

ST COLUMBA'S HOSPICE

Operational Policy



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COMPLAINTS POLICY

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Policy Statement

St Columba's Hospice strives for high standards in service delivery and invites and encourages feedback from patients, families, carers and anyone who works or volunteers with us, on all aspects of our services. Such feedback is invaluable in helping us evaluate our services and to continually improve our patient and family's experience. Our Side by Side strategy details our commitment to ensuring participation in monitoring and developing our services. There are times however when people feel dissatisfied or concerned about the service we provide. The Hospice is committed to an open learning culture and maintaining a high standard of safe and effective care. Complaints will be examined to determine what action needs to be taken to avoid a recurrence and where appropriate these lessons will be shared across the organisation. There are clearly defined occasions involving staff where either the Disciplinary or Managing Performance policy will be involved. Examples may include a criminal act, malicious acts and acts of professional misconduct or an act of deliberate harm. In the main however, complaints are an opportunity to guide learning and develop services.

The objectives of this policy are to:

- Ensure everyone knows how a complaint, comment or suggestion can be made and how they will be managed;
- Ensure that complaints are dealt with consistently, fairly and sensitively within clear time frames;
- Ensure that complaints, comments and suggestions are monitored and used to continually improve our services.

The Hospice will ensure that we:

- Listen carefully to complaints and treat complaints as confidential, where possible;
- Record, store and manage all complaints accurately and in accordance with the Data Protection Act;
- Investigate a complaint fully, objectively and within the stated time frame;
- Notify the complainant of the results of the investigation and any right of appeal;
- Inform the complainant of any action that will be implemented in order to ensure that there is no re-occurrence; and
- Report to the Board of Governors on a quarterly basis the number of complaints, comments and suggestions received, the outcomes of investigations and any actions taken.

This policy takes into account the different requirements to meet the standards set by regulators including the Fundraising Standards Board (FSB) and Healthcare Improvement Scotland (HIS) and takes into account our statutory duty of candour. The focus is on local resolution in the first instance focussing on corrective action and improving systems but complainants can contact the Chief Executive or Healthcare Improvement Scotland directly if they wish to do so.

Purpose

The Policy reflects the needs of complainants, with regard to accessibility, timeliness, empathy, clear communication, simplicity, confidentiality, transparency and quality of service delivered. The policy also clearly defines process that allows everyone involved – patients, staff, carers,

volunteers and others – to be confident they know what to expect, what is expected of them and the right action to take.

Scope

This policy applies to all Hospice staff and volunteers

Definitions

Comments

A comment is a personal opinion or belief, feedback or remark expressed by an individual.

Suggestion

A suggestion is normally for the improvement of the services and / or actions of the Hospice.

Comments and suggestions help to improve our services and to recognise particular areas for development or equally areas which are performing well.

Complaint

An expression of concern or dissatisfaction in relation to services provided or activities undertaken.

1. Complaint

A complaint occurs when someone expresses concern or dissatisfaction in relation to the services provided or activities undertaken. A complaint might relate to something which is against a person's choice or wishes; perceived discrimination against an individual or dissatisfaction with the way an event was organised or managed. Complaints may be received by the Chief Executive, directors, managers, staff or volunteers. They can be received in person, by telephone, letter, e-mail, MP or other representative body. They may be formal or informal.

This policy and procedure relates only to complaints received about the Hospice and its services. Individuals who make complaints about partner organisations will be notified in writing within one working day of receipt of the complaint that they need to complain to the organisation they have the complaint with; and, where possible they will be provided with contact details.

Where the complaint relates to a member of staff employed by another organisation but providing a Hospice service, the Hospice will liaise with the employing organisation regarding this complaint.

1.1 Who can make a complaint?

Complaints can be made by:

- Anyone directly affected by the way a Hospice service is carried out.

- Anyone acting directly on such a person's behalf e.g. parent, family member, carer, advocate.
- Anyone having reasonable concern about a Hospice service.

If someone other than the service user or their representative wishes to make a complaint about an individual's care, we will ensure that the individual is informed.

1.2 When a complaint can be made

Complaints should normally be made whenever an issue or a concern becomes apparent. Wherever possible they should be dealt with immediately, as the passage of time could hamper resolution. The normal timescale for accepting a complaint is:

- Up to 12 months after the event which is the cause for the complaint, or
- Up to 12 months from an individual becoming aware of a cause for complaint, but normally no longer than 18 months from the event.

If it is possible to carry out a fair and robust investigation complaints may be investigated out with these timescales. The decision to do this will be made by the Chief Executive in consultation with a member of the senior management team.

All written comments and suggestions will be shared via 'you said, we did' reports and concerns raised will be recorded on the 'Register of Concerns'.

1.3 Related Legislation and Guidance

- The Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations 2011.
- Healthcare Improvement Scotland – Guidance on records to be kept by registered independent healthcare services – 22/03/12
- Healthcare Improvement Scotland – Notifications guidance for providers – April 2013
- National care standards – Hospice Care.

2. Responsibility/Accountability

2.1 Chief Executive

- Overall accountability for clinical governance, leadership and fostering a culture of openness.
- To oversee the overall handling of a complaint including overseeing the investigation, it's response and ensuring a resolution.
- Confirm that the Investigating Officer (IO) has the appropriate knowledge, skills and expertise to carry out a timely high quality investigation.
- Ensure staff and volunteers and their managers receive appropriate training and support.

2.2 Senior management team

- Ensure all staff and volunteers are fully aware of the contents of this policy and their responsibilities.

- Ensure complaints are managed effectively and within the required timeframe.
- Review every complaint received in their service to identify lessons to be learnt, changes required and to acknowledge the importance of feedback from service users.
- Ensure all complaints, actions taken and resolution are recorded accurately.
- Where complaints involve other departments or agencies agree who will take responsibility for coordination of the investigation.
- Monitor staff performance and support and manage performance following a staff complaint.
- Monitor progress on complaint resolution and ensure deadlines are met and action plans followed up.
- Keep directors informed of progress in resolving complaints and capture and share learning and improvement across the organisation.
- Provide support for the complainant and for any staff members involved.
- In the case of a serious complaint the appropriate senior manager will carry out the investigation and maintain direct contact with the complainant.

2.3 Investigating officer

- To carry out a thorough investigation of the complaint.
- To report to CEO on outcome and recommendations.
- To oversee delivery of recommendations / action plan.

2.4 Clinical Governance coordinator

- Policy development and guidance, systematic recording, guidance and reporting of complaints to the Management Committee.

2.5 Staff and volunteers

- Ensure they are fully aware of the contents of this policy and their responsibilities.
- Take all complaints seriously and take appropriate action in response.
- Where possible, local 'on the spot' resolution of complaints is advisable.
- Acknowledge all comments, suggestions and dissatisfactions with the service or organisation however trivial and to let the person making them know that their comments will be treated constructively.
- Refer to a senior person any complaints they cannot resolve themselves with immediate action.
- Complete a complaints form within one working day for all complaints received.
- Where the complaint is from a member of staff/volunteer about the actions of another staff member or volunteer, the complainant should be reminded of the protection offered to them by the relevant HR or Volunteer policies as appropriate.

3. Related Hospice Policies

Data protection
Whistleblowing
Access to Health Records

4. Procedure(s)

4.1. Patient Focus

We will:

- Put patients and families at the heart of the complaints process ensuring where possible, that outcomes are linked to what the complainant would like to see as a result of making their complaint.
- Listen to, aim to understand and act upon the views and experiences of the people who use our services.
- Have arrangements in place to encourage feedback.
- Deal with all complaints received on a fair and equitable basis.
- Treat and respond to anyone wishing to complain politely, and with respect, patience and empathy.
- Aim to deal with complaints quickly and fully at the level at which they are raised.
- Handle complaints in a way which is open and fair to patients and our staff and volunteers.
- Support the person making the complaint and any individual named in the complaint.
- Use complaints and other feedback, as a means of identifying where service improvements can be made.
- Ensure that where we contract with others to provide patient care our contracts require the service provider to comply with the Hospice complaints procedure.

4.2 Communication and Support

We will

- Publicise our complaints policy so that patients and visitors are aware of the right to complain and the support available to them if they choose to do so.
- Through our staff provide information and advice to people wishing to complain on how the Hospice complaints procedures work and the options open to them.
- Share action plans and learning from complaints ensuring transparency and a culture of learning.

4.3 Equality and Diversity

We will

- Recognise equality and diversity and promote a complaints system that responds sensitively to individual needs, background and circumstances of people's lives.
- Understand how factors such as age, disability, gender, race, religion, sexual orientation, or socio-economic status may impact on an individual's ability to access the complaints process and that they may need to be supported effectively.
- Ensure that complainants have ready access to communication and language support, including translation and interpretation services.

4.4 Consistency of Approach

We aspire to deliver a complaints procedure which is always:

- Credible
- Easily accessible
- Easy to use
- Demonstrably fair
- Effective and sensitively applied
- Open and honest
- Not defensive
- Apologetic for any failings
- Willing to provide effective feedback
- Able to demonstrate that we have learned from issues raised and taken action to secure improvement.

There are 3 stages to the complaints procedure:

- Stage One – Complaint
- Stage Two – Appeal
- Stage Three – Independent Review

5. Stage One COMPLAINT

- The complaint is discussed directly with the complainant at the earliest opportunity to understand their concerns and their desired outcomes in a manner which is respectful of individual cultural, religious or specific needs.
- Informal complaints may be resolved at local level but all complaints must be recorded on a complaints form. (Appendix 1).
- Delays in dealing with complaints are likely to fuel feelings of injustice or make carers, patients, public believe there is something to hide. A swift, comprehensive response and a willingness to apologise for any distress caused are much more likely to lead to complainant satisfaction.
- Verbal and written complaints will be dealt with in a swift and effective manner which ensures complete fairness for both complainant and staff.
- Complaints will be investigated, findings communicated, and processes recorded to provide a consistent approach across all SCH functions.
- The emphasis, irrespective of the complexity of the complaint, is on personal and direct communication and early face to face meetings with complainants where possible.
- All complaints are reviewed for seriousness of consequence on receipt.
- Serious clinical complaints will be dealt with by senior medical and nursing managers and highlighted to the Medical Director and Director of Clinical Services to ensure appropriate immediate action is instigated.
- Complaints are difficult to make. Patients, their carers, volunteers and the public should be able to challenge decisions, actions or behaviour without fear of unpleasant consequences or discrimination. If the complaint relates to a patient's care, information about the complaint made must be kept separately from the patient medical record until the complaint is fully investigated. If the complaint is upheld a summary should be included in the patient's records.

- Complaints do not sit in isolation and benefit to the organisation is even greater when there is liaison with wider risk management and governance processes.

5.1 Complaints about staff

- Where a complaint is about a member of staff the line manager should seek advice from Human Resources as to whether or not the staff member should be temporarily removed from duty during the investigation of the complaint.
- When interviewing the member of staff for the investigation the content of the investigation notes should be agreed by all parties. The notes from the investigation meeting may be used later, if the investigation raises cause for concern about the member of staff and the investigation recommends that a formal Disciplinary hearing (or a meeting held under the Managing Performance policy) is to be held in respect of an employee.
- Any formal hearing arising from a complaint, in connection with the conduct of an employee, will be subject to the procedures outlined in the Hospice's Disciplinary or Managing Performance policy. The details of any disciplinary or managing performance procedure will not be shared with the complainant.
- If a complaint is about a staff member's immediate line manager, the staff member should seek advice from a more senior manager or raise their concerns with HR
- Staff are kept informed of the details of any complaint against them, have the opportunity to respond and are kept informed of the progress and outcome of the complaint by their line manager.

5.2 Complaints about volunteers

- Where a complaint is about a volunteer, the line manager should seek advice from the Volunteer Services Manager as to whether or not the volunteer should be temporarily removed from duty during the investigation of the complaint.
- The volunteer will be made aware of the complaint as soon as possible, and advised of the course of action to be taken.
- Volunteers may be accompanied by a relative or friend in any discussion or investigation of the complaint.
- Volunteers will be kept informed of the details of any complaint against them, will have the opportunity to respond, and will be kept informed of the progress and outcome of the complaint by their line manager or the Volunteer Services Manager.
- Volunteers who do not perform in a way which the Hospice is reasonably entitled to expect may have their volunteer arrangement with the Hospice discontinued.
- As a result of any investigation, the volunteer may be asked to undertake changes within their role or behaviour. If a volunteer refuses to undertake these changes, the Hospice reserves the right to end their volunteering.

5.3 Process for Handling Complaints

The person receiving a complaint should:

- Listen carefully to the complainant to understand their concerns and identify their desired outcome and by which method they would like to receive a response.
- Arrange a face to face meeting as soon as possible where this is indicated.

- Acknowledge the complainant and, if possible and appropriate, obtain the patient's permission to deal with the complaint if the complainant is representing another person or patient.
- Summarise their understanding of the complaint and record the complaint factually and objectively as far as possible in bullet point format.
- Express regret sincerely for any inconvenience or distress caused during the course of care, treatment, services or activities.

Complaints are sent to the relevant manager as soon as possible (within 24 hours) even if the complaint can be resolved to the service user's satisfaction within one working day.

Serious complaints are immediately escalated to a Director and Chief Executive Officer.

In all cases the manager ensures written acknowledgment to a complainant is sent within 2 working days of receipt of complaint. (Appendix 2).

Unless the complainant has specifically stated that they do not want a response, all complainants will receive a thorough, personalised response within 20 working days of the receipt of the complaint. In the minority of cases, where a full response cannot be completed within 20 working days, and with the agreement of the complainant, a holding letter should give a commitment to complete the investigation and provide a response with a specified timescale (no more than one calendar month from the date of the holding letter).

The manager will review findings and liaise with HR and other advisors as appropriate and ensure the investigation is completed as soon as possible (within 16 working days in order to meet the 20 day response target.)

CEO (or deputy) approves all response letters before they are sent to the complainant within 2 working days to ensure the complainant receives a response in writing within 20 working days of receipt of the complaint.

The manager ensures:

- A full report of all documentation relating to complaint is submitted to CEO.
- An action plan is in place to deliver agreed recommendations and monitor delivery.
- Progress on the action plan is monitored and managed by local governance/management groups.
- The investigation file is complete and stored with the Director of Clinical Services and the record is marked 'complete'.
- If a full response is not possible within this time frame a holding letter must be sent to explain the reasons for the delay, an apology offered and a timescale for the full response must be agreed with the complainant.

5.4. Investigation

- It is important to investigate and respond to complaints quickly. Delays in responding to complainants can exacerbate a complaint unnecessarily and make resolving the complaint more difficult. The investigation should be completed as soon as possible.

- The line manager is encouraged to engage directly and personally with the complainant, including making telephone contact or arranging to meet quickly to clarify the content of the complaint, its background and the complainant's expectations.
- Minutes should be taken at meetings with complainants or alternatively a summary of the meeting should be written. The notes or summary must be agreed as a true reflection of the discussions by all parties. A copy of the notes or summary will be offered to the complainant.

5.5. Letter of response

This should include:-

- A summary of the conclusions reached in relation to the complaint investigation, the decisions taken and the reasons for them.
- As far as possible, the explanations and language used in the response letter are similar to those used by the complainant.
- Acknowledge previous correspondence and telephone calls and meetings.
- Apologise that they had the need to complain.
- Ensure that all issues raised in the complaint are covered fully.
- Use headings if necessary for clarity.
- Explain how the investigation has been carried out.
- Explain the findings of the investigation and the action that will be taken and monitored.
- Thank them for taking the time to bring the matter to our attention and giving us the opportunity to respond to improve the service.
- Apologise for any distress/ inconvenience.
- Give a named person and their contact details who can deal with any further queries or contact Healthcare Improvement Scotland [HIS], Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB. Tel. 0131 623 4300
- See Appendix 3 for example if no further contact requested.

6. **Disclosure of Information and Confidentiality**

- If a complainant requests information, staff or volunteers should always consider their duties in relation to the Data Protection Act (1998) and Access to Healthcare Records Act (1990) which define statutory regulations.
- Information should not be disclosed to patients or complainants unless the person, who has provided the information, has expressly consented to disclosure of that information e.g. If a complainant requests access to all or part of his/her medical records, the Hospice Caldicott Guardian must give consent before those records are released.
- Particular care must be taken where the patient's record contains information provided in confidence by or about a third party who is not a health professional (see Access to Health Records Policy). Disclosure of information provided by a third party requires the express consent of the third party. If the third party objects, then information can only be disclosed where there is an overriding public interest in doing so.

7. Stage Two – APPEAL

- If a complainant is not satisfied with the outcome of the complaint they have the right to appeal and can contact the CEO of St Columba's Hospice.
- Alternatively they have the right to an independent review or can refer their complaint to Healthcare Improvement Scotland [HIS], Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB. Tel. 0131 623 4300 or the Fundraising Standards Board (FRSB). 1st Floor, Thistle House, 91 Haymarket Terrace, Edinburgh EH12 5HE. Tel. 0845 688 9894.

8. Supporting Complainants

- St Columba's Hospice is committed to ensuring that the service provided to people who make complaints about our services is not adversely affected because they have complained.
- Raising concerns particularly when a person is vulnerable and receiving healthcare, can be daunting and should be received by Hospice staff /volunteers as a positive opportunity to improve services.
- It is essential that the complainants and service users are not treated any differently as a result of the concerns being raised and they should be reassured that raising a concern will not impact the quality of service they will receive.
- If a mistake has been made we will acknowledge this and offer an apology.
- All communication will be open and honest and the investigation must ascertain what actually happened.
- An investigating officer must be appointed to meet with the complainant and make every effort to reach a resolution within agreed timeframes for the investigation, report and action plan.
- Any extensions to these timescales should be mutually agreed with the complainant. The number of extensions needed will be a quality measure of performance when responding to concerns. All such extensions are recorded in detail.
- It is not acceptable to request extensions due to error, or delays caused by St Columba's Hospice.
- The investigating officer must be in regular contact with complainant to provide progress updates. In the case of a serious complaint this should be weekly.

9. Supporting Staff

- Complaints are everyone's business. All staff and volunteers should respond positively to any complaints and should feel confident to do so. Guidance and procedures are provided for staff and for patients, in order to avoid ad hoc, defensive or negative responses and to remove uncertainty about what is expected of staff in responding to complaints.
- Complaints may be perceived as a threat by staff because they may be inherently critical by nature. Complaints can challenge decisions and generate uncomfortable discussion.

St Columba's Hospice has procedures and systems in place to ensure staff are supported and can feel confident in responding to a complaint. These systems include risk and incident management (which looks to the root cause of a problem rather than seeking to blame individuals); sound management practices; a clear Human Resource structure and various functional governance Boards (e.g. the Fundraising Standards Board). In addition, the Grievance,

Disciplinary and Managing Performance Policy and Procedures are clearly defined, operating separately from this complaints procedure.

10. Prolific, Vexatious or Abusive Complainants

Staff are trained to deal sympathetically with complainants, however, there are occasions when there is nothing more that can be reasonably achieved to assist the complainant. The decision to define a complainant as vexatious rests solely with the Chief Executive who must be satisfied that the Hospice has made every effort to answer the complaint appropriately and the complainant is exhibiting one or more of the following:

- Acting in a personally abusive and irrational manner without a sense of proportion.
- Rejecting accurate documented evidence.
- Refusing to define a complaint that can be investigated.
- Continuing to evolve the content of the complaint to prolong the complaint unreasonably.
- Using threats and attention-seeking behaviour such as involving the media to “short-circuit” the agreed complaints procedure.
- Pursuing daily contact with the Hospice.
- Has an unreasonable expectation about what can be achieved through the complaints process.
- The complainant will receive a letter stating that no further correspondence will be entered into unless a new issue is raised or new information is provided.

11. Monitoring Compliance

The number and nature of complaints is an important measure of how well this policy is implemented and the Hospice will use this information to further improve the quality of the services and activities it provides.

The Board of Governors will receive quarterly reports on the operation of the complaints procedure through the Clinical Governance and Senior Management Committee.

12. References

This policy is adapted from Marie Curie Cancer complaints policy and Prince & Princess of Wales Hospice complaints policy.

Appendix 2 Example of Acknowledgement of Complaint Letter

Please ensure official letter head is used.

Date

Dear Mr/Mrs/ Miss.....,

Thank you for your letter of (**date of letter**) regarding the care provided to (**patient's name**) at St Columba's Hospice.

I was concerned to read of your experience and the distress that was caused to you and (**patient's name**).

I will investigate the details of your complaint and once the investigation is complete I will contact you again to advise you of the findings. If, in the meantime, you would like to discuss any issues with me please do not hesitate to contact me directly on (provide telephone contact details).

Thank you for taking the time to write to me at such a difficult time. Please accept my sincere condolences on the death of your (**relationship, e.g. mother, father, wife, husband etc.**).

Yours sincerely

Appendix 3 Example Complaint Response Letter: No further contact wanted.

Please ensure official letter head is used.

Date

Dear Mr/Mrs/Miss.....,

Thank you for your letter of (**date of letter**) regarding the care provided to (**patient's name**) at St Columba's Hospice

I was concerned to read of your experience and the distress that was caused to you and (**patient's name**).

I fully appreciate that you would not like any further contact from us at the moment/ to make a formal complaint but please rest assured that the events detailed in your letter will be fully investigated. If, at a later stage, you would like to be informed of the outcome of the investigation please contact (**provide contact details**).

Thank you for taking the time to write to me at such a difficult time. Please accept my sincere condolences on the death of your (**relationship, e.g mother, father, wife, husband etc**).

Yours sincerely

Appendix 4 Action Plan Format

Area identified for action	Action to be taken	Due date for completed actions	Who is responsible	What changes or improvements have resulted from this?	How will you share this information with your colleagues?