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Making Experiences Count – compliments, comments and complaints

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Document Classification

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<i>Consultees</i>	<p><u>Herefordshire Council</u> JMT Cabinet Service Managers and Complaints Administrators Deputy Chief Executive Geoff Hardy -Legal Rachel Jones- Chief Executives Office Hillary Hall – Children’s and Young People Cllr French - Cabinet Member for Corporate and Customer Services</p> <p><u>Herefordshire Primary Care Trust</u> Steering Group Sue Doheny Euan McPherson Val Javens Fiona Stubbs Karola Bruckner</p>

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PART 1 - POLICY

1. INTRODUCTION

- 1.1. This policy covers all compliments, comments and complaints about Herefordshire Council and NHS Herefordshire and sets out how a compliment, comment or complaint will be dealt with, the timescales, and who should be involved in handling the complaint following the making experiences count procedure. This policy covers all forms of customer feedback for health, adult social care, children and young people and all council services.
- 1.2. Complaints about NHS Herefordshire and Herefordshire Council will be handled by an integrated Customer Insight Unit within the corporate customer service team who will be the single point of contact for the customer, they will agree a complaints handling plan with the customer, assign an investigating officer, assess risk, ensure that a fair investigation takes place either by a service manager or by the complaints manager, quality check all responses and communication with the customer, carry out a full evaluation and monitor customer satisfaction, and ensure reports are made available to all service areas and service improvements are identified and made.
- 1.3. Complaints about children's services will be will monitored through the customer insight unit but will be dealt with under a separate statutory policy, which can be found on the Council's website.
- 1.4. It is important that comments and compliments are recorded and used to understand what services customers would like to receive and how, as well as learning from compliments and making sure that best practice is recognised and used to improve services elsewhere.
- 1.5. The policy seeks to create a positive approach to complaints. Complaints are valued as a means to continuously review and improve the services we offer. By listening to customers and using insight into peoples experiences mistakes can be resolved faster, new ways to improve can be learned and the same problems can be prevented from happening in the future.
- 1.6. Our customers may find it difficult to talk about their views or concerns, they may be worried that complaining will lead to a reduction in services; equally they may find it difficult to speak out because of things like how their disability affects them, their language or their level of communication skills, or how their race cultural or religious background, age gender or sex are viewed

2. OBJECTIVES

- 2.1 To provide an effective means for a customer to make a comment about how services could be improved in the future and to provide an effective means for a customer to compliment a service or employee.

2.2. To provide an effective means for customers and their representatives to complain if they are dissatisfied with the service they receive

2.3. To ensure complaints are dealt with in a courteous and efficient manner and are resolved without avoidable delay

2.4. To obtain information about the public's perceptions about our services, to inform future policy and service planning

2.5 There are 6 overriding principles to good complaints handling that will be followed at all times:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionally
5. Putting things right
6. Improving us as a result

3. THE VALUE OF FEEDBACK

3.1 All forms of feedback will help us to:

- Understand what services people value and why;
- Share good practice;
- Make sure we learn and develop in a way which keeps; providing a good service to customers;
- Recognise and reward when our staff “go the extra mile”.

3.2 We believe that listening to our customers' suggestions helps us to improve the way we do things. We welcome any suggestions about how we might do things differently or better, and are committed to taking seriously suggestions for service improvements.

3.3. Complaints give us valuable feedback in our continuing bid to develop high quality services and help to give customers confidence that they will be given a fair hearing within agreed timescales.

3.4 A dedicated Customer Insight team within customer services will receive all compliments and comments for recording and monitoring purposes. The customer insight team will also be notified of an informal complaints that have been resolved locally and all formal complaints will be referred to them to ensure that they are recorded, tracked and monitored, as well as providing the complainant with a single point of contact during the duration of the complaint investigation.

4. WHAT IS A COMPLIMENT, COMMENT or COMPLAINT

4.1 A compliment, for the purpose of this policy, is defined as:

An expression of satisfaction about how well we deliver in services or how helpful an employee has been.

4.2 A comment, for the purpose of this policy, is defined as:

An opinion on how we could improve on the delivery of our services

4.3. A complaint, for the purpose of this policy, is defined as:

An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by us, our staff or contractors.

4.4 It is for the customer to decide whether or not to make a complaint. Any employee however should remember that reporting a fault or a problem is not necessarily a complaint, but may be simply a request for service. Some examples of complaints may be:

- we have not achieved the standard we say we will provide, or
- we have not provided the service to the standard which the customer/service user thinks is reasonable, or
- we are doing something which the customer did not want us to do, or
- we are carrying out our duties in an unsatisfactory way, or
- our staff or contractors are behaving in an unacceptable way (including rudeness, violence or aggression), or
- we fail to do something which we have been asked to do
- We fail to do something which the customer thinks we should have done, even if we were not actually asked to do it.

4.5 Generally speaking, a complaint has to be made within 12 months of an incident happening.

4.6 Specifically for NHS complaints, someone can choose to complain to a commissioner instead of a service provider.

5. COMPLAINTS NOT COVERED BY THIS POLICY AND PROCEDURE

5.1. Complaints that employees may have about us as an employer should be made through the grievance procedure, or other internal channels. However, members of staff have the same rights to complain about our actions or services as other residents or members of the public.

5.2 Internal complaints and compliments are not covered by this policy and procedure.

5.3. This complaints procedure should not be used to deal with an issue which is part of any legal action by or against us.

6.4 The following are covered by different procedures and are exemptions to the complaints policy and procedure, so we may not accept these types of complaints.

- From organisations that we fund about their funding or related issues.
- From employees about issues relating to their employment.
- From councillors, unless they are complaining as ordinary members of the public or as an 'advocate', (representing the interests of someone else).
- Where legal limits are in place, for example:
 - refusing planning permission;
 - school admission or exclusion appeals;
 - cases where legal action has already started;
 - cases covered by our insurance procedures;
 - Where the complaint has already been dealt with in another way
 - Complaints that are being investigated under statutory procedures for children and families.
 - About parking and traffic offences.
 - About refusing to issue disabled badges for parking exemption

6. SUPPORT AND ADVOCACY

6.1 All customers who receive service from Herefordshire Council and NHS Herefordshire, and those who feel they ought to, will have access to information about how to compliment, make a comment or complain about that service.

6.2 The customer service team and Patient Advice and Liaison service can provide valuable advice and support to people who use services, and their representatives, this can include information on NHS, social care and other council services and information on how to complain and how to access independent help or advice.

6.3 For NHS complaints an advocacy service is provided by the independent Complaints Advocacy Service (ICAS).

6.4. If our customers feel or appear to be at any sort of disadvantaged in being able to express themselves, we will offer them the help and support they need to have their concerns listened to and understood. This may include translation or interpretation services, or referral to sources of local independent advocacy and advice.

6.5. Anonymous complaints will be investigated and may be acted upon at our discretion. Should the complainant fear that we will withhold services, or treat them less favourably if they complain openly, we will, if required, assist in finding support outside the service.

7. RIGHTS

7.1 Customers have the right

- to confidentiality (if an investigation cannot proceed without the complainant being identified, the complainant will be given the option whether or not to continue)
- to have any complaint dealt with efficiently and have it properly investigated
- to know the outcome of any investigation into their complaint
- to be kept informed of the progress of their complaints
- to receive an apology if a complaint is upheld
- to be informed of any changes to our policies or procedures arising from a complaint or suggestion
- To take their complaint to an independent Health Service Ombudsman or Local Government Ombudsman if they are not satisfied with the way their complaint has been dealt with.
- to make a claim for judicial review if you think you've been directly affected by an unlawful act or decision of an NHS body, and to receive compensation if you've been harmed

7.2. This complaints policy does not affect the right of an individual or organisation to approach a local councillor or Member of Parliament for advice or assistance. If this results in a complaint being made by or on behalf of an individual, it will be dealt with using this procedure.

7.3. Our staff have the right to be treated with respect and courtesy at all times by both customers and managers.

8. RISK MANAGEMENT

8.1 One of the key aims of this local policy and procedure is to minimise risk to safety and enhance the quality of care provided to patients. This policy therefore is a crucial part of the overall strategy and approach to the management and minimisation of risks identified or arising from comments, compliments, concerns or complaints.

8.2 Specific risks related to the application of this policy and procedures are:

- Delay or failure to respond appropriately to complaints or concerns in accordance with regulations, leaving the organisation open to potential action by the Health Service or Local Government Ombudsman;
- Not addressing concerns raised resulting in loss of public confidence;
- Failing to identify risk or safety issues and address or reduce them;
- Failing to identify trends or recurrent themes identified from comments, complaints or concerns and other forms of service user feedback;
- Failing to build on areas of good practice identified from compliments;

8.3 In accordance with risk management procedures, all complaints will be graded according to risk. The grading system will consider the severity or impact of risk identified within the complaint and the likelihood of this occurring in the future producing an assessment of low, medium, high to significant risk. Any risk identified will be managed in accordance with risk management procedures. All risks identified will be placed onto the risk register.

9. COMPLAINTS AGAINST STAFF

9.1. If a complaint regarding staff actions or behaviour is found to be valid, then the issue will be referred to the appropriate corporate human resource policy/procedure such as the disciplinary procedure and investigated. This will be regarded as an outcome for this complaints procedure.

10. MONITORING, EVALUATION AND REPORTING

10.1. The Customer Insight Unit will keep a record of all complaints, including dates received, acknowledged, responded, category of complaint, actions taken and lessons learned. We will separately monitor complainant profiles in accordance with key equalities criteria.

11. PART 2 - PROCEDURE

MAKING EXPERIENCES COUNT- compliments comments and complaints

Anyone who wishes to make a complaint may do so in person, by telephone, or in writing (by using the form, letter, fax or e-mail.) Complaints need not be made to the actual service which is the subject of the complaint. Any member of staff can accept a complaint. We should encourage the customer to indicate the actions that they feel would resolve the complaint (however, we cannot guarantee to comply).

Complaints in person can be made by calling at any of our Customer Services Centres or other offices/sites. Complainants do not need to call at the place responsible for the service about which they are complaining, although if they do, this may make a quick resolution easier.

Complaints in writing can be made on our complaints form, by letter or fax to the customer insight team, or by e-mail. We will acknowledge complaints within three working days

Compliment

1. If a compliment relating to service delivery is received by any employee, then the individual should forward details of the compliment to the Customer Insight Team for recording (and response if required) within 1 working day of receipt.

Comment

1. A comment is received by any member of staff. Details of the comment should be sent by the employee who received it to the Customer Insight Team for recording and response within 1 working day of receipt.

The complaints procedure has two stages:

Informal complaint

1. If a verbal complaint/feedback/concern is received by any employee all efforts should be made to resolve the issue within one working day. The employee should record the appropriate details on 'informal complaint form' (to be found on intranet) or directly onto the CRM case management system (if you work in customer services) and send to the Customer Insight Team.
2. If the informal complaint is not resolved within 1 working day, then the Customer Insight Team should be contacted for advice regarding the appropriate course of action.

Formal complaint

1. When a formal, serious or written complaint, is received any employee:
2. The employee should report the complaint to Customer Insight Team promptly, ensuring that all the relevant details are recorded on the formal complaints form.

3. The Customer Insight Team will acknowledge the complaint within 3 working days of receipt into the Council or NHS in writing, with an offer to discuss the complaint over the telephone, or in person to identify and agree clearly the points for investigation and the complainant's desired outcomes.
4. The Customer Insight team and relevant service manager/responding officer will undertake a risk assessment of the complaint. If necessary, a consent form and/or authority form is to be signed by the complainant and returned before commencement of investigation.
5. If the complaint involves cross service issues the Customer Insight Team will liaise with the other areas to agree co-ordination plan. At this stage the complainant will meet/speak with Customer Insight Team (and possibly the responding officer) to agree a complaint handling plan for investigation and response.
6. This complaint contract will be recorded for future reference and a copy of the complaint handling plan will be sent to the complainant.
7. The relevant officer or manager or complaints manager will then undertake an investigation in line with the timescale agreed with complainant and recorded in complaint handling plan.
8. The Customer Insight Team maintains contact with the complainant to give advice on progress at regular intervals.
9. The responsible officer or manager will send a draft response letter to the customer insight team at least 3 working days before deadline.
10. The Customer Insight Team will quality check and mail the response with a covering letter to the complainant. Complainants will be advised at this stage that they will have 10 working days to respond if they remain dissatisfied with the outcome.
11. If there is no further communication after the specified 10 working days is received the Customer Insight Team will write to complainant to advise that the matter now closed. A complaint handling survey will be enclosed.
12. Should the complainant indicate that they continue to be dissatisfied the Customer Insight Team will negotiate a way forward to try to resolve the ongoing issue.
13. Complaints should be handled locally with the complaints contract being updated throughout. If a complaint remains unresolved after 60 days then the complainant should refer the complaint to the Health Service Ombudsman or the Local Government Ombudsman.

THE OMBUDSMAN

1. If the complaint is unable to be resolved, and a person is still not satisfied, they can ask for the Health or Local Government Ombudsman to review the matter.
2. For monitoring purposes, the customer insight staff will log the date of receipt by the Council of the LGO request and the date the information is returned to the LGO.

HANDLING UNREASONABLE COMPLAINTS

1. On rare occasions, despite best efforts to resolve a complaint, the person making it can become aggressive or unreasonable. When this occurs staff should follow the separate policy for dealing with unreasonable complainant behaviour.

12. TRAINING, MONITORING AND REPORTING

1. All employees will have information about customer feedback at central induction courses.
2. The Customer Insight Team will provide training to employees on how to deal with complaints, comments and compliments.
3. All complaints, comments and compliments will be recorded on the CRM system for tracking and monitoring purposes.
4. Regular reports will be sent to service areas and senior management indicating numbers of complaints and compliments received, how many are dealt with within the agreed timescale, what service improvements and changes have been made as an outcome to complaints received.

Equality Impact Screening Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Actions
1	Has any base line data been collected on your policy / function and analysed?	Yes	(If no then needs to be identified in full impact assessment as this will need to be collected)
2.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	NO	
	• Race	NO	If yes, is this justifiable, legal and valid? Give reasons.
	• Disability	NO	As above
	• Ethnic origins (including travellers)	NO	As above
	• Nationality	NO	As above
	• Gender	NO	As above
	• Culture	NO	As above
	• Religion or belief	NO	As above
	• Sexual orientation including lesbian, gay and bisexual people	NO	As above
	• Age	NO	As above
3	Is it relevant to the general duty under the equality legislation (1. eliminating discrimination 2. promoting equality of opportunity, 3, promoting good relations)	1/2/3	State which it supports.
4	Is the impact of the policy/guidance likely to be negative?	NO	If yes, why and what actions are you going to take?
5.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
6.	Can we reduce the impact by taking different action?	N/A	
7.	Is there any public concern that the function and policies are being operated in a discriminatory manner?	NO	
8.	Depending on the above answers does a full impact assessment need to be carried out?	NO	
9.	How is this policy going to be monitored and by whom?	Diversity information collected at the point of evaluation and monitored by the Customer Insight Unit	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Corporate Diversity Team who can advise on how to complete a full impact assessment with suggestions as to the action required avoid/reduce this impact.

Environmental (GEM) and Sustainability Checklist

The overarching questions here are

- How will this document impact on our outstanding natural environment?
- Is what is proposed sustainable in the long term?

		Response	Any changes proposed as a result of impacts identified
1	What effect will the document have on carbon/greenhouse gas emissions ¹ ?		
2	How will the operation of the document impact on natural systems? ²		
3	What effect will the document have on the use of resources ³ ?		
4	How would the operation of the document be affected by predictable changes, such as a more unstable climate or increases in the price of oil ⁴ ?		
5	Are there sufficient resources for the provisions set out in the document to be carried out for the foreseeable future?		
6	What effect will the document have on the character of Herefordshire in terms of landscape, buildings, street scene, biodiversity & use of land?		
7	Does the policy enable people to take more responsibility and build their capacity for positive response?		

Please contact the Sustainability Unit if you would like support on either:-

- How to assess impacts the document may have or
- How to adjust the document to reduce negative impacts you have identified – or increase positive benefits.

Please send the completed checklist together with the title and brief description of the assessed document to the Sustainability Unit (gem@herefordshire.gov.uk) ahead of the document's final approval.

¹ Carbon/GHG emissions result from energy use in buildings, transport & release of other pollutants

² Impacts could include fragmentation or degradation of natural habitat, increased water runoff, potential for pollution, threatening environmental limits

³ Including selection and purchase of materials and costs of disposal

⁴ Climate change is likely to lead to hotter summers and more frequent extreme weather events.