



This policy template is provided by Parish Nursing Ministries UK as guidance to churches or Christian organisation with whom we have a current partnership agreement. If used, the template should be adapted to the specific needs of the Church or organisation. The role of PNMUK is described in this had yet to be approved by its Trustees. Partners will be informed of the final version.

## Heath United Reformed Church

### Parish Nursing - Compliments Concerns and Complaints (CCC) Policy

#### 1. Aim of the Policy

Heath United Reformed Church aims to provide a high-quality, responsive, parish nursing service to all who use or work with it. In order to ensure this, we need to welcome every opportunity to monitor and improve our service and having a “complaints concerns and compliments” policy (hereafter CCC Policy) and a clear procedure for resolving complaints is one way of doing this.

#### 2. Scope

The CCC policy is for anyone who comes into contact with the parish nursing service provided by the organisation. By anyone we mean service users – people who access or receive support from the parish nursing service, carers, other health care practitioners, people with care needs, other voluntary groups, statutory agencies and any other member of the public.

As noted in the Dignity in the Workplace Policy, any allegations of harassment bullying or violence at the hands of a parish nurse or organisational volunteer should be initially handled as a serious complaint.

#### 3. Definitions

**3.1 Compliments** Positive feedback on any aspect of the parish nursing service or those involved in its provision and not requiring a formal response.

**3.2 Concerns** General issues that service users wish the organisation and staff to be aware of and be acted upon in order to improve the service but which are not logged as formal complaints

**3.3 Complaints** Negative feedback on any aspect of the parish nursing service or those involved in its provision that require a formal response.

**3.4 Trigger** The experience, event, or incident, which has caused the concern or complaint

**3.4 Lead official** The line manager of the parish nurse or associated volunteers

**3.5 The Leadership Team** The group or team who are responsible for the strategic oversight and governance of the parish nursing service.

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## **4. Responsibilities**

### **4.1 Organisation**

The organisation should ensure that service users know about the policy for compliments, concerns and complaints and that feedback is welcome. Marketing and other forms of user facing information should include brief instructions about how the policy can be accessed.

The organisations should also provide its parish nurse(s) and associated volunteers with training on the policy during staff induction.

The organisation should ensure that handling and processing of data pertaining to compliments concerns or complaints complies with GDPR regulations. Specific details which may identify individuals, be they complainant or staff, will be kept strictly confidential.

The organisation should ensure that reasonable adaptations are made to the procedures described in this policy enabling equal access for those with additional needs.

The Leadership Team will receive information at their meetings on the number of complaints and compliments received in a quarter and information about complaints will be available to the public for inspection.

### **4.2 Parish Nursing Staff**

Parish nurses and volunteers involved in the service should view concerns and complaints as an opportunity for improvement and respond positively and in line with the policy and procedures. Anyone who complains about any aspect of the parish nursing service (providing there has been no bullying harassment or violence towards to staff) must be assured that this will NOT affect any support they are receiving, or may wish to receive, from the parish nursing service

All line-managers and the designated Trustee from the Board will maintain a record of complaints and compliments and these will be reviewed on a regular basis.

### **4.3 Line Managers**

The parish nurse and line manager should review compliments concerns or complaints routinely at one to one management meetings, identifying areas where immediate improvements can be made. A log documenting the number of compliments concerns and complaint received will be kept and then reviewed by the leadership team as part of service governance processes.

### **4.4 Parish Nursing Ministries UK (PNMUK)**

PNMUK can provide their partner organisations with informal advice on clinical and professional issues at stage 1 of the complaint procedure. However they cannot be



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involved in the process beyond stage 1 as they may be required to handle the review the complaint if there is no resolution after stage 3. However if at that stage professional issues pertaining to the role behaviour or actions of the parish nurse(s) are raised they will advise on the appropriate action.

If PNMUK receives a third party complaint about a partner organisation or parish nurse, it will be dealt with in accordance with his or her own complaints policy and procedure. This usually involves informing the complainant that in most cases the complaint will deal with locally by organisation and advising contact. PNMUK will inform the parish nurse or lead official that they have received a complaint. They will also report receipt of a third party complaint to their own leadership group.

The presence and effectiveness of the CCC policy will be reviewed by PNMUK as part of the service accreditation scheme and the log reviewed at the annual quality visit.

## **5. Handling Compliments**

Compliments are valuable, welcome and important and should be encouraged. When they are received, either verbally or in writing or via social media, they will be recorded and used to

- Promote the benefits of our service and parish nursing
- Understand that our service is being provided to the users satisfaction
- Provide positive feedback to our staff
- Influence our organisational and service development

Compliments may be used to publicise our parish nursing services and may shared with Parish Nursing Ministries UK so they can be reviewed as part of our annual quality assurance programme. Any personal identifiable information will be removed from compliments before they are published or shared.

## **6. Handling Concerns and Complaints About Our Service**

Heath United Reformed Church recognises that there times when our staff and volunteers make mistakes, or get things wrong. In order to improve we need to know about them and encourage people to comment or complain. Such comments or complaints will always be taken seriously, recorded and responded to as detailed in the procedure for resolving concerns and complaints set out in this policy

## **7. Procedure for Concerns**

Service users should be encouraged to share any concerns about the service as soon as possible after the 'trigger'.

If possible the parish nurse or volunteer should handle the concern at the point it occurs by speaking directly to the person or persons involved, exploring the issue and agreeing an outcome or action.



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However if a concern is raised in conversations or by letter after the trigger' has occurred, it will be dealt with by the lead parish nurse in a face-to-face or in a follow up telephone meeting. Email can be used to acknowledge letters make arrangements for meeting or exchange documents but does not replace personal contact.

If the service user prefers to report the concern to a third person they can complete Appendix 1 which is sent to the church secretary and who will then initiate contact within 2 weeks of receipt and progress to an agreed outcome or action.

A record of service user concerns should be kept, reported and reviewed routinely by the parish nursing leadership team.

## **8. Procedure of Complaints**

### **8.1 Stage 1 Informal Resolution**

Service users wishing to make a formal complaint should do so in writing to the line manager/church secretary. As with concerns, the complaint handler should seek to resolve the complaint in a face-to-face meeting. The complainant will then receive a letter outlining the issue and the decisions reached and agreed. If it has not been possible to resolve the complaint at Stage 1 the complaint moves to Stage 2.

### **8.2 Stage 2 Formal Complaints**

The complainant should respond to the stage 1 letter in writing requesting that the complaint progresses to stage 2.

**This** letter will be acknowledged by the addressee within 2 working weeks of the date of receipt. The Complaint will be recorded on the formal complaint log.

Once the complaint has been acknowledged it will be fully investigated, by discussion with all individuals involved and a written response provided within 20 working days. If this timeframe is delayed because of holiday or sick leave the complainant will be informed.

If the complaint remains dissatisfied by the response at Stage 2, they should request in writing that the complaint progresses to Stage 3.

### **Stage 3 Escalated Complaints**

At stage 3, a complaint is escalated to the Chair or lead official of the Parish Nursing Leadership Team

On receipt of the letter requesting progression to stage 3, the Chair will appoint a panel that normally meet within 20 working days of the request.



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The complainant will be notified in writing about the time and place of the meeting at least 10 days beforehand to enable attendance. If the first date is not viable a second date can be arranged but should not be delayed.

The review panel will hear representations from the complainant and those who are the subject of the complaint. A representative may accompany both parties but not participate. In accordance with equality opportunities, the procedure may be adjusted to enable access for people with protected characteristics.

The Review Panel will review the representations and inform the complainant of their decisions and the reasons for those decisions in writing within 7 days.

This is the final stage in the organisation's complaints procedure. If the complainant remains dissatisfied with the outcome after stage 3, the issue can be referred to PNMUK as the overseers of quality who, in line with their policy can mediate or arbitrate.