PATHOLOGY DIRECTORATE
COUNTESS OF CHESTER HOSPITAL NHS FOUNDAT'N TRUST

STANDARD OPERATING PROCEDURE

THIS IS A CONTROLLED DOCUMENT

TITLE: Complaints, Compliments and User Feedback	**REFERENCE: QMS016**
Area of Application: Pathology	**IMPLEMENTED: 11/06/07**
PREPARED BY: Elaine Norriss / K Holden	**LAST REVIEWED: 01/02/24**
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AUTHORISED BY: Martin Langan	**Version 2.5**
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Health and Safety VDU user regulations

Safety Assessments	Reference Code	HAZARD	RISK
Risk Use of VDU	**See Q Pulse**		LOW
COSHH	**NA**		

Review Details

Date	29/11/09	08/11/11	01/11/13	06.11.15	08.06.17
Initials	EN	JDS	JS	JS	KMH
Date	04.04.18	01.04.2020	30/03/2022	01/02/24	
Initials	KMH	KMH	AA	AA	

Changes made at the last review are highlighted in violet

Instructions for amending controlled documents

1 Discard the current amendment page in your document/manual regarding the document named above and insert this page in its place.

2 Carry out all the instructions as detailed under the most recent date and amendment number shown on the list below

3 All discarded pages should be torn up and thrown away.

Amendment history			
Date	**Details**	**Version No**	**Approved by**
8/11/11	**Section 4 page 4**	**2**	**JDS**
8/11/11	**Section 9 page 6**	**2**	**JDS**
6/11/15	**Section 1,4,8,9 pages 3-5**	**2.1**	**JDS**
8/6/17	**Section 4,7**	**2.2**	**KMH**
4/4/18	**Section 4**	**2.3**	**KMH**
30/03/22	**Changes from Meditech to EPR**	**2.4**	**AA**
01/02/24	**Full document review and changes related to ISO15189:2022**	**2.5**	**AA**

AMENDMENTS TO SOP PRIOR TO SCHEDULED UPDATE –

These must be documented as a 'Change Request' in the electronic document record, and the document owner notified

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TITLE: Complaints, Compliments and User Feedback

0. Policy

Ongoing evaluation and improvement processes are essential to ensure that the service provided by the laboratory meets the needs and requirements of users.
The purpose of assessing user satisfaction and monitoring complaints is to establish that the service provided by the laboratory meets the needs and requirements of users.

1. Scope and Purpose

This procedure sets out how to deal with complaints received by any member of the laboratory staff. This procedure also describes the formal assessment of user satisfaction.

2. Responsibility

It is the responsibility of all laboratory staff, of all grades, to report a complaint from a user, and where appropriate, to lead or assist in the investigation of what went wrong and how to improve by implementation of corrective and preventative measures.

3. Equipment Required

PC with access to EPR+, Q-Pulse, Microsoft Office, Intranet access

4. Procedure

COMPLAINTS

A complaint is defined as any expression of dissatisfaction with the care, services or facilities provided by the Trust that requires a response and may be received verbally as well as via letter or email. Comments, questions, concerns, general enquiries or suggestions are not complaints, although these communications should be recorded and investigated by the Pathology department to allow for possible service improvements.

Any complaint received from a patient or a patient's representative must always be forwarded to the Head of Complaints and PALS who will respond on behalf of the Trust. Further advice on dealing with complaints may be found on SharePoint in the Trust policy PROCEDURE FOR LISTENING AND RESPONDING TO CONCERNS AND COMPLAINTS.

***Formal* (written) complaints must be recorded on Datix by the complaints office staff. If in doubt whether a complaint is formal or not, seek advice from the Quality Manager or Complaints Department.**

1. On receipt of a complaint senior staff and, where applicable, the Departmental Manager and Clinical Lead Consultant must be informed (trainee BMS and support staff must take advice from senior staff).
2. The Pathology department must determine if the complaint relates directly to laboratory services/activities. If the complaint relates to services outside of Pathology, then the complaint should be directed to the appropriate manager for action.
3. For complaints related to Pathology a Trust incident should be opened on the Datix system, and all relevant information included.
4. Complaints related to Pathology will also be recorded on the Pathology Q Pulse system, in the CAPA module (using either the Raise Customer Complaint option accessed via the 'wizard' or the Customer Complaint option accessed via the From Template section). This should prompt the following information to be recorded:
    - A description of the complaint and details of the complainant.
    - Any immediate remedial actions taken to help resolve the complaint.
    - A record of communication for acknowledgment of the complaint with the complainant.
    - A confirmation that a Datix report has been completed (along with the related incident number).
    - A record of the corrective actions which were required and have been actioned to resolve the complaint.
    - Any follow up information related to the resolution of the complaint. This could include information on possible improvements to the service which have arisen from the resolution of the complaint.
    - A record of any further communication with the complainant. The Pathology department will endeavour to provide as much information as possible to the complainant on the resolution of the complaint.
    - A review and closure of the complaint by an appropriately qualified member of staff (who has not been directly involved in the complaint).
5. Any complaint received by Pathology will be thoroughly investigated by an appropriately qualified member of staff (who has not been directly involved in the complaint).
6. Copies of any relevant and supporting documentation should be attached to the non-conformance raised on Q Pulse.

Any complaints received by the Pathology department are reviewed and discussed regularly as part of the Quality Managers report given at the bi-monthly Pathology Quality Meetings.
An annual review of any complaints received forms part of the Pathology Annual Management Review and an annual audit performed by the Pathology Quality Manager looks to determine the effectiveness of any corrective actions and to highlight any trends which can contribute to service improvements.

PATIENTS, USER AND PERSONNEL FEEDBACK

Periodically, a formal assessment/survey will be distributed to the following groups as a means of gathering information which can be used to improve the laboratory processes and services:

- External users including, *as a minimum*, all GP's and all Hospital Consultants.
- Patients using the Pathology service.
- Pathology staff.

The Pathology department will endeavour to carry out each of these surveys once every three years (or sooner if there are areas of concern or a high level of complaint).

The Quality Manager will lead these projects with input from the Pathology Consultants and Departmental Managers.

Each survey created by the Pathology department will be recorded as an audit on the Q Pulse system and all responses gathered will be analysed and any actions that can be taken to improve the Pathology service will be recorded as non-conformances.

The findings and outcomes of these Pathology surveys will be communicated to the service users/Pathology staff as appropriate/where possible.

COMPLIMENTS

The Pathology department will also record on the Q Pulse system, any positive communications and compliments received from service users, patients or personnel (using the Compliments option accessed via the From Template section). This should prompt the following information to be recorded:

- A description of the compliment and from whom it was received.
- Any supporting information related to the compliment.
- Any follow up information (this should include communication to the staff member(s) involved).
- Review and closure.

Any compliments received by the Pathology department are reviewed and discussed regularly as part of the Quality Managers report given at the bi-monthly Pathology Quality Meetings and are highlighted at the Pathology Annual Management Review meeting.

5. Personnel/Training

Medical, scientific and support staff.

6. Training Requirements:

Awareness of the procedure

7. Limitations

Availability of documentation relating to complaints.
Availability of original specimen/samples/request forms.

8. Special Considerations

All users compliments and complaints of the Pathology service should be considered. See notes below.

9. Notes

Laboratory management shall ensure that laboratory services, including appropriate advisory and interpretive services, meet the needs of patients and those using the laboratory services.
Customers and users may include clinicians, health care organisations, third party payment organisations or agencies, pharmaceutical companies, and patients.
Where patients are customers (e.g. when patients have the ability to directly request examinations), changes in service should be reflected in explanatory information and laboratory reports.

10. References

Trust policy on **PROCEDURE FOR LISTENING AND RESPONDING TO CONCERNS AND COMPLAINTS**" (see Trust SharePoint)