

Falkland Islands Government

Department of Health and Social Services



Complaints, Compliments and Comments Policy

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Amendment History

Version	Status	Summary of changes	Date of issue
1:1	Draft	Add 'Client' as well as Patient	April 2009
1:2	Draft	Change FIG Logo	November 2010
1:3	Draft	Change title	July 11
1.4	Final	Ratified by DoHE	October 2011
1.5	Draft	Reviewed and updated	July 2015
1.6	Draft	Reviewed and revised to reference Q-Pulse and FIG corporate policy and procedure – For submission to SMT	
1.6	Active	Presented and approved by SMT. For inclusion on website	December 2022
1.7	Active	Head of Care Services has been added to this policy – no other changes made to the content	August 2024
1.8	Revision	March 2025 – Section 5 'Roles and Responsibilities' modified in line with External Inspection recommendations. Removal of Appendix 1 & 2 – no longer valid. For approval at SMT April 2025	April 2025
1.9	Revision	Addition of Section 4.4 Vexatious Complaints and Annex A providing guidance regarding the categorisation of a complaint as vexatious. Approved at SMT	April 2026

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1. Introduction

Staff members are committed to providing the best possible care for service users. If service users have any concerns about their care or treatment, or that of a relative, we need to know as soon as possible, so we can endeavour to improve the situation.

Positive comments about our services or care received are also very welcome, and provide a great morale booster for staff. They also ensure that we do not make changes that would impact on the positive aspects of our service.

Concerns or complaints about personal care, or the care of a relative, or positive comments about care received, should be brought to the attention of the person in charge of the area concerned in the first instance.

2. Aims

To ensure that there is an identifiable process within the Health and Social Services Department for receiving, recording and investigating complaints, recording compliments and taking note of comments when they are received and that the roles and responsibilities of those involved in dealing with complaints etc. are clearly laid out so that;

- People who are dissatisfied with the service they have received from the department have the opportunity to air their grievance and to receive a response to their concerns;
- Complaints are efficiently and effectively managed within the department;
- Where appropriate, lessons are learnt and action taken to improve the quality of services throughout the department;
- The department operates an effective, fair and rapid complaints response service which treats complainants with courtesy and sympathy and involves them in decisions about how their complaint is handled;
- Compliments received are shared with the relevant department's staff members;
- Comments are looked at and any ideas or suggestions acted upon if appropriate to do so.

3. Definitions

Complaint or concern

A complaint or concern is an expression of dissatisfaction about an act, omission or decision made by the Health and Social Services Department, either verbal or written, and whether justified or not, which requires a response and/or redress.

Informal Complaints

Informal complaints are defined in this policy as those which do not require investigation and a formal written response. This typically arises when a verbal complaint is made which can be addressed and resolved immediately.

Details of the complaint should still be passed to the Line Manager and the Healthcare Governance Manager - HGM (whose role it is to manage the process). In the majority of cases complaints are resolved at this stage.

Formal Complaints

If the response to the informal complaint is not satisfactory or a more formal complaint is appropriate, the complaint should be made in writing.

A formal complaint may be received by letter, complaint form (attached), e-mail, or verbally, in which case it is then documented by the recipient.

A formal complaint is one that cannot be resolved “on the spot” and will usually require investigation.

4. Scope

This policy applies to the handling of complaints, compliments or concerns relating to all services provided by the Department of Health and Social Services (DHSS).

4.1 Who can make a complaint?

Anyone can complain, including children and young people. A family member, carer, friend, or an MLA, can complain on a patient/client’s behalf, but only having obtained their prior permission.

A complaint can be made on behalf of someone else if the person who has grounds to complain:

- has died, or
- is a child, or
- unable make the complaint themselves because of physical or mental capacity, or
- has asked someone else to act on their behalf.

In the case of a third party making a complaint on behalf of the person affected, we will request the following information:

- Name and address of the person making the complaint;
- Name and address of the affected person; and
- Contact details for the affected person (if not deceased) so that we can contact them for confirmation that they consent to a third party acting on their behalf.

This will be documented on Q-Pulse and confirmation will be sent to both the person making the complaint and the person affected

If the Head of Department or the HGM is of the opinion that a representative is not acting in the affected person's best interests, they will notify the representative in writing stating the reasons.

4.2 Children and young people

Under the Falkland Island Constitution 2008 a child means an individual who is under 18 years of age. A parent or guardian can make a complaint on behalf of a child if the DHSS considers that child too young to make the complaint themselves. If the DHSS think the child is old enough to make the complaint themselves a parent or guardian can still make the complaint but the child's permission will be required in order to do so.

4.3 Timescale for making a complaint

A complaint can be made up to twelve months from the date on which the matter that is the subject of the complaint came to the notice of the complainant.

If there are good reasons for not having made the complaint within the above timeframe and, **if it is still possible to investigate the complaint effectively and fairly**, the DHSS may decide to consider the complaint.

4.4 Vexatious Complaints

In certain limited circumstances the Hospital Manager / Head of Care Services / Head of Social Services may decide not to investigate a complaint if the complaint is considered vexatious, for example if the complaint is abusive, frivolous, or has already been addressed in full. Guidance regarding the categorisation of a complaint as vexatious is provided in Annex A. Because the decision to categorise a complaint as vexatious is a serious one, the complainant must be informed in writing of the decision not to investigate the complaint and the reason why.

5. Roles and Responsibilities

5.1 All Staff

All members of staff are expected to deal with a concern raised by a patient, service user, or family member at the time resolving the issue as far as possible. Where the issue cannot be resolved satisfactorily, the member of staff should refer the matter to the relevant Head of Department/Professional Lead for resolution.

Written complaints should be addressed to the Healthcare Governance Manager. A member of staff who receives a written complaint should ensure the complaint is given to the Healthcare Governance Manager by the next working day following receipt.

5.2 Healthcare Governance Manager

Following receipt of a complaint the Healthcare Governance Manager will assess whether the complaint constitutes a serious complaint in which a significant departure from acceptable standards of care is alleged. If the complaint is assessed as being serious it should be forwarded for investigation and response to the Hospital Manager, the Head of Care Services, or the Head of Social Services depending on which area of the directorate the complaint relates to. Ordinary complaints should be forwarded to the responsible Head of Department/Professional Lead for investigation and response.

The Healthcare Governance Manager is responsible for logging all complaints on the quality management system, for monitoring progress in the investigating of complaints and the issuing of responses, and for collating and analysing data regarding complaints.

5.3 Heads of Department / Professionals Leads

Heads of Department/Professional Leads are responsible for acknowledging and investigating complaints concerning their departments/teams and for providing a response to the complaint including explanation and commentary regarding all the concerns raised and any action to be taken in response to the complaint.

Complaints should be acknowledged within five working days of receipt with an intention that the response should be issued within ten working days. Should more than ten working days be required to respond to a complaint an explanation for the delay should be given to the complainant along with an indication of the likely timescale for a response.

If the complainant is dissatisfied with the complaint response the complaint should be referred to the Hospital Manager, Head of Care Services, or the Head of Social Services as appropriate for review of the complaint investigation.

5.4 Hospital Manager / Head of Care Services / Head of Social Services

For their respective areas, the Hospital Manager, Head of Care Services, and the Head of Social Services are responsible for acknowledging and investigating serious complaints, where a significant departure from acceptable standards of care is alleged.

Serious complaints should be acknowledged within two working days of receipt and the complainant informed of the expected timescale to conclude the investigation. Should it take longer than expected to conclude the investigation an explanation should be provided to the complainant along with an indication of when the investigation will be concluded.

For their respective areas, the Hospital Manager, Head of Care Services, and the Head of Social Services are responsible for reviewing complaints when the complainant remains dissatisfied following an investigation undertaken by a Head of Department/Professional Lead.

The review process will involve scrutiny of the original investigation and response and might require further investigation before a further response can be issued. Should a complainant be dissatisfied with the response to a complaint from the Hospital Manager, Head of Care Services, or the Head of Social Services this should be discussed with the Director of Health and Social Services.

The Hospital Manager, Head of Care Services, and the Head of Social Services are responsible for disseminating in their respective areas, on an annual basis, key learnings from complaints which have arisen over the previous year.

For their respective areas, the Hospital Manager, Head of Care Services, and Head of Social Services are responsible for determining if a complaint is vexatious, and therefore not to be investigated, taking into account the guidance in Annex A. Typically, before determining that a complaint is vexatious, the opinion of a senior colleague, or of Government Legal Services, will be sought with regard to the proportionality and reasonableness of the proposed determination.

5.5 Director of Health and Social Services

The Director of Health and Social Services has overall responsibility for ensuring complaints are investigated and acted upon appropriately. This includes reviewing complaint investigations undertaken by the Hospital Manager, Head of Care Services, or the Head of Social Services where the complainant is dissatisfied with the response.

The Director of Health and Social Services is responsible for providing the Health and Medical Services Committee with an annual summary report of all complaints and for providing the Chief Executive with a biannual summary of complaints.

5.6 Caldicott Guardian

The Chief Medical Officer is the Caldicott Guardian – and is responsible for protecting the confidentiality, security and sharing of service user information held by the DHSS.

6. Implementation

The policy will be widely and positively promoted within the organisation, and will ensure that complainants do not feel they will be discriminated against if they make a complaint, but rather that their complaint will help to improve services.

7. Auditable Standards

- Complaints are consistently dealt with within the time frames laid out in this document.
- Any actions arising from complaint outcomes are completed within the agreed time frames.

8. Supporting Documents

Annex A – Guidance regarding the categorisation of a complaint as vexatious

Appendix 1 – Health and Social Services feedback form

FIG Comments, Compliments and Complaints Policy and Procedure (located on Intranet)

Annex A

Guidance regarding the categorisation of a complaint as vexatious

A decision may be made not to investigate a complaint if the complaint is considered to be vexatious. When assessing whether a complaint is vexatious, account should be taken of the context and history of the complaint and the organisation's previous contact relating to the matter. Some characteristics associated with a vexatious complaint are listed below although presence of these characteristics does not necessarily mean the complaint is vexatious. Each case should be considered on its individual merits.

Abusive or aggressive language

The tone or language of the individual's correspondence goes beyond the level of criticism that FIG or its employees should reasonably expect to receive.

Burden on FIG or the taxpayer

The effort required to meet the complaint will be so grossly oppressive in terms of the strain on time and resources, that FIG cannot reasonably be expected to comply, no matter how legitimate the subject matter or valid the intentions of the requester.

Personal grudges

For whatever reason, the individual making the complaint is targeting their correspondence towards a particular employee or office holder against whom they have some personal enmity.

Unreasonable persistence

The individual making the complaint is attempting to reopen an issue which has already been comprehensively addressed by FIG, or otherwise subjected to some form of independent scrutiny.

Unfounded accusations

The individual complaining makes completely unsubstantiated accusations against FIG or specific employees.

Intransigence

The individual complaining takes an unreasonably entrenched position, rejecting attempts to assist and advise out of hand and shows no willingness to engage with FIG.

Frequent or overlapping complaints

The individual complaining submits frequent correspondence about the same issue or sends in new complaints before FIG has had an opportunity to address their earlier complaints.

Deliberate intention to cause annoyance

The individual complaining has explicitly stated that it is their intention to cause disruption to FIG, or is a member of a campaign group whose stated aim is to disrupt FIG.

Scattergun approach

The complaint appears to be part of a completely random approach, lacks any clear focus.

Disproportionate effort

The matter being pursued in the complaint is relatively trivial and FIG would have to expend a disproportionate amount of resources in order to deal with their complaint.

Frivolous complaints

The subject matter is inane or extremely trivial and the individual complaining appears to lack any serious purpose. The complaint is made for the sole purpose of amusement.



Health and Social Services Feedback Form

Please complete and return to the Healthcare Governance Manager KEMH

You will receive acknowledgement within 5 working days of receipt of this form.

Nature of Feedback to improve service (circle):	Compliment	Complaint
Name of person completing the form (optional):	Date:	
Address (optional):	Telephone Number (optional):	
	Email address (optional):	

Details of Feedback

Date and Time of Event:

Place of Event:

Staff member(s) involved (if any):

What happened?

Please explain in your own words giving as much detail as you can, including times and dates and people involved. – continue overleaf if required.

Signature (optional):