advice on where they may obtain such assistance.

If a complaint is made orally and is resolved to the complainant's satisfaction within 24 hours, it need not be responded to formally.

PROCEDURES

6.1. Period within which complaints can be made

The period for making a complaint is normally:

- (i) 12 months from the date on which the event which is the subject of the complaint occurred; or
- (ii) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Heart Networks has discretion to vary this time limit if appropriate. i.e. where there is good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay. When considering an extension to the time limit it is important that the CQC Registered Manager takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.

6.2. Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the CQC Registered Manager, who must:

- Acknowledge the complaint within 3 working days verbally or in writing and at the same time,
 - offer to discuss, at a time to be agreed with the complainant
 - decide the manner in which the complaint is to be handled,
 - ascertain the period within which the investigation of the complaint is likely to be completed and the response is likely to be sent to the complainant.
- From the discussion, a complaint action plan should be developed.

6.3. Complaints Action Plan

A) Verbal complaints

It is always better to try and deal with the complainant at the earliest opportunity and often it can be concluded at that point. A simple explanation and apology by staff at the time may be all that is required. The complaint need not be responded to in writing for the purposes of the Regulations if it is dealt with to the satisfaction of the complainant by the end of the next working day. The Organisation

Version	Date Published	Review Status	Review Due	Complaints Policy
6	February 2016	July 2024	July 2027	

will record them for the purposes of monitoring trends or for Clinical Governance and that record will be discussed when trends or issues need to be addressed and at least annually. If resolution is not possible, the details of the verbal complaint will be recorded in writing and a copy provided to the complainant within three working days. This ensures that each side is well aware of the issues for resolution and the same process for written complaints will be followed.

B) Written complaints

On receipt, an acknowledgement will be sent within three working days which offers the opportunity for a discussion (face-to-face or by telephone) on the matter. This is the opportunity to gain an indication of the outcome the complainant expects and also for the details of the complaint to be clarified. In the event that this is not practical or appropriate, the initial response should give some indication of the anticipated timescale for investigations to be concluded and an indication of when the outcome can be expected. If it is not possible to conclude any investigations within the advised timescale, then the complainant must be updated with progress and revised time scales on a regular basis.

If a clear plan and a realistic outcome can be agreed with the complainant from the start, the issue is more likely to be resolved satisfactorily. Having a plan will help Heart Networks to respond appropriately. It also gives the person who is complaining more confidence that Heart Networks is taking their concerns seriously.

If someone makes a complaint, the person making the complaint will want to know what is being done and when. However, accurately gauging how long an issue may take to resolve can be difficult, especially if it is a complex matter involving more than one person or organisation. To help judge how long a complaint might take to resolve, it is important to:

- address the concerns raised as quickly as possible.
- stay in regular contact with whoever has complained to update them on progress.
- follow closely any agreements made – and, if for any reason this is not possible, then explain why.

It is good practice to review any case lasting more than six months, to ensure everything is being done to resolve it.

6.4. Investigation and Responses to Complaints

During the investigation, the complainant will be kept informed of progress either verbally or in writing as agreed with the complainant. Investigations will be recorded in a complaints file created specifically for each incident and where appropriate should include evidence collected as individual explanations or accounts taken in writing.

The final response must be signed by the CQC Registered Manager and include:

- An apology if appropriate (The Compensation Act 2006, Section 2 expressly allows an apology to be made without any admission of negligence or breach of a statutory duty)
- A clear statement of the issues, details of the investigations and the findings, and clear evidence-based reasons for decisions if appropriate.
- Where errors have occurred, explain these fully and state what has been or will be done to put these right or prevent repetition. Clinical matters must be explained in accessible language.

Version	Date Published	Review Status	Review Due	Complaints Policy
6	February 2016	July 2024	July 2027	

- A clear statement that the response is final and the organisation is satisfied it has done all it can to resolve the matter at a local level.
- Details of how to seek arbitration or mediation if the complainant remains dissatisfied.
- Contact details of Manchester Feedback and Complaints Service and also the Parliamentary Health Service Ombudsman if the complainant should remain unhappy with the complaint or complaint investigation.

The final letter should **not** include:

- Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation.
- Detailed or complex discussions of medical issues with the patient's representative unless the patient has given informed consent for this to be done where appropriate.

6.5. Escalation and Appeal

If the complainant is unhappy with the investigation and outcome of a complaint, they can speak to the organisation's Freedom To Speak Up Guardian. The organisation can also provide details of how to seek arbitration or mediation, contact details of Manchester Feedback and Complaints Service and also the Parliamentary Health Service Ombudsman if the complainant remains unhappy with the complaint or complaint investigation.

6.6. Notification of complaint

All relevant internal and external stakeholders, agencies and regulatory bodies are engaged, involved and informed in line with local and national legislation and guidance.

ANNUAL REVIEW OF COMPLAINTS

The organisation will conduct and produce an annual complaints report. The report will include:

- Statistics on the number of complaints received.
- The number considered to have been upheld.
- Known referrals to the Ombudsman.
- A summary of the issues giving rise to the complaints
- Learning points that came out of the complaints and the changes to procedure, policies or care which have resulted.

Care must be taken to ensure that the report does not inadvertently disclose any confidential data or lead to the identity of any person becoming known.

AUDIT

The operation and effectiveness of this policy will be incorporated into Heart Network's ongoing audit programme.

Version	Date Published	Review Status	Review Due	Complaints Policy
6	February 2016	July 2024	July 2027	

As required, anonymised summaries of complaints will be provided to the Care Quality Commission upon request.

CONFIDENTIALITY

All complaints will be treated in the strictest confidence.

Where the investigation of the complaint requires consideration of the patient's medical records, the CQC Registered Manager or someone designated to act on his behalf will inform the patient or person acting on his/her behalf if the investigation may involve disclosure of information contained in those records to a person other than the organisation, or an employee/contractor working for Heart Networks.

The organisation must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records and no reference which might disclose that fact a complaint has been made should be included on the computerised clinical record system.

UNREASONABLE COMPLAINTS

Where a complainant becomes unreasonable, excessively rude or aggressive despite effective complaint handling in their promotion of the complaint, some or all of the following formal provisions will apply and must be communicated to the patient by the CQC Manager in writing:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient.
- Contact will be limited to one method only (e.g. in writing).
- Place a time limit on each contact.
- The number of contacts in a time period will be restricted.
- A witness may be present for all contacts.
- Repeated complaints about the same issue will be refused unless additional material is being brought forward.
- Only acknowledge correspondence regarding a closed matter, not respond to it.
- Set behaviour standards.
- Return irrelevant documentation.
- Detailed records will be kept of each encounter.

RECORD MANAGEMENT

Complaints information needs to be retained and securely stored for the following time period:-

- 10 years from closure of the incident
- The complaint file should be reviewed and if no longer required it should be destroyed.
- The incident is not closed until all subsequent processes have ceased, including litigation.
- The complaint file must not be kept on the patient's file, a separate file must always be maintained.

Version	Date Published	Review Status	Review Due	Complaints Policy
6	February 2016	July 2024	July 2027	