

Complaints Policy

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Approved by: Board of Trustees

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1. Policy Statement

St Nicholas Hospice Care is keen to receive any communication about the services and activities it provides and is responsible for. It recognises that complaints are a very valid and important way of monitoring the activities of the organisation and an excellent way to ensure there are changes made to improve practices.

St Nicholas Hospice Care does not differentiate between formal and informal complaints and believes that anything from a concern to a complaint about the organisation should be responded to and any actions, practice and systems are improved and developed accordingly.

This policy sets out the arrangements for handling complaints sensitively, promptly and efficiently and reflects St Nicholas Hospice Care's commitment to provide a fair, impartial and transparent system responsive to public need, always applying Duty of Candour.

St Nicholas Hospice Care believes that everyone in the organisation has a responsibility to be able to handle complaints effectively, learn from them and improve.

2. Introduction

St Nicholas Hospice Care is an independent charity delivering care, advice and support to people in the final chapters of their life, and their families within the communities of West Suffolk and Thetford.

The work of the hospice is delivered by specially trained staff, supported by a large team of volunteers.

The organisation includes an Education Department that delivers training to the local community; an Income Generation Department that manages a range of fundraising and retail activities.

St Nicholas Hospice Care believes the most successful organisations are those that have moved toward a culture that perceives complaints or concerns as an opportunity rather than a threat, providing the chance to restore the Hospice's image as a fair and honest organisation prepared to listen to those using its services.

Those who complain will not be seen as adversaries or a nuisance but as a valuable source of feedback on service delivery. In order to provide effective services it is essential to develop a positive approach treating those who complain in an open helpful manner, providing fair and equitable remedies clearly linked to service improvements.

The Complaints Policy is not for dealing with:

- Staff grievances and issues. Such matters will be dealt with through personnel policies and procedures.
- Disciplinary matters. However, if any aspect of the complaint investigation identifies a staff performance issue the disciplinary process will be followed.
- Claims for compensation.

The policy outlines how complaints are managed, organised and how the process is put into practice at St Nicholas Hospice Care. The aim is to ensure that all complainants are properly and effectively treated and responded to and that any and all learning is used to support future practice and quality development.

3. Definitions

A complaint is “an expression of dissatisfaction requiring a response” Citizen's Charter Complaints Task Force.

Activities include hospice care, retail, fundraising or any other activity that the hospice engages in as part of its charitable activity.

Duty of Candour Regulation 20 of Health and Social Care Act. This regulation ensures that providers of health and social care services are open and transparent with people who use services and other ‘relevant persons’ (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.

Providers must promote a culture that encourages candour, openness and honesty at all levels. This should be an integral part of a culture of safety that supports organisational and personal learning. There should also be a commitment to being open and transparent at board level, or its equivalent such as a governing body. (See Appendix 7 Duty of Candour Guidance)

3.1 Publicity

St Nicholas Hospice Care will ensure that information relating to the complaints process is available throughout the organisation in the form of a leaflet or poster and on the hospice's website.

3.2 Who can complain?

People can complain about any of the hospices activities outlined in the definitions. People themselves or a representative e.g. family member, friend, Member of Parliament or other agency on behalf of the person, can raise complaints and concerns. When making a complaint on behalf of another, it is important that the person is acting with the knowledge and consent of the person concerned. If there is any doubt, the person concerned should be asked to give written consent.

Complaints can be made by a person acting on behalf of a patient who has died, a child, or a patient who is unable by reason of physical or mental incapacity to make the complaint himself/herself. In the case of a person who has died or who is incapable, their representative must be a relative or other person who, in the opinion of the Department Manager, had or has a “sufficient interest” in his/her welfare and is a suitable person to act as representative.

In the case of a child, a suitable representative would normally be a parent, guardian or other adult person who has care of the child, or one who is authorised by the local authority/voluntary organisation in the case of children in care.

3.3 Categorisation of complaints

Any complaint at any level may lead to litigation.

Low – This category combines minimal or no impact (see Appendix 7) and includes any risk to the provision of healthcare or other activities of the organisation.

Moderate - Potential to impact on service provision/delivery or other activities. Legitimate consumer concern, but not causing lasting detriment.

Severe - Significant issues of standards, quality of care, or denial of rights. Serious adverse events, long-term damage, grossly substandard care or service, professional misconduct or death that require investigation. Serious safety issues. Complaints with clear quality assurance or risk management implications, or issues causing lasting detriment that require investigation.

In relation to Duty of Candour the above categorisation of complaints is expanded as follows:

Low: Impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm

Impact not prevented – any patient safety incident that ran to completion but no harm occurred.

Any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons.

Moderate: Any patient safety incident that resulted in a moderate increase in treatment (e.g. increase in length of stay by 4 – 15 days) and which caused significant but not permanent harm, to one or more persons

Severe: Any patient safety incident that resulted in the death of one or more persons.

Death: Any patient safety incident that directly resulted in the death of one or more persons.

4. Responsibilities and Accountability

This section outlines everyone's specific responsibilities which, when followed, will ensure that complaints are responded to appropriately and staff are aware of their responsibilities.

4.1 Officer (CEO)

The Chief Executive Officer (CEO) has overall responsibility for the strategic and operational management of St Nicholas Hospice Care, including ensuring that this policy complies with all legal, statutory and good practice guidance requirements.

The CEO has specific responsibility for monitoring the response and investigation of all complaints and keeping the Board of Trustees informed.

All complaints are reported to relevant Board Committees and tabled at the Board of Trustee meetings. The numbers of complaints form part of the quarterly CEO report to the Trustees. Any action plans following what is deemed by the CEO to be a serious complaint will be forwarded immediately to Trustees for information and comment.

4.2 Directors

All Directors can act as the Investigating Officer and are responsible for the investigation of *moderate or severe* complaints within their Directorate and will work with the CEO to ensure satisfactory resolution of the complaint. Directors may be called upon to investigate complaints in other Directorates.

4.3 Department Managers

All Department Managers can act as the Investigating Officer and responsible for investigation of complaints within the categories *low to moderate*, within their department and will work with their Director to ensure satisfactory resolution of the complaint. Managers may be called upon to investigate complaints in other departments.

Department Managers should ensure that support is made available for members of staff involved in a complaint.

4.4 Employees

All staff are responsible for co-operating with the development and implementation of the Complaints Policy as part of their normal duties and responsibilities.

5. Procedures and Implementation

See Appendix 2 for detailed procedures and Appendix 3 for a Complaint Flowchart

5.1 Receipt of a complaint or concern

Many complaints or concerns are likely to be verbal comments made to front line staff, in person or by telephone. Others may be received by letter, via the attached complaints, compliments and comments leaflet or by electronic communication.

5.2 Timing of a complaint

A complaint should normally be brought within six months of the event(s) concerned or within six months of the subject matter of the complaint coming to the attention of the complainant. There is discretion to waive this time limit if there are good reasons why the complaint could not be made sooner.

5.3 Investigating a complaint

The Department Manager/ Director will investigate the complaint as the Investigating Officer in consultation with the Chief Executive. There may be occasions when the Investigating Officer is the Manager of another Department, the decision to do this will be made by the CEO.

5.4 Learning from a complaint

St Nicholas Hospice Care will ensure that it:

- Reviews and analyses concerns and complaints it receives about its services and activities
- Takes action to improve issues as a result of individual complaints or concerns
- Takes action to improve service delivery or activities as a result of analysis of trends from complaints data
- Reports the number, type and outcome of complaints received. These reports will be available for the Board of Trustees and relevant Sub Committees and made available to staff.

6. Related Policies / Guidelines

Risk Management Policy
Grievance Policy
Disciplinary Policy
Dignity at Work Policy
Data Management Policy

7. Monitoring and Review

The Directors and CEO will use a variety of measures and indicators to monitor the effectiveness of this policy. This policy will be reviewed after 3 years and amended as necessary to ensure that it still reflects our activities, current legislation and healthcare best practice.

8. Statutory Compliance and Evidence Referenced

Health and Social Care Act
Regulation 20: Duty of Candour. Health and Social Care Act 2008 (Regulated Activities)
<http://archive.cabinetoffice.gov.uk/servicefirst/1998/complaint/index.htm>
Care Act
Care Quality Commission
Healthcare Commission Complaints Toolkit. Handling Complaints within the NHS.
Citizen's Charter Complaints Task Force

9. Appendices

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