

YORK DIAGNOSTIC IMAGING

Incident and Complaint Management Policy

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Document Control

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Document History

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1.1	Review + Minor Modifications	R Devlin	September 2013
1.2	Header change to YDI	R Devlin	May 2014
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1.4	Review	A Morland	December 2017

1 Referenced Documents

Index	Title	Dated
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1.0 Aim

The aim of this policy is to describe the process for reporting and investigating incidents and complaints.

2.0 Scope

This policy applies to all types of incidents and complaints at York Diagnostic Imaging (YDI) and applies to all patients and staff.

3.0 Responsibilities

- 3.1 The Director has overall responsibility for ensuring that there is an appropriate incident and complaint policy/procedure in place for the reporting of adverse incidents and complaints.
- 3.2 The Director in association with the Registered Manager is responsible for:
 - Reviewing incident/complaint reporting process
 - Conducting and Monitoring investigations into all incidents and complaints
 - Communicating lessons learned
 - Reporting to external agencies
 - Providing appropriate and timely responses as required
 - Ensuring staff know how to report incidents and complaints
 - Ensuring that staff have access to support following a traumatic/stressful incident. (The University of York provide extensive counselling services which staff can access).
- 3.3 All staff have a duty to ensure that
 - They adhere to the relevant procedures.
 - That all the salient details of any complaint are recorded, and reported to their line manager as soon as is practicable.
 - They co-operate fully with any investigation into a complaint or incident.
 - They consider seeking support following a traumatic/stressful incident
- 3.4 If an incident raises concerns regarding an element of clinical practice of another staff member, they are encouraged to raise their concerns directly with their line manager or, if their concern is with their line manager then with the Director at the earliest opportunity.

4.0 Policy

4.1 Definitions

4.1.1 Complaint

A complaint is any communication, verbal or written, received from any source which indicates that service, behaviour or treatment is not of a satisfactory standard, as perceived by the complainant.

4.1.2 Incident

An accident/incident is:

- An unexpected occurrence, that actually caused, or had the potential to cause harm to a patient, member of staff or visitor or damage to property or equipment.
- A security breach e.g. theft from property from staff, patients or visitors.
- A confidentiality breach

4.1.3 Near Miss

An event that had the potential to cause actual harm but was prevented from actually causing harm or damage.

4.1.5 Serious Incident

Any incident from the following list:

- Any event leading to death, serious injury, or was potentially life threatening
- Any incident resulting in injuries reportable to the Health and Safety Executive, CQC, Environment Agency or MHRA
- Any repeated serious complaints about a member of staff
- Any event that involved the incident being reported to the police.
- Resulted in a breach of confidentiality

4.1.6. Duty of Candour

Where an incident is noted or a complaint is made or where any aspect of the service provided goes wrong, there duty of candour to disclose relevant information to those who may be affected.

4.2 Complaint and Incident Management

4.2.1 All complaints will be fully documented and investigated at the earliest opportunity.

4.2.2 All complainants will be treated fairly and the initiation of the complaint will not prejudice any outcomes.

4.2.3 Where a complaint is made verbally the staff member receiving the complaint should make every effort to resolve the issue to the complainants satisfaction at the time the complaint is made. If this is not possible then the complaint should be escalated to the relevant management resource for resolution.

4.2.4 Where a complaint is not resolved immediately the relevant manager should acknowledge receipt of the complaint in writing within 5 working days and should communicate the result of any investigation to the complainant as soon as is reasonably practicable.

- 4.2.5 All communication with the complainant will be archived and documented.
- 4.2.6 All complaints, comments, suggestions and concerns will be recorded.

4.3 Investigating Procedure

- 4.3.1 All investigations will be carried out by the appropriate line manager.
- 4.3.2 The investigating manager will collate all documentary evidence and physical evidence.
- 4.3.3 The investigating manager shall prepare a preliminary report and response which will be discussed with the director prior to issue.

4.4 Reporting to External agencies

Relevant incidents will be reported to the following:

- 4.4.1 Care Quality Commission
- 4.4.2 Health and Safety Executive (RIDDOR)
- 4.4.3 Medicines and Healthcare Advisory Agency (MHRA)
- 4.4.4 Information Commissioners Office, Where there has been a breach of the Data Protection Act..
- 4.4.5 Health Professions Council, where there is an incident involving professional misconduct of a Radiographer.

4.5 Review of Incidents and Complaints

- 4.5.1 All Incidents and Complaints will be reviewed at the service review meetings between the Director and Registered manager.
- 4.5.2 If necessary policies and procedures will be reviewed/amended to prevent recurrence.

4.6 Support for Staff involved in an incident

- 4.6.1 Appropriate immediate and on-going support should be given to staff following an incident where they may have been distressed or traumatised.
- 4.6.2 If the line manager is unable to provide the necessary support, then assistance should be sought from the University of York's counselling services.

5.0 Review

- 5.1 This policy will be reviewed by the Director and Registered Manager on a 3 yearly basis or sooner if deemed necessary.

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Incident and accident report form

Date and time of incident	
Individuals present	
Location	
Injury / Harm	
Damage	
Safeguarding	
External notification required	
Emergency services attended	
Brief factual account	
Further action taken	
Reported by	