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**ST CATHERINE'S
HOSPICE**

Complaints Policy

Document Control Table

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POL 24 v1 (Feb 2015)	October 2015	JA, Q&I Manager	Amendments made to 6.1 and 6.3 to ensure policy adequately covers complaints made via social media
POL 24 v2 (Oct 2015)	April 2016	JA, Q&I Manager	Amendments made prior to introduction of Datix (inc change to timeframe from 28 days to 25 days)
POL 24 v3 (April 2016)	Jan 2017	JA, Q&I Manager	Additional guidance added to section 6.3 to clarify procedure for dealing with OOH clinical complaints made via social media
POL 24 v4 (Jan 2017)	Feb 2018	JA, Q&R Manager	Scheduled review; minor changes (eg updated job titles and update contact details in appendix 3)

Associated Documents

Problem solving procedure for volunteers
Grievance policy and procedure
Raising a serious concern policy
Incident management policy
Duty of Candour policy

References

- Francis, R. 2013. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. <http://www.midstaffpublicinquiry.com/> (accessed 8/1/15)

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2. Healthwatch England. 2014. *Suffering in silence - Listening to consumer experiences of the health and social care complaints system*. <http://www.healthwatch.co.uk/complaints/report> (accessed 8/1/15)

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1. Introduction

"A health service that does not listen to complaints is unlikely to reflect its patients' needs". Sir Robert Francis QC¹

St Catherine's Hospice strives to ensure that all its services are delivered to a consistently high standard. However, there may be occasions when service users' or other stakeholders' expectations are not met. Making a complaint is one way that people can make their views known when our services fall short of their expectations.

As well as providing resolution for individuals, complaints offer health and social care providers invaluable learning opportunities:

- they provide vital information about whether services are performing for the people they are set up to serve
- they hold the potential to act as an early warning system that can help prevent further problems
- they are vital in supporting the improvement of standards and services.

Making a complaint can be difficult, particularly for those who are unwell, have been bereaved or are feeling vulnerable: for this reason the system needs to be simple, compassionate and responsive to those making the complaints.

2. Scope of policy

This policy sets out the way in which all complaints (both verbal and written) received from service users and other stakeholders of St Catherine's Hospice will be handled.

This policy applies to **all** areas of the organisation.

This policy does not cover volunteer or staff concerns or grievance - see Frontsheet 'Associated Documents ' for further information.

3. Definitions

A complaint is...	...a clear expression of dissatisfaction about the hospice: about services or activities, or about behaviour or events witnessed, whether justified or not. A complaint can be made verbally or in writing, and can be made by anyone about any aspect of the hospice.
A concern is...	...feedback or a remark from a service user or other stakeholder which appears to express unease or unhappiness about the hospice or any of its services or activities. Clarification should be sought as to whether the person raising the concern wishes to receive a response, and if they would like their concern to be registered formally.
A suggestion is...	...a comment proposing changes to the services, activities or any other aspect of the hospice.

¹ Robert Francis QC (February 2013) Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry

4. Policy statement & aims

St Catherine's Hospice is committed to providing a service that is safe, effective, caring, responsive and well-led. We welcome all feedback, recognising that it allows us to see St Catherine's Hospice as others see it. We will actively listen and respond to all complaints, concerns and suggestions, and learn from them. In the best interests of the organisation and all its users and stakeholders, complaints will be managed promptly and professionally and a resolution secured as quickly as possible.

Aims of the policy

1. Making a complaint is as straightforward as possible

- People have access to clear, up-to-date, consistent information on how to complain (clearly displayed in all settings, including on website)
- All staff understand that everyone has the right to complain (including 'worried bystanders'/third parties)
- There is a 'no wrong door' approach: it is the responsibility of St Catherine's Hospice staff, not the complainant, to ensure the complaint is routed to the right person to get it resolved.
- Verbal and written complaints are treated with equal seriousness.

2. A timely and compassionate response is provided to everyone who makes a complaint

- All complaints receive an acknowledgment and an appropriate response within agreed timeframe
- All communications acknowledge the person's experience and outline what they can expect from the hospice complaints procedure;
- All communications use plain language to aid communication and understanding;
- Whenever it is appropriate, people making a complaint will receive an apology.
- All staff know how to handle complaints and are equipped to respond appropriately to all concerns and complaints.
- People making a complaint feel that they have been heard and are confident that their complaint will be managed compassionately and professionally, and that they will not be discriminated against as a result of raising a complaint.

3. Complaints are used to identify and implement improvements

- In every case, the root cause of the complaint is identified and remedial action taken where appropriate.
- Themes are identified and addressed at team/department/organisation level as appropriate.
- Summary details of complaints received and actions taken are disseminated throughout the organisation, and communicated to stakeholders (via website).

5. Accountability and responsibility

The **Chief Executive** is accountable for the implementation of this policy.

The **Quality & Risk Manager** is the owner of this policy and will act as the complaints administrator, keeping an overview and ensuring that all complaints are logged and tracked; and that reviews are conducted, themes identified and learning disseminated.

All managers are responsible for:

- managing any complaints that are assigned to them, for ensuring that investigations are conducted appropriately and within required timeframes
- ensuring that action and learning from complaints are taken forward as required
- ensuring that their team members know how to report a complaint.

All staff are responsible for recognising and promptly reporting complaints so that they can be managed appropriately.

6. Complaints Procedure

[see Appendices 1 - 3 for flowcharts and further guidance]

6.1 Making a complaint

People can make a complaint in any way they choose, including:

- in writing by letter, fax, e-mail, via our website or via social media platforms (such as facebook or twitter)
- verbally by telephone or in person to any member of staff.

Should a complaint be received by a volunteer, it is their responsibility to seek an appropriate member of staff who will implement the complaints procedure in full.

6.2 Verbal complaints

- The staff member receiving the complaint must log it using the Datix system as soon as possible but within no more than 72 hours of receiving it
- The staff member receiving the complaint must give a clear acknowledgement to the complainant - at the point the complaint is received - that their expectations of our service have not been met and, wherever appropriate, give an apology.
- All complainants should be offered a copy of this policy as soon as possible after making a complaint.
- If appropriate, and based on the information received from the complainant, immediate remedial action should be taken.
- The complaints administrator will - via Datix - inform the relevant manager and assign them as the handler of the complaint (ie the person responsible for ensuring the complaint is investigated and managed to closure)
- The manager assigned as complaint handler will ensure an investigation is carried out (either by themselves or by the person they appoint as investigator) and the complaint record on Datix completed as appropriate.
- Following completion of investigation, a response (written or verbal) must be provided within 25 days of receipt of the complaint - unless the complainant expresses a wish for no further contact on this matter. Whether a written or verbal response to be determined by the handler in consultation with the complaints administrator (Q&R Manager) If a written response required, the letter to be drafted and sent by the manager appointed as complaint handler.
- A copy of any written response must be uploaded to Datix to form part of the complaint record.

6.3 Written complaints

- All written complaints received by StCH must be forwarded to the Q&R Manager (the complaints administrator) for logging as soon as they are received; in the Q&R Manager's absence, complaints must be forwarded to a member of the Quality Team.
- The Quality & Risk Manager will
 - a) send a written acknowledgement to the complainant within 5 days outlining the complaints process and offering to provide a copy of this policy;
 - b) inform the relevant manager (via Datix) and assign them as the handler of the complaint (ie the person responsible for ensuring the complaint is investigated and managed to closure)
- The manager assigned as complaint handler will ensure an investigation is carried out (either by themselves or by the person they appoint as investigator) and the complaint record on Datix completed as appropriate.
- Following completion of investigation, a written response must be sent (within 25 days of receipt of the complaint). The letter to be drafted and sent by the manager appointed as complaint handler. The letter will address all the points raised by complainant, and communicate whether/how StCH

will respond to these points, and/or what actions St Catherine's Hospice has already taken as a result.

- Occasionally it may not be possible to conclude an investigation and respond within 25 days. In these circumstances the handler will send a holding letter, informing the complainant of the reasons for the delay and the expected response date.
- Copies of all documentation (including the response letter and any other correspondence with the complainant and notes from any meetings) must be uploaded to Datix by the complaint handler.

6.4 Complaints made via social media

- With complaints made via social media platforms which are regularly and frequently monitored (such as facebook and twitter), an acknowledgement of the complaint will be posted on the relevant platform within 24 hours by the StCH Communications Team. This acknowledgement will include a request to contact the hospice offline to discuss how the complainant would like to proceed. The Communications Team will then forward the complaint to the Q&R Manager and the normal process for handling complaints will then be followed. If the complaint is posted out of hours, the Communications Team will also alert the on-call SMT member as soon as possible.
- With *clinical* complaints made via social media *out of hours*, the StCH Communications Team will contact the consultant on call (if an StCH consultant) to assess whether an urgent clinical response is needed. If the consultant on call is a SaSH consultant, then the Communications Team will in the first instance contact the SMT member on call who will liaise with the SaSH consultant. (The on call rota is annotated so that it is clear which are StCH and which are SaSH consultants).

6.5 Escalation

If the above steps do not bring resolution, the following steps will be taken:

- If the complainant is not satisfied that all aspects of their complaint have been addressed and wishes to escalate it, the complainant should be directed to the Quality & Risk Manager. The Quality & Risk Manager will offer the complainant a second investigation.
- Secondary investigations will be conducted by a Senior Manager, as appointed by the Chief Executive.
- Secondary investigations will be completed within 25 days of receipt of the complainant's request for the complaint to be escalated.

6.6 Complaints involving more than one organisation

Where St Catherine's Hospice receives the complaint:

- Where a complaint received by St Catherine's Hospice cites one or more other organisations, St Catherine's Hospice will, in effect, be the lead organisation, coordinating the investigation and response, ensuring that the complainant receives a written acknowledgement and full response within the normal agreed timeframe.
- The manager assigned as complaint handler will inform all other cited organisations of the complaint within 5 days and request their response to the relevant aspects of the complaint.

Where St Catherine's Hospice is referenced in a complaint received by another organisation:

- All complaints to be forwarded to the Quality & Risk Manager for logging as soon as they are received.
- The Quality & Risk Manager will
 - a) send a written acknowledgement to the 'lead organisation' within 5 days.
 - b) inform the relevant manager (via Datix) and assign them as the handler of the complaint (ie the person responsible for ensuring the complaint is investigated and managed to closure)
- The handler will ensure an appropriate investigation is carried out (either by themselves or by an appropriate person they have appointed as investigator) and will draft a full, written response to be sent to the lead organisation within 25 days of receipt of the complaint. Occasionally it may not be possible to conclude an investigation and respond within 25 days. In these circumstances the

handler will send a holding letter, informing the lead organisation of the reasons for the delay and the expected response date.

- Copies of all documentation (including correspondence with any relevant organisations and notes from any meetings) must be uploaded to Datix by the manager assigned as complaint handler.

6.7 Unresolved Complaints and independent advice

In the event that a complainant is not satisfied that we have resolved their complaint after proceeding through the complaints procedure, or if independent advice is required at any stage of the complaints process, they should be referred to the appropriate regulatory body [see Appendix 3].

6.8 Complaints made via surveys or questionnaires

Service user feedback mechanisms, like surveys or questionnaires, can provide useful information about how well StCH meets the needs and expectations of those people who use our services. Some people may choose this method alone to express their unhappiness or concerns with StCH; it is therefore important that StCH recognises these expressions of dissatisfaction and uses them to identify if and how we can improve our services:

- any negative (or potentially negative) comments made by service users in surveys or questionnaires returned to StCH must be forwarded to Q&R Manager; it is the responsibility of the relevant service lead to ensure this is done.
- where the survey/questionnaire response is anonymous, the comments should be analysed and any potential learning and required action identified; the Quality & Risk Manager to feed this back to relevant service lead/manager
- where respondent's contact details are available, the Quality & Risk Manager to follow up with the respondent and offer the option of taking the matter through the complaints procedure.

7. Carrying out an investigation

- The investigation will be carried out by the manager assigned as complaints handler, or by the person nominated by them.
- Investigations should be both proportionate and sufficiently thorough with all details recorded on Datix, ensuring that the record provides a complete audit trail of the steps taken, discussions/meetings held and decisions made.
- An offer to meet or have a telephone conversation with the complainant should be made so the complainant has the opportunity to discuss the nature of their complaint, provide further details and indicate what sort of resolution they are looking for. Which staff should attend this meeting will be decided following discussion with the relevant manager.
- The investigation should aim to provide a clear factual account of what happened, and cover all the issues the complainant raised.
- The investigation will focus on issues and solutions, not personalities or emotions.
- Interviews with all relevant staff should be conducted and a written report of each made.
- In the case of serious or complex complaint cases it may also be necessary to ask staff to provide written statements. The investigator should ensure that staff are aware of and have access to *Appendix 2 - guidelines for staff on preparation of statements*

8. Dissemination

- All staff and volunteers will be made aware of the Complaints Policy and Procedure as part of their induction.
- All managers will receive training on conducting investigations.

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- A copy of the complaints policy and procedure will be available on the St Catherine's Hospice website.
- Information for services user (and other stakeholders) on how to make a complaint will be included on key patient/carer information leaflets and on the hospice website.

9. Monitoring and review

To ensure that StCH learns from the complaints it receives and uses them to identify and implement improvements, the following will happen:

- the complaint handler will record all learning outcomes on the complaint record on Datix, including any actions already taken and any further actions required to implement improvements
- Q&R Manager will report quarterly on performance and analysis of outcomes (including identified themes, learning points, resulting service improvements) to SMT and the Quality & Safety Committee
- Q&R Manager will carry out regular audits to monitor implementation of actions/improvements, following up with relevant managers as required.
- Q&R Manager will publicise complaints data and resulting service improvements on annual basis via the StCH website.

Policy Impact Assessment

The impact assessment is used to ensure:

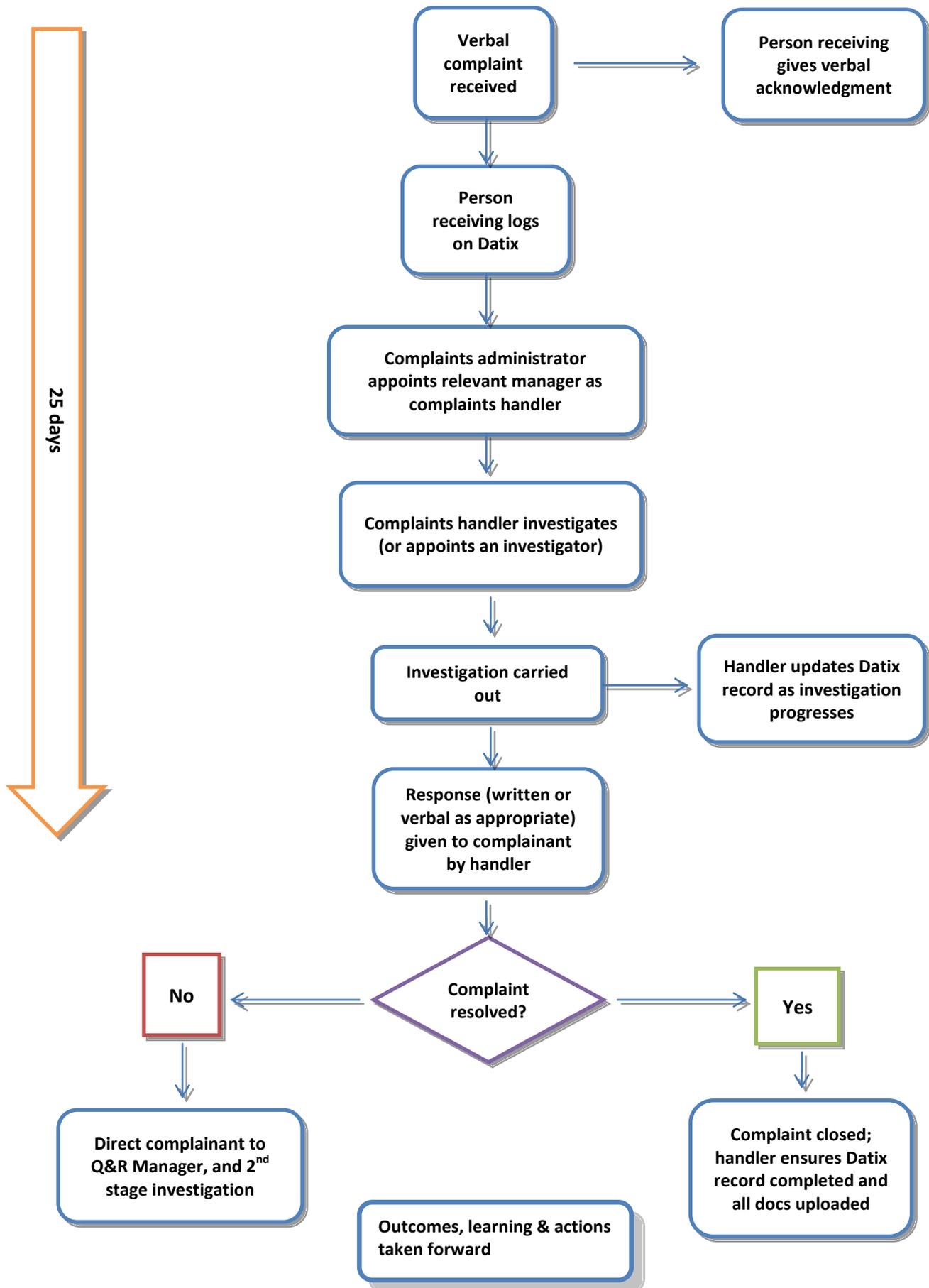
- we do not inadvertently discriminate as a service provider or as an employer
- that the information governance implications of any changes in the way we work, implicit in any new policies or revisions to existing policies, are considered and addressed appropriately.

To be completed and attached to all policies when submitted to the appropriate committee for consideration and approval.

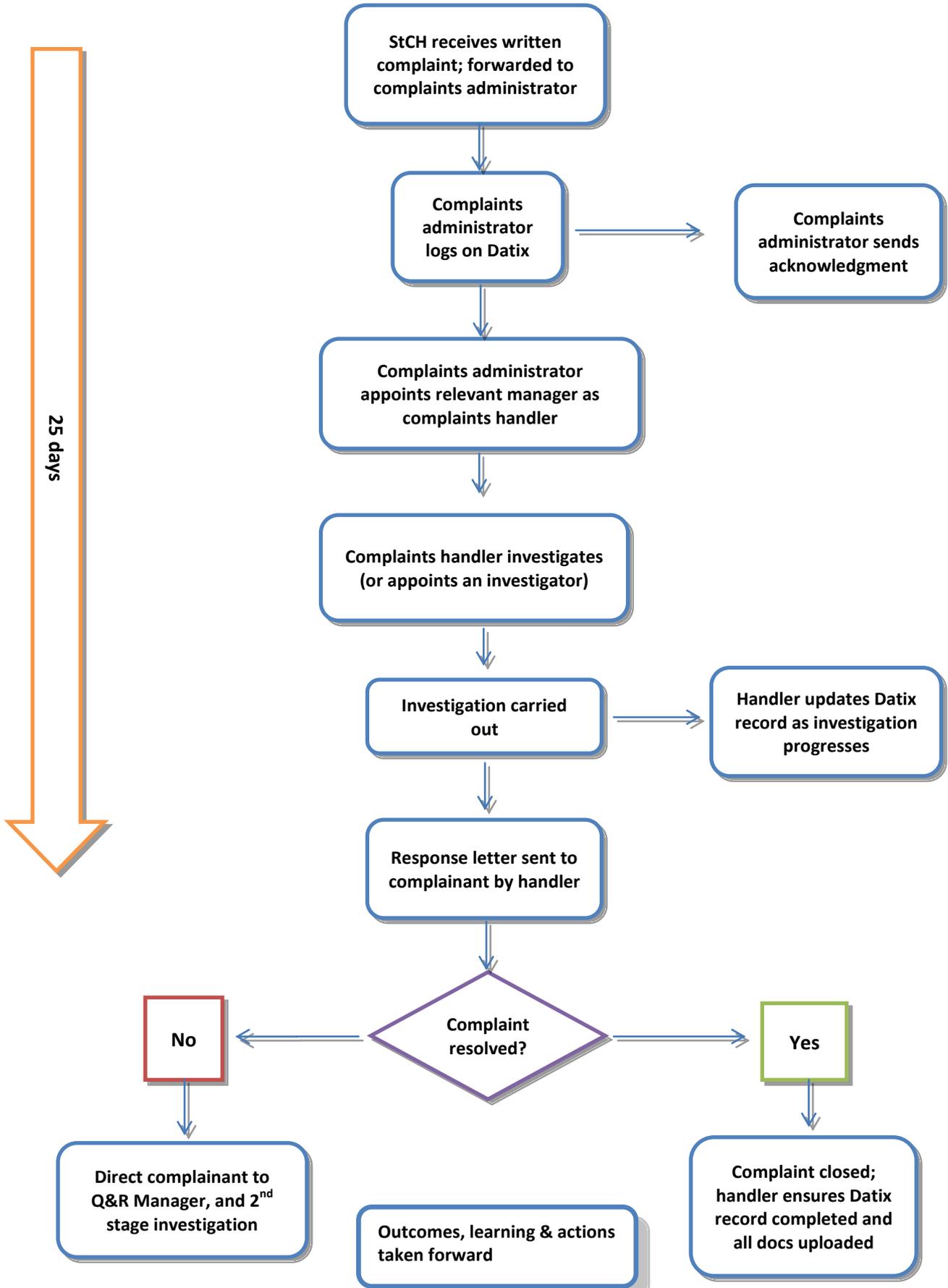
		Yes/No	Comments
1.	Equality Impact		
a.	Does the policy affect one group more or less favourably than another on the basis of - race - ethnic origins - nationality - gender - culture - religion or belief - sexual orientation (including lesbian, gay & bisexual people) - age - disability (eg physical, sensory or learning) - mental health	N	
b.	If potential discrimination has been highlighted, are any exceptions valid, legal and/or justifiable?	n/a	
c.	Is the impact of the policy likely to be negative? If so, can the impact be avoided or reduced?	n/a	
2.	Information Governance Impact		
a.	Is the policy (or any of its associated procedures) likely to have an adverse impact on: - information quality - information security - confidentiality - data protection requirements	N	
b.	If so, have these issues already been raised with the Information Governance Group? What action has been agreed?	n/a	

For advice in respect of answering the above questions, please contact any one of the following:

Appendix 1a - Verbal complaint flowchart



Appendix 1b - Written complaint flowchart



Appendix 2 - guidelines for staff on preparation of statements

Use this checklist for good practice and recommendations of what you should and should not include in your statement.

- State your professional qualifications and the basis for the statement. State what is personal recollection and what can be corroborated as fact, e.g. reference to health care records, reports, procedures or standards.
- Relate the facts from the beginning and keep in strict chronological order, giving precise dates and times (be consistent use am or pm or 24 hour clock). Be clear about the times you were on and off duty on the days in question and about what you saw and heard. Include your professional/service involvement, as appropriate.
- Don't assume that the reader knows anything of the facts of the case, such as a patient's medical history, your environment or StCH routines and procedures. The statement will therefore be a factual 'story' which tells the reader the circumstances of an incident as you remember them.
- Explain any specific procedures (clinical and non-clinical) and avoid general statements such as 'routine observations were made'. If normal procedures were not followed, explain what is normal and then why there was a departure from the accepted procedure.
- Do not speculate, elaborate or exaggerate.
- Remember that you could be challenged on the content and details of your account, and your statement could be used in defending a legal claim.
- Expert witnesses have specialist knowledge in a particular field that qualifies them to give an informed opinion based on the facts of a case. If you are making a statement as an expert witness, never comment on matters outside your particular area of knowledge or expertise. It is acceptable to form a view based on your professional judgement. Document the facts or evidence on which you based your conclusion. Relate how this impacts on patient care or service levels. Avoid giving opinions or making judgements that you cannot support by factual evidence or corroboration. You can reflect on what you have observed to be usual practice or experience.
- Hearsay is second hand, rather than first hand, evidence. It can be admissible in certain legal proceedings, but it must be clear that it is hearsay evidence. Only relate what you were told (third party information) as you have no way of verifying the accuracy of others' accounts.
- Write your statement in simple terms and avoid jargon or official language, be as brief as possible while covering all the essential points.
- Avoid emotional language.
- Include references to documents, papers, books or notes, and where to find them, if relevant.
- Always sign your statement and give your full name and job title below your signature together with the date on which it was signed.

General format

- All pages must be numbered.
- Write in the first person (ie I, me)
- Have your statement typed

Front page

- Your name
- Your occupation or job title
- Your professional address
- Subject of statement (e.g. patient/client X at what incident/location)

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Appendix 3: Regulatory and other reference bodies

Patient services:

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Tel: 03000 616161
enquiries@cac.org.uk

Parliamentary and Health Service Ombudsman
Helpline: 0345 015 4033
<https://www.ombudsman.org.uk/about-us/contact-us>

Healthwatch Surrey
Helpdesk: 0303 303 0023
<https://www.healthwatchsurrey.co.uk/contact/>

Healthwatch West Sussex
Billingshurst Community Centre
Roman Way
RH149QW
Tel: 0300 012 0122
Helpdesk@healthwatchwestsussex.co.uk

Financial Services:

Charity Commission Direct
PO Box 211
Bootle
Liverpool
L20 7YX
Tel: 03000 669197
enquiries@charitycommission.gov.uk

Fundraising:

Fundraising Regulator
2nd Floor, CAN Mezzanine Building
49-51 East Road
London
N1 6AH
Tel: 0300 999 3407
enquiries@fundraisingregulator.org.uk

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Trading:

Charity Retail Association
356 Holloway Road
London N7 6PA
Tel: 020 7697 4080
mail@charityretail.org.uk

Lottery:

Gambling Commission
Victoria Square House
Victoria Square
Birmingham
B2 4BP
Tel: 0121 230 6666
info@gamblingcommission.gov.uk

Independent Betting Adjudication Service
PO Box 62639
London
EC3P 3AS
Tel:020 7347 5883
adjudication@ibas-uk.co.uk