



**GREENWICH
HOSPITAL**

SUPPORTING THE ROYAL NAVY SINCE 1694

External Complaints Policy Greenwich Hospital

Version 3.0

Date June 2024

Contents

A. Introduction	3
Objective.....	3
Scope.....	3
B. Procedure	4
1. Making a complaint.....	4
2. Stage 1 – Initial review	4
3. Stage 2 – Formal investigation	5
4. Stage 3 – Advisory Board review.....	5
C. Reporting	6
D. Review and Dissemination	7
Review schedule	7
Version history	7
Communications and Training.....	7

A. Introduction

Objective

Greenwich Hospital ('GH') is committed to the principles of integrity, openness and fairness in all of its dealings, including in the handling of external complaints. We expect most concerns and day to day issues to be addressed quickly by our staff and we welcome the opportunity to do this.

The aim of this Policy is to provide a procedure by which someone can make a complaint in respect of GH and understand how it will be handled when the issue cannot be addressed in the course of normal business.

For the purpose of this Policy, a complaint is defined as any expression of dissatisfaction about any matter arising out of a person's dealings with GH.

This Policy will be made available on the GH website and will be updated from time to time as appropriate.

Responsibility for implementation of this Policy rests with the Director of GH ('the Director').

Scope

For avoidance of doubt, this Policy does not apply if a complaint concerns:

- Issues raised in the course of normal business which are resolved in the course of normal business;
- an issue arising internally between staff employed by GH;
- any matter which is the subject of actual or pending legal proceedings involving GH;
- a person's occupation of a property owned by GH (in which case the dispute resolution provisions of the relevant legal agreement(s) and/or law will apply);
- the grant of a bursary at the Royal Hospital School or the occupation of GH's sheltered housing schemes. The RHS complaints policy can be found [here](#) and the complaints policy in relation to the sheltered housing schemes can be found [here](#);
- any debt owed to GH; and/or
- any matters previously considered and resolved as part of any earlier complaint to GH, whether handled under this Policy or any other relevant complaints handling policy.

If GH receives a complaint to which this Policy does not apply, the position will be explained in writing to the complainant within five working days of receipt.

Any complaint arising out of the way in which a person has been treated by an individual or organisation acting as an agent of GH should be dealt with under the complaints procedure operated by that agent. Only if that procedure has been exhausted without the complaint being satisfactorily resolved will this Policy apply, in which case the complainant may refer the matter to GH.

B. Procedure

1. Making a complaint

- 1.1 Anyone making a complaint must be prepared to provide sufficient information about the circumstances as may reasonably be requested to enable the complaint to be satisfactorily investigated.
- 1.2 If a complaint relates to a specific person at GH, but the complaint is for whatever reason not addressed to that person, he or she will be told about it and given a fair opportunity to respond.
- 1.3 Under this Policy, complaints are handled in three stages:
- Stage 1 – Initial review – by a complainant contacting the person at GH with whom he or she has already had contact about the subject matter of the complaint (this may be the person to whom the complaint relates);
- Stage 2 – Formal investigation – if a complaint remains unresolved, by the complainant contacting the Director or, if the complaint relates to the Director, to GH's Clerk-in-Charge; and
- Stage 3 – Advisory Board review – if the complaint still remains unresolved, by a complainant asking for the Stage 2 decision to be reviewed by three members of the Advisory Board with no prior knowledge of the matter, appointed for that purpose by the Chair or (in his or her absence) the Deputy Chair of the Advisory Board.
- 1.4 Any decision about a complaint reached following the application of the above stages is final, except that in the case of a complaint concerning an issue of professional conduct or competence, the complainant may at any time choose to invoke the complaints procedure of the relevant professional body.

2. Stage 1 – Initial review

- 2.1 In many cases, a complaint will be best resolved, if possible and appropriate, by the person at GH with responsibility for the issue to which the complaint relates. Complaints should be made in writing to the person concerned, or to the Director or Clerk-in-Charge, at the following address:

Greenwich Hospital
3rd Floor,
1-2 Bolt Court
London EC4M 7LG

- 2.2 GH will seek to acknowledge receipt of a complaint in writing within five working days, stating who is conducting the initial review, and by when the complainant can expect to receive a reply. A copy of this Policy will be attached.

- 2.3 Where possible, complainants will receive a comprehensive response to their complaint within a further ten working days. If this is not possible because of the nature or complexity of the complaint, a progress report will be provided within the same timescale, including an indication of when a definitive written reply will be given.
- 2.4 GH's reply will describe the action taken to investigate the complaint, the conclusions drawn, the decision reached, and any action taken as a result of the complaint. The complainant will also be advised of their right to take the matter to Stage 2 if not satisfied.

3. Stage 2 – Formal investigation

- 3.1 If the complainant is not satisfied with the outcome of Stage 1, he or she may write to the Director or, if the complaint relates to the Director, to the Clerk-in-Charge, asking for the Stage 1 outcome to be formally investigated. This should normally be within ten working days of receipt of GH's Stage 1 reply under para 4.4.
- 3.2 The Director or Clerk-in-Charge (as appropriate) will seek to acknowledge receipt of a request for formal investigation in writing within five working days, stating who is dealing with the investigation, and by when the complainant can expect to receive a reply.
- 3.3 The person investigating the complaint at Stage 2 will request a written report and all relevant documentation from the person who dealt with the complaint at Stage 1. Where practical, the person dealing with the complaint will offer to meet with the complainant to discuss the circumstances of the complaint.
- 3.4 The complainant should usually expect to receive a formal written reply within a further fifteen working days. If this is not possible because of the nature or complexity of the complaint, a progress report will be sent within the same timescale, with an indication of when a full reply will be given.
- 3.5 GH's formal reply will describe the further action taken to investigate the complaint, the conclusions drawn, the decision reached and any further action taken. The complainant will also be advised of their right to take the matter to Stage 3 if they so wish.

4. Stage 3 – Advisory Board review

- 4.1 If a complainant remains dissatisfied with the outcome of their complaint, he or she may ask for the Stage 2 outcome to be formally reviewed by a Complaints Review Panel of the GH Advisory Board. This should normally be within ten working days of receipt of GH's formal Stage 2 reply under para 5.5.
- 4.2 The request for a formal review must be made in writing and addressed to the Clerk in Charge, who will seek to acknowledge receipt within five working days.
- 4.3 Within a further ten working days, the complainant will receive written confirmation of which three members of the Advisory Board will deal with the review, how the review will be conducted, and when the complainant can expect to receive a reply. The members of the Advisory Board concerned ('the reviewers') will have had no previous knowledge of or involvement with the matter.
- 4.4 The person who has dealt with the complaint at Stage 2 will provide a report to the reviewers, which will be copied to the complainant. The complainant will have the opportunity to

comment on this report if they so wish. The reviewers may ask for further written submissions from the complainant and/or GH staff, each being given the opportunity to comment on the submissions of the other. The reviewers may also decide to hold a meeting, which the complainant and any relevant staff may be invited to attend.

- 4.5 The complainant should expect to receive a definitive written reply within fifteen working days of the reviewers being provided with all the information requested, or of the meeting with the complainant if called. If this is not possible because of the nature or complexity of the complaint, a progress report will be sent within the same timescale, with an indication of when a full reply will be given.
- 4.6 Whether the review upholds the complaint or not, the written decision of the reviewers will describe how the review has been conducted, the decision reached and any action taken, or recommendations made, as a result of the review.
- 4.7 The decision taken by the reviewers at Stage 3 is final.

C. Reporting

A report of any complaints and of their handling will be made to the Director, to the GH Senior Leadership Team, and annually to the Audit Committee.

Any complaints formally investigated under Stage 2 of the procedure set out above will be reported annually in anonymised form to the Advisory Board, on behalf of the Secretary of State for Defence acting in execution of the Greenwich Hospital Acts 1865 to 1996.

D. Review and Dissemination

Review schedule

Review interval <i>(delete as appropriate)</i>	Next review due by	Next review start
Triennial	April 2025	March 2025

Version history

Version	Date	Approved by	Notes
2.0	April 2022	SMT	Original Author: John Tyson Reviewed: Kate Hygate
3.0	June 2024	Audit Cttee	Reviewer: Kate Hygate

Communications and Training

Will this document be publicised through Internal Communications?	Yes	It will be published on GH website and on the Bridge
Will training needs arise from this policy?	Yes	All staff to be made aware of procedure