



COMPLAINTS

HANDLING

SYSTEM

December, 2012



COMPLAINT HANDLING SYSTEM

1. INTRODUCTION

The Health Sector is committed to providing high quality service in an effort to reduce the necessity for service users to complain. It is however important that service users are encouraged to comment directly about the standards and quality of services that are provided.

The Complaints Handling System sets out in its procedures on how to address the comments, concerns, and complaints of the people who use the health services. This document is therefore intended to be one method by which the views of service users are taken into account and acted upon.

2. OBJECTIVES

The objectives of the system are to enhance the quality of patient care by:

- Initiating a system which addresses patient/client complaints in a timely manner.
- Increasing staff sensitivity to patient's/client's needs and expectations.
- Creating a system which is user friendly and maintains confidentiality.
- Collecting information on a continuous basis for systemic review, analysis and informing service development.

3. SCOPE

3.1 These procedures will apply to all employees of the Health Sector.

3.2 These procedures apply to all complaints received by the Health Sector and as defined in this document.

4. POLICY STATEMENT

The Complaints Handling System is geared towards initiating a service that is responsive to the patient/client's comments, concerns and complaints.

5. GUIDELINES FOR IMPLEMENTATION OF THE SYSTEM

The Complaints Handling System is implemented with specific guidelines and responsibilities for the key stakeholders in the Health Sector.

5.1 Selection of Staff

Staff selected to manage the Complaints Handling System must be based on the following criteria:

- Must possess
 - effective communication skills
 - good interpersonal skills
 - counseling skills
 - sensitivity to human issues
 - ability to defuse anger

- knowledge of the Total Management Process.
 - knowledge of the organization
 - knowledge of how the system works.
- Must be able to maintain confidentiality.
 - Must be committed to quality improvement.
 - Must be a change agent.

6. RESPONSIBILITIES OF KEY STAKEHOLDERS

The key stakeholders, Ministry of Health and Social Development, the Health Authority of Anguilla and the private health sector each have clearly defined roles and responsibilities that are outlined below.

6.1 The Ministry Of Health

Through the Directorate of Health Services Quality Management, the Ministry of Health and Social Development assumes the responsibility for:

- Developing and maintaining policies and procedures and ensuring that adequate training is provided for the continued implementation of the system.
- Ensuring that potential complainants are aware of the avenues available to them to make a complaint.
- Providing a mechanism for continuous improvement through performance reporting and customer feedback.
- Communicating with the Chief Executives in the public and private health sectors and their administrative staff.
- Developing forms for recording and tracking complaints in collaboration with the public and private health sector complaints officers.
- Collaborating with the public and private health sectors to publicize the findings of the annual review of the system.
- Ensuring that the Ministry of Health is represented on the Complaints Review Panel of the Health Authority of Anguilla.
- Conducting site visits for monitoring and evaluation.
- Ensuring adherence to the appropriate regulations to support the quality improvement programme.
- Establishing a Complaints Authority.

6.2 The Public and Private Health Sectors.

The Executive Management in the public and private health sectors are responsible for:

- communicating with Heads of Departments to solicit support for the system;
- preparing and disseminating letters to all members of staff informing them of the system and its implementation;
- appointing the Complaints Manager;
- delegating authority to the Complaints Manager to initiate dialogue to aim at resolving problems across departmental lines;
- establishing the reporting mechanism;
- selecting and appointing Complaints Officers in collaboration with the Complaints Manager and allocate complaints for investigations;
- establishing and maintaining the complaints review pane;

- receiving reports and taking appropriate action in a timely manner;
- reporting unresolved complaints to the Board of Directors and the Ministry.

6.3 The Complaints Manager

The Complaints Manager in each health institution is responsible for:

- managing the Complaint's Management Process by coordinating activities that support the policy and the resolution of complaints;
- managing the allocation of requests for a review of an unresolved complaint about a service or an administrative action;
- managing the appointment of Complaints Officers;
- providing reports to the Chief Executive Officer about unresolved complaints.
- recording investigation and review details and outcomes of complaints about services and administrative actions in a secure database system and on a confidential complaint files.

6.4 The Complaints Officer

The Complaints Officer of the health institutions is responsible for:

- conducting investigation of complaints objectively, fairly, confidentially and in a timely manner;
- establishing the facts associated with a complaint;
- compiling a written report on the findings of the investigation with recommendations;
- ensuring that procedural fairness is upheld throughout the investigative process.

7. COMPLAINT HANDLING PROCEDURE.

7.1 Who Can Complain

Complaints may be made by:

- A patient or former patient (External Customer)
- The Service Provider (Internal Customer)
- The Patient Representative e.g. friends, next of kin, spouse, significant other
- A Solicitor
- A Counselor
- A Non-Governmental Organization (NGO)
- Trade Union
- A Parliamentary Representative
- Media Houses
- Other sources.

7.2 What Can Be Complained About?

Issues or concerns may be raised about:

- care provided by the hospitals and health centres;
- care provided by community services that provide health services (such as dental services, physiotherapy etc);
- care in private health institutions or nursing homes in which the patient is referred for care;

- dietetic services, domestic and environmental matters;
- public health issues such as the health of the population or the management of major incidents or outbreaks where the person making the complaint has been adversely affected;
- the way in which a health facility organizes healthcare services where this has an impact on care or services provided or available to the individual.

7.3 When Can A Complaint Be Made?

- A complaint should be made as soon as possible after the action giving rise to it.
- The time frame for making a complaint is within three months of becoming aware of the cause for complaint, except where:
- A complainant was not aware that there was cause for a complaint, the complaint must then be made within three months of becoming aware of the cause for complaint.

7.4 Types of Complaints

Complaints may be **Formal** or **Informal**.

7.4.1 Formal Complaints are complaints that must be documented and which may require referral to the relevant department or person responsible for resolution.

7.4.2 Informal Complaints are those simple, easy to solve issues, which do not require documentation and can be resolved by front-line members of staff.

8 COMPLAINTS HANDLING PROCEDURE FORMAT

The complaints procedures are set out in three levels.

8.1 First Level Procedure

- a. If a complaint is made directly to a member of staff, they should:
 - Apologize that the complainant is dissatisfied
 - Listen to the complainant and be sympathetic
 - If possible and appropriate, try to resolve the problem by proposing a solution.
 - If the solution is agreed take **action**.
 - If the solution is rejected, listen to why.
 - If in doubt after listening to why, contact the line manager for advice.
 - Conduct an inquiry.
 - If there are serious issues, then the Complaints Manager should be contacted immediately.
 - Inform the complainant that his or her complaint will be brought to the attention of the Complaints Manager to be further investigated.

- b. An incident form should be completed for all verbal complaints. The statements taken should be forwarded to the Complaints Manager for input in the Complaints Log for monitoring purposes and to assist in the supply of information.

8.1.1 Investigation Procedure

Standard Procedure

- i** The Complaints Manager will obtain a clear picture of the complaint by making initial enquiries in order to ascertain if it may be possible to resolve the complaint without managerial intervention
- ii** If necessary, the Complaints Manager will send details of the complaint to the manager concerned requesting an investigation of the complaint.
- iii** Upon receipt of the request for an investigation, the concerned manager should:
 - a)** Wherever possible, and if appropriate, arrange to meet the complainant as soon as is feasible to discuss the complaint in more detail, and seek to resolve the issues.
 - b)** Discuss the complaint with any members of staff involved.
 - c)** Submit to the Complaints Manager a comprehensive investigative report including:
 - i.** The process of the investigation
 - ii.** A full explanation.
 - iii.** Action taken.
 - iv.** Recommendation(s) made to prevent a recurrence of the problem, if appropriate.
 - d)** Inform the complainant on the progress of the investigation within the prescribed timelines.

8.1.2 If for any reason there is a delay in concluding the investigation within the time line of 30 days, the Complaints Manager should be notified of the progress to date, the reason for the delay and the expected length of the delay.

8.1.3 The Complaints Manager will inform the complainant of the delay and the reasons for it.
The thirty (30) day deadline can be extended, but only on agreement with the complainant.

8.1.5 Support for Staff

Managers must support the staff involved in the complaint by providing time for debriefing and opportunity to discuss the issues raised in the complaint. Professional counseling support should be provided.

Unresolved public sector complaints are reported to the Chief Executive officer. Unresolved private sector complaints are reported directly to the Permanent Secretary in the Ministry of Health and Social Development.

8.2 Second Level Procedure

8.2.1 Should **the first level procedure** fail and the complainant is still not satisfied he/she must be given the opportunity to progress the complaint to the Complaints Review Panel, and be offered advice and assistance on how this should be done.

He/she may be advised to put his/her concerns in writing or sign a written statement.

8.2.2 The Complaints Manager will forward the investigative report along with supporting documents to the Chief Executive Officer who will screen the complaint(s) and arrange for the sitting of the Complaints Review Panel to investigate and arbitrate as appropriate.

8.2.3 When a letter of complaint is received, the Complaints Manager should immediately inform the Chief Executive Officer - Health Authority of Anguilla or in the case of the private sector the most senior officer and ensure that the following action is taken:

- i.** An acknowledgement is sent to the complainant within two (2) working days by the Complaints Manager.
- ii.** A written request for an investigation and report is sent to the **appropriate** Director for the Department (Chief Financial Officer, Chief Operations Officer, Director Human Resources, Director of Medical Services, and the Director of Nursing Services) within five (5) working days from the date of receipt of the initial complaint.
- iii.** All complaints should be marked **private and confidential** or **personal**. The mail should be delivered by hand within the set timeframe, and must be signed for by the complainant.

8.2.4 Legal Advice

- i.** The Complaints Manager will forward the investigative report to the Chief Executive Officer/most senior officer who will seek legal advice where a complaint carries a threat of litigation.
- ii.** The possibility of litigation should not prevent an immediate investigation to discover faults in procedures and prevent their recurrence.
- iii.** The complaints policy and procedure will not cease unless the complainant explicitly indicates an intention to take legal action in respect of the complaint.

8.2.5 Referrals To Other Procedures or Organizations

Management must take appropriate action if any complaint received by a member or employee of the health facility indicates a need for referral to any of the following:

- i.** An investigation under the disciplinary procedure
- ii.** One of the professional bodies e.g. Medical Board, or Nursing Committee of the Health Professions Council.
- iii.** An independent inquiry into a serious incident.
- iv.** An investigation of a criminal offense

8.3 Third Level Procedure

8.3.1 Where a complainant is dissatisfied with the outcome at the **Second Level Procedure**, the Chief Executive Officer will inform the Ministry of Health and the complainant. The Ministry of Health shall request a full report of the investigation to include the response to the client and the action taken.

8.3.2 The unresolved complaint is referred to the Complaints Authority in the Ministry of Health for critical review of all the issues related to the complaint which was not resolved and which may have legal implications.

8.3.3 The Complaints Authority shall respond to the complaints, receive complaints from the Complaints Review Panel and make recommendations to the Honourable Minister of Health and Social Development.

9. ROLES OF THE COMPLAINTS AUTHORITY

9.1 On receipt of the complaint, the Complaint Authority must assess the nature and substance of the complaint and decide how it should be handled having regard to:

- i.** The views of the complainant.
- ii.** The views of the body complained about.
- iii.** Any investigation of the complaint and any action taken as a result of such investigation and
- iv.** Any other relevant circumstances.

9.2 The Complaints Authority as soon as reasonably practicable will notify the complainant of its decision.

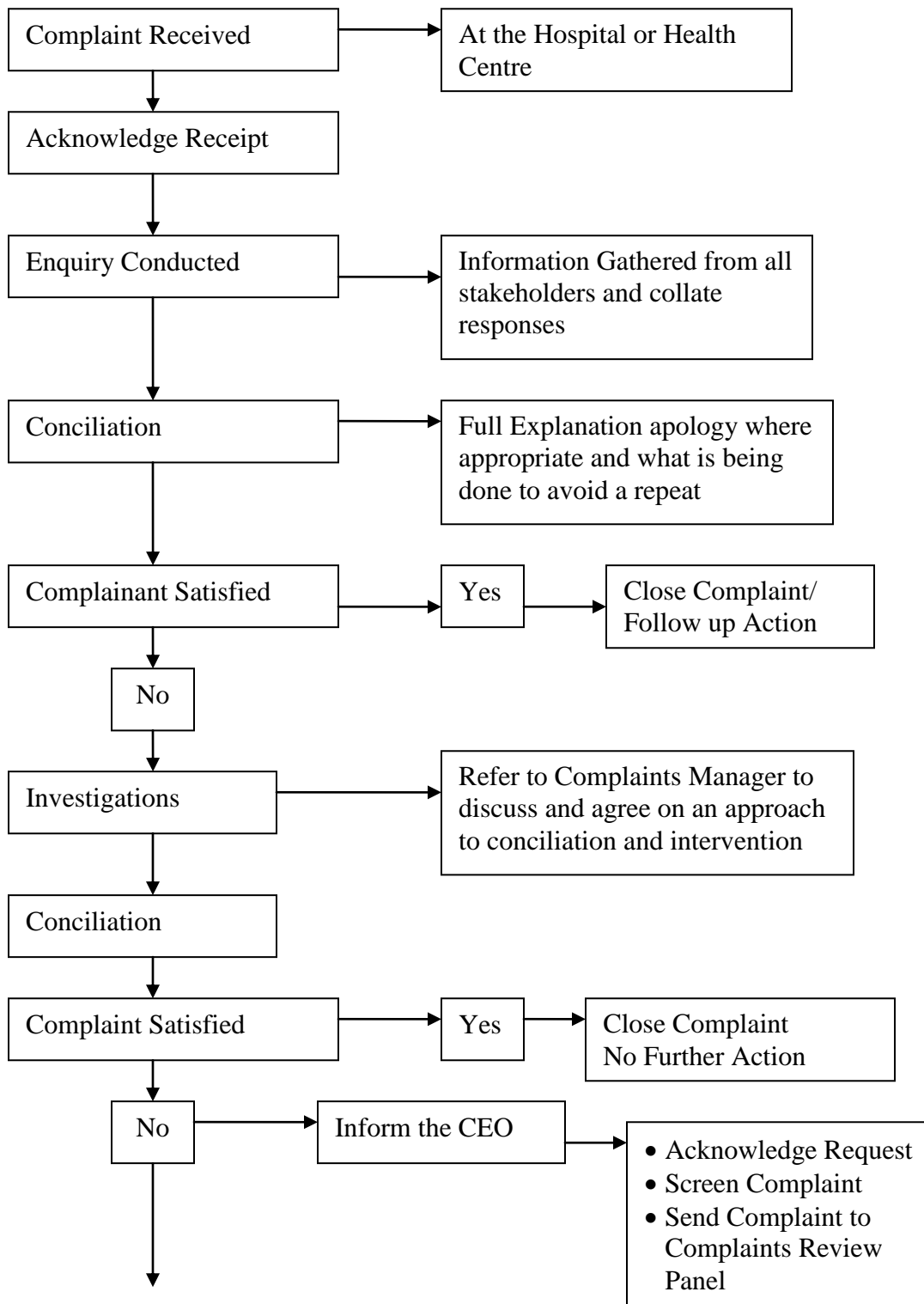
9.3 The Minister of Health and Social Development shall form the Complaints Authority and it shall be constituted of a Lawyer who specializes in medical law, the Permanent Secretary – Health, the Chief Medical Officer, the Director of Health Services Quality Management, and the Health Planner.

10. REVIEW OF COMPLAINTS HANDLING SYSTEM

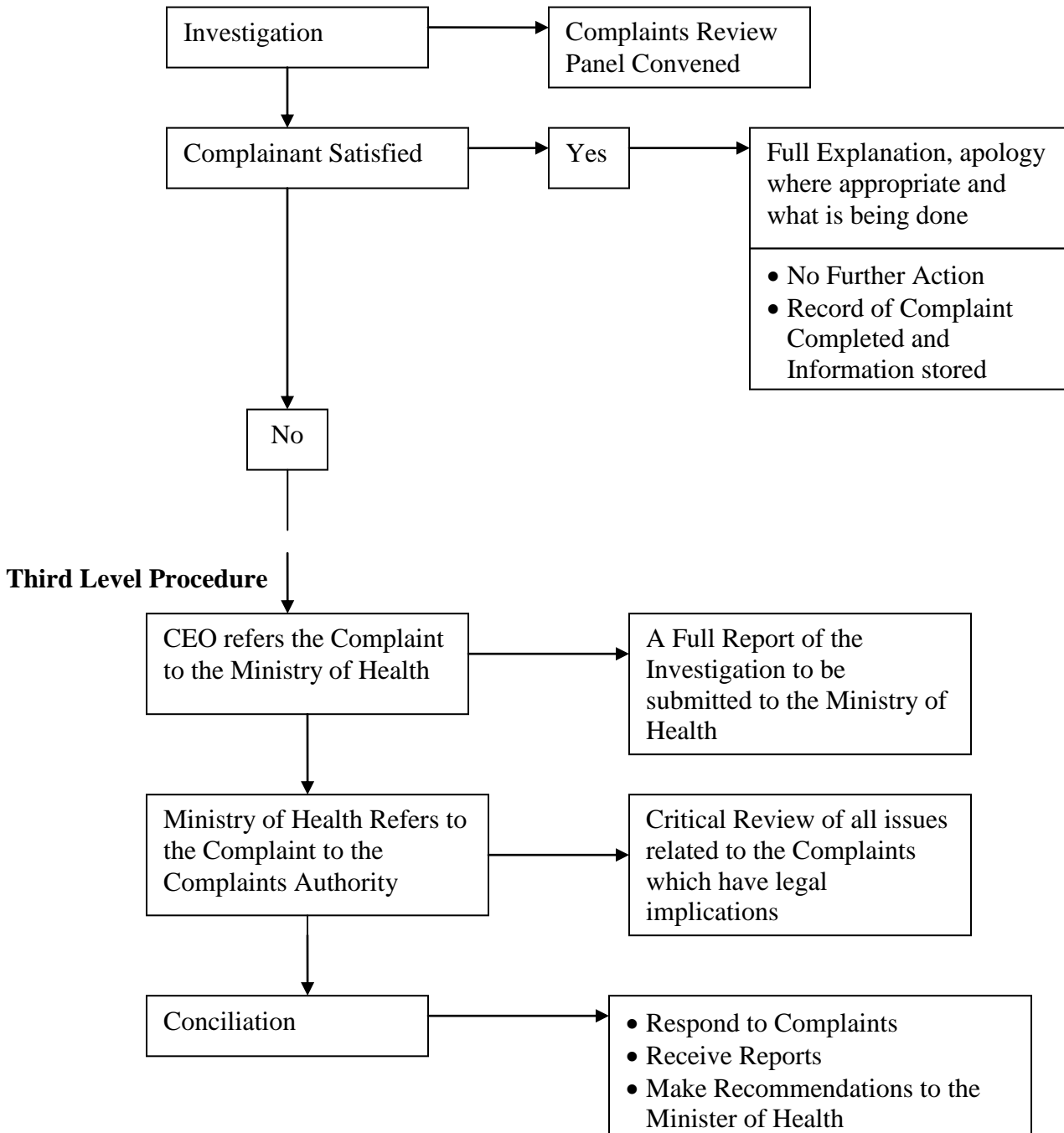
The **Complaints Handling System** shall be reviewed every 3 years in conjunction with the Complaints Policy, and the Complaints Management Process.

COMPLAINTS HANDLING PROCEDURE FLOW CHART

First Level Procedure



Second Level Procedure



REFERENCES

5 Boroughs Partnership NHS Trust, Complaints Management Procedures, January, 2007.

NHS Greater Glasgow and Clyde, Complaints handling Policy and Procedure, April, 2006.

North Lincolnshire NHS Primary Care Trust, AIDE Memoir To Complaints Handling. April, 2007.

Quality 2001 A Reality, Ministry of Health Trinidad and Tobago. March, 1998.