



FeedBack and complaints

The document has been compiled to meet with requirements of Blood Safety and Quality Regulations 2005, Use of Medicines in Humans (Clinical Trials) Regulations 2004, ISO15189 and other appropriate national and international quality standards. All procedures described within are mandatory within the Department of Haematology, North Glasgow Sector.

REVIEW INTERVAL	Annually
AUTHORISED BY	MJ Cartwright
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REVISION NUMBER	8
ACTIVE DATE	3 rd July 2020
DOCUMENT CHANGES	This Section to be used to record changes from the previous Document Version: <ol style="list-style-type: none">1. Correct related documents 1.32. Improve Readability (all)3. Update reference to NHSGGC policy 1.04. Remove reference to obsolete document 1.4
Document Review History	
Details of the review history showing the title, the version number, the author, the member of staff with update responsibility, the document approver, the distribution of hard (or paper) copies, the issue date, and archive history, are held on the Q-Pulse Quality Management System Network.	
Document Control, Revision and Amendments	
For policy and procedures relating to Document Control, Revision and Amendment, refer to Control of Quality Management System Documentation" (MAP-ALL-ALL-003).	



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1. INTRODUCTION

1.1. Scope and purpose

This document outlines the Policy and Procedures for the reporting and investigation of complaints for the Department of Haematology, North Glasgow Sector Hospitals.

This document does **NOT** replace and must be used in conjunction with the Policy for Complaints, NHS Greater Glasgow & Clyde (April 2017).

1.2. Responsibility

All Departmental staff have responsibility for the reporting of complaints.

The Senior Managers, Quality Manager, Section Heads and Senior Staff are responsible for ensuring the implementation and adoption of the policies and procedures in this SOP.

1.3. References

ISO:15189-2012, Medical laboratories — Requirements for quality and competence

NHS Greater Glasgow & Clyde Complaints Policy (April 2017).

NHS Greater Glasgow and Clyde Incident Management Policy

Blood safety and Quality Regulations 2005

Use of Medicine in Humans (Clinical Trials) Regulations 2004

1.4. Related documents

ECD-ALL-POL-005	NHSGGC Complaints Policy
LAP-ALL-ALL-023	Q-Pulse
MAI-ALL-ALL-009	User Handbook

2. NHS COMPLAINTS PROCEDURE

The Patient Rights (Scotland) Act 2011 gives patients a legal right to give feedback on their experience of healthcare and treatment and to provide comments, raise concerns or complaints. Each Health Board within NHS Scotland employs staff whose role is to receive complaints from members of the public and to register the decisions made and actions undertaken.

The Key objectives of the NHS Complaints Procedure include:

- Ease of access for patients and service complainants,
- A rapid, simple, and transparent process,
- A system that ensures service improvement following complaints,
- Fairness for both staff and complainants,
- Separation of complaints from disciplinary actions.

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2.1. Local Resolution

The principle objective of local resolution is to provide the fullest opportunity for investigation and resolve of complaints in an open, fair and conciliatory manner. On receipt of a complaint, written or verbal, the service provider shall attempt to resolve any issue as quickly as is possible. This process shall include, where possible, an immediate response in person by telephone to be followed by investigation based upon local (Trust) policy and procedures.

2.2. Independent Review

If complaints can not be resolved immediately by the service provider the complainant has the option of seeking further review. Advice can be found on the patient advice website www.patientadvicescotland.org.uk

3. NHS GG&C COMPLAINTS POLICY

NHS Greater Glasgow and Clyde aim to deliver high quality healthcare and to use the views and experiences of the people who access our services as part of a process of continuous improvement.

3.1. Definition of a Complaint

A complaint is defined as an expression of dissatisfaction regarding any matter including:

- Facilities
- Environment,
- Service provided
- Attitude of staff

Complaints may be made in person, in writing, or by telephone, to any member of Health Board staff. Where a received complaint will not be investigated under the NHS complaints procedure the complainant will be informed in writing and provided with information on the appropriate procedures to be followed

3.1.1. Definition of a Clinical Complaint

Clinical Complaints are defined as any complaint relating, in whole, or in part, to action taken in consequence of the exercise of clinical judgement i.e. any judgement that is made by a member of clinical staff by virtue of their professional knowledge and skill, which a layman could not make.

3.1.2. Time Limits

Set time limits, both for the raising of complaints, and the subsequent reviewing, are detailed in the NHSGG&C Complaints Policy.

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3.2. Complaints Handling

3.2.1. Local Resolution

Local resolution involves complaints being dealt with quickly and where possible at the source of the complaint. This should be achieved within 5 working days.

3.2.2. Independent Review

If complaints can not be resolved immediately by the service provider, the complainant has the right to seek independent review.

Procedures, including the appointment of a Trustee (Complaints Convenor) and Review Panel, are detailed in the Trust Complaints Procedure.

3.2.3. Conciliation

The aim of conciliation is to enable both parties to address the issues in a non-confrontational manner with the aim of mutual agreement.

4. DEPARTMENTAL COMPLAINTS PROCEDURE

4.1. Procedure for Handling Verbal Complaints

Staff in receipt of verbal complaints must always act professionally and will make every effort to act sympathetically. They must apologise that the complainant had cause to complain and offer an explanation, with the purpose of seeking a resolution of the complaint. If the complaint can not be, or is difficult to resolve the member of staff must immediately seek the advice of a Section Lead or Line Manager. In some instances, it may be appropriate to refer the complaint to the Technical Services Manager, or if unavailable the most senior manager available.

Regardless of the outcome complainants must always be informed that all complaints received by the Department follow a systematic process of recording and investigation by senior Departmental staff and followed where necessary with the appropriate corrective and preventative actions.

Complainants who wish to record a letter of complaint will be asked to direct the letter to the Technical Services Manager. All complaints must be attempted to be resolved within 5 working days.

Complainants not wishing to write to the Technical Services Manager and who wish to lodge a complaint to Health Board Management will be asked to direct the complaint to the following address. phone number or email address.

Complaints Department
North East Sector Offices,
Stobhill Hospital
300 Balgrayhill Road

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Glasgow
G21 3UR

Phone us: 0141 201 4500
Email us: complaints@ggc.scot.nhs.uk

In all instances a non conformance must be raised on Q-Pulse by the complaint recipient using LAP-ALL-ALL-023

4.2. Procedure for Handling Verbal Complaints out with Core Hours

The procedure for handling verbal complaints out with core hours is identical to that of above with the exception those complainants seeking to speak to a senior manager:

- For immediate attention complainants should be directed to contact the on duty Consultant Medical Staff (if appropriate) or asked to wait until the next working day.
- Where the complainant is content to wait till core hours resume the complainant shall be asked to contact the Technical Services Manager or the most senior available manager.
- In all instances a non conformance must be raised on Q-Pulse by the complaint recipient.

4.3. Written Complaints

Written complaints must be received or directed to the Technical Services Manager. At this instance the Technical Services Manager will raise a non conformance on the Q-Pulse.

Should any other member of staff be in receipt of a written letter of complaint, the complaint shall be brought to the attention of the Technical Services Manager and a non conformance entered into Q-Pulse.

All complaints must be attempted to be resolved within 5 working days.

4.3.1. Complaint Acknowledgement and Conclusion

For all written complaints resolved at local level the complainant must be replied to by letter (or email). Where there is no quick conclusion, for example, when the complaint investigation and/or review is perceived to take longer than five working days, a letter or email of acknowledgement of the complaint must be sent to the complainant. These must be attempted to be resolved within a further 5 working days.

Following the conclusion of the complaint process a letter or email itemising the investigation performed, the outcome of the investigation and where necessary and appropriate, a formal apology from the Department must be sent to the complainant. The corrective and preventative actions must be included to assure that the cause for the complaint will not recur.

Complaints that can not be satisfactorily resolved to mutual agreement at Departmental level or are so complex that they cannot be resolved within 10 working days must be brought to the attention of the Complaints Office at the above address. Complaints Officers are readily accessible to patients, public and staff. Their primary role is to process complaints and support managers in responding to

complaints. These staff have sufficient knowledge and experience to advise individuals on the Health Board’s feedback, concerns and comment procedures as well as the formal complaints procedure.

4.4. Complaint Investigations

All Departmental complaints will be investigated in a systematic manner. The nature of investigation is dependant on the nature and scope of the complaint and it’s potential to reoccur. Therefore complaints investigation may not follow an exact process, and in order to prevent unnecessary duplication of effort and to ensure consistency in approach, the investigation of complaints shall always follow on from discussion by the Technical Services Manager, the Sector Laboratory Manager and the Quality Manager.

Where time does not allow this approach and where urgent and immediate investigation and action is required out with core working hours the appropriate most senior member of staff shall assume responsibility.

4.5. Root Cause Analysis

In the investigation and management of complaint, Root Cause Analysis forms an excellent tool for an extensive investigation process for the management of complaints.

Collect the facts <ul style="list-style-type: none"> • What happened? • Witnesses • Physical evidence • Sketches or photographs • Records and Documentation • Medical Evidence Etc. 	Analyse the facts <ul style="list-style-type: none"> • How did it happen? • Causal factors • What happened throughout the chain of events? • Focus on problem- solving not on blame. • System and process based – don’t concentrate on the individual. 	Integrate evidence and establish causes. <ul style="list-style-type: none"> • Why did it happen? • Findings • Probable causes • Judgements of need. 	Make recommendations Recommendations , if accepted, should be appointed a lead implementer.
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4.6. Formal Complaints

All written complaints directed to the complaints Officer will be acknowledged by the Patient Liaison Staff within 3 working days of receipt. As detailed in the Health Board Complaints Procedure. In cases involving the Procurator Fiscal, professional misconduct, serious breach of standing instructions, or serious inadequacy or absence of equipment, procedures shall include reporting to the Chief Executive. Complaints that cannot be satisfactorily resolved to mutual agreement at Departmental level shall be forwarded to the Patient Liaison Manager/Officer.

4.7. Review of Complaints

- All complaints received by the Department of Haematology, North Glasgow Sector, shall be collated, and reviewed at the quality meetings or incident meetings as appropriate.
- Receipt of complaints, will form agenda items for, General Staff Meetings and Quality meetings. Any changes to existing working practices will be communicated to Departmental staff.
- Conclusions and trends of complaints shall form a standing agenda item of the Annual Management Review.

4.8. Reporting via DATIX

For complaints that directly relate to the clinical care of patients staff must be raised an incident on DATIX should they be considered severe enough to warrant a 4/5 grading then the Health Board's SCI investigation process must be followed.

5. FEEDBACK

All forms of feedback, positive and negative, are gratefully received and are used to continuously improve our services. The Patient Rights (Scotland) Act 2011 introduced a right for people to give feedback or comments to, or raise concerns. Feedback, comments and concerns are not complaints. They are handled in line with the Patient Rights (Scotland) Act 2011, and the associated Regulations and Directions.

5.1. Patients and Public

Feedback, comments or concerns may be given to any member of staff in any form, verbal, written or email. These are then communicated to the Technical Services Manager, Sector Laboratory Manger, Quality Manager and Section Leads. These are discussed at the Quality Meeting and any resulting actions agreed on and minuted.

Feedback is brought to the staff's attention at the General Staff Meeting and is minuted. All meeting minutes are available on Q-Pulse for staff to read.

Contact details for senior members of staff can be found in the User Handbook available on the North Glasgow Haematology page of the NHSGGC website.

We will acknowledge any feedback, comments or concerns.

5.2. Staff

Members of staff of NHSGGC may also give feedback, comments or raise concerns in any form and are welcomed.

Feedback may also be obtained from within the Health board via attendance at Multidiscipline Meetings/Huddles.

These are discussed at the Quality Meeting and any resulting actions agreed on and minuted.

Feedback is brought to the staff's attention at the General Staff Meeting and is minuted. All meeting minutes are available on Q-Pulse for staff to read.

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Contact details for senior members of staff can be found in the User Handbook available on the North Glasgow Haematology page of the NHSGGC website.

We will acknowledge any feedback, comments or concerns.

6. STAFF SUGGESTIONS

Staff are encouraged to suggest improvements comment or raise concerns on processes, documentation and the environment. Suggestions may be done in several ways.

These are discussed at the appropriate meeting and any resulting actions agreed on and minuted.

Feedback is brought to the staff's attention at the General Staff Meeting and is minuted. All meeting minutes are available on Q-Pulse for staff to read.

6.1. Written

Written suggestions may be placed in the box in the Technical Services Managers office.

6.2. Q-Pulse

Staff may raise a suggestion via the Launch Pad or the Non Conformance Module in Q-Pulse. Details of the process can be found in LAP-ALL-ALL-023 Q-Pulse. It is important that when these are raised in Q-Pulse the source is set as Improvement Idea.

Staff may also suggest improvements to documents by raising a change request against the document in the document module of Q-Pulse.