

**Complaints Policy.**

**Policy Statement:**

Trinity Hospice and Palliative Care Services are committed to the provision of high quality care and continuous improvement, and are keen to receive any communication about 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 practice.

Trinity Hospice 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.

This policy sets out the arrangements for handling complaints sensitively, promptly and efficiently and reflects Trinity Hospice open, honest and transparent way and our duty of candour to all that access our services.

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

**Related Policies and Procedures:**

CQC Complaints Matter Dec 2014

My expectations for raising concerns and complaints - Parliamentary and Health Service Ombudsman November 2014.

Good Practice for Handling Feedback RCN November 2014.

Designing good together: transforming hospital complaint handling – Parliamentary and Health Service Ombudsman August 2013.

**Responsibility and Accountability:**

Policy formulation and review: Clinical Director

Approval: CEO

Compliance: All staff and volunteers.

**Reviewed: Re written December 2015**

**Review by: December 2018**

**Introduction:**

Trinity Hospice and Palliative Care Services 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 an honest organisation prepared to listen to those using its services.

Those who complain should 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 improvement.

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 Trinity Hospice. 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.

This policy does not attempt to deal with the many comments that we receive of a complimentary nature. We will try to capture those in other ways.

**Definitions:**

In this policy and procedure we will use the description ‘patient, carer or other’. It is intended to refer to anyone who may have cause to experience our service. It could mean patient, carer, relative, client, supporter, donor, customer, stakeholder - or others.

‘Activities’ includes hospice care, retail, fundraising and any other activity that the hospice engages in as part of its charitable activities.

 **A complaint** is an expression of dissatisfaction requiring a response, which is communicated verbally, electronically, or in writing. Complaints may be made by any users of our service.

 **A verbal adverse comment or concern** is an expression of dissatisfaction which can be resolved relatively easily at the level of discussion with an individual Hospice staff member, or by involving that staff member’s line manager in conjunction with the member of staff.

Trinity Hospice will treat all complaints with the same seriousness whether verbal or written.

**Who can complain?**

Anyone who is, or has been the recipient of any services (clinical or non-clinical) or care / treatment provided by or on behalf of, the Hospice. This is not limited to patients, carers or relatives but included participants at fundraising events, donors and customers of our retail outlets.

People may complain on behalf of existing or former patients providing that the patient has agreed that the other person may act on their behalf.

Where a patient lacks capacity within the definition of the Mental Capacity Act 2015, a representative can make a complaint (or adverse comment) on their behalf. Written permission to disclose information should be given by the patient or the patient’s representative on whose behalf the complaint is made.

Any request for access to patient notes or other documentation in connection with a complaint against the hospice should be put in writing to the Cauldicott Guardian.

**How to make a complaint.**

* Complainants may register a complaint with any member of Hospice staff, in writing or verbally.
* Details on how to complain will be available to all our service users of their treatment via the patient information book, the ‘How to make a Complaint‘ leaflet (see annexe A9.1) and our website.

**Receiving an adverse or verbal comment or complaint**

* All members of staff should feel able to deal with an adverse or verbal complaint, but should be comfortable to ask for a manager’s support.
* Staff should be polite, actively listen and acknowledge the complainant’s concerns.
* Staff should consider themselves empowered to put things right promptly when they feel this is possible.
* Establish if it is an adverse comment that can be dealt with using an informal approach, or if a formal complaint is being made.
* The main points of the verbal comment/complaint should be recorded on the Verbal Record Form. **(Appendix 3)** If possible the staff member receiving the complaint should have a written record of the main points agreed by the complainant.
* The record should be forwarded to the Clinical Director or her deputy within 12 working hours.

**Receiving a Written Complaint**

* Any written complaints should be passed immediately to the Director (or in their absence the deputy) of the service/department the person is complaining about. If for any reason this cannot be achieved the Chief Executive should be informed instead. Written complaints can be received by fax or email.
* The Complaint will be registered on the Trinity Hospice Complaints Log by the Clinical Director.
* The complaint should be acknowledged by the Director of the service/department the person is complaining about and include an apology for any upset or distress caused. This should be in writing or by telephone within 2 working days of receipt of the complaint.
* A Director will nominate a manager to undertake an investigation into the complaint ensuring support during the process.
* As part of the investigation it might be effective to try to meet with the complainant face to face to fully understand the complaint, clarify points, and identify what outcomes they may expect.
* Once the investigation has taken place a second meeting may need to be held to explain the outcomes.
* The final response to the complaint should be completed within 25 working days from receipt of the complaint.
* Our experience is that often complaints are related to bereavement and therefore the usual offers of bereavement support will be made throughout the procedure.
* All complaints are reported in the monthly Clinical Governance Report that is circulated to the Chief Executive, Directors and discussed at the Clinical Quality Improvement Group.
* If the complainant is satisfied with Trinity Hospice and Palliative Care Services’ response then the case will be closed, if we are unsure then the case will remain open for 12 months before being closed.

**Complaint Investigation**

* Once the complaint is logged with the Clinical Director, the relevant Director will ask a manager to investigate. It might be appropriate on occasions to ask a manager from another department to investigate; this should be discussed with the Clinical Director at the time of registering the complaint.
* The relevant Director will be responsible for overseeing the manager investigating the complaint; this will include informing those who have been complained about and requesting a written statement from them about the issues raised.
* Staff may also be interviewed and will be kept informed.
* The Director/manager (if nominated) will be responsible for coordinating the complaint investigation and compilation of the investigation file, keeping the Clinical Director informed of the progression.
* The process must be if at all possible be complete within 25 working days from receipt of the complaint.

**Complaint Responses**

The response should include:

* A resume of the complaint.
* Who has been involved in the investigation of the complaint.
* Address all issues raised by the complainant
* Provide explanations and apologies where appropriate.
* Indicate organisational learning from the complaint
* Include what steps have been taken to prevent a reoccurrence
* Offer a meeting to discuss the written response
* Outline what options are available if the complainant is not satisfied.

(If the response is drafted by a manager this should be reviewed/checked by the Director before being sent out)

* Inform the member(s) of staff/volunteers concerned of the outcome and any implications including complaint upheld or not upheld.

All responses must be sent by first class recorded mail to the complainant. If in exceptional circumstances a response cannot be made within the agreed timescale, for example if a person who has information about the complaint is absent on leave, it is important to keep the complainant and the Clinical Director informed of the delays.

**Complaints made to NHS**

If a complaint is received by the NHS but involves a member of Trinity Hospice and Palliative Care Services, staff will be expected to co-operate with the NHS investigation, but will be supported by Trinity during the process.

**Unresolved Complaints**

If the matter is not satisfactorily resolved, the patient/relative may discuss the complaint with the Chief Executive who will then investigate the complaint further. The Chief Executive will consider opportunities for involving the Trustees in any such investigation so that all possibilities for resolving complaints are explored before the complaint has to go outside the organisation.

If you have experienced poor care you can tell the Care Quality Commission who use this information when inspecting health and social care services including Trinity Hospice. Please be aware that they do not settle individual complaints.

You can also complain to either Blackpool or Fylde and Wyre CCG who commission some of our care.

If your complaint is about the charity and not clinical care then you can contact the Charity Commission.

The Charity Commission

Po Box 1329

Liverpool

L69 3DY

Email: enquiries@charitycommission.gsi.gov.uk

Telephone

08453000218.

Unreasonably Persistent Complainants

An approach to Persistent and Unfounded Complaints is set out in Appendix 5. The key principles are summarised below.

The decision to declare someone a persistent complainant must be taken by the Chief Executive in conjunction with a Director.

Although staff are encouraged to respond in a professional and helpful manner to the needs of the complainants, occasionally nothing further can reasonably be done to assist the complainant or to solve their problem.

Once the complainant has been officially declared as a ‘habitual or persistent complainant, the Chief Executive will write to the complainant, informing them that Trinity Hospice and Palliative Care Services has responded as fully as possible to the points raised and that there is nothing further that can be achieved.

Any further communication on the same subject will not be acknowledged. This fact should be communicated formally to the complainant and to all staff to ensure consistency of approach throughout the organisation.

It must be emphasised that declaring an individual as habitual or persistent does not mean that any new issues raised by the complainant will not be dealt with in the normal way.

**Appendix 1 - My Expectations for raising concerns and complaints - Parliamentary and Health Service Ombudsman November 2014.**

**Framework for patient or service user considering making a compliant.**

1. **Considering a complaint:**

This stage describes the point at which patients or service users find themselves unhappy with the service they have received (or are receiving) and are considering speaking up about it. Here there are a number of factors that might determine whether or not that patient or service user will actually go on to make a complaint.

1. **Making a Complaint:**

This stage describes the act of making a complaint. It includes a patient or service user telling a staff member how they feel face to face, writing a letter or email, or dialling a phone number to tell somebody about their concerns.

1. **Staying informed:**

This stage describes the complaints process from the patient and service user’s point of view. For them, it is less about the specific machinations or details of a policy or system, and more about how they experience the process. More often than not, this consists of a series of communications between the complainant and the organisation or person to whom they have made the complaint. In other words, it is about whether and how they are being kept informed as to what is happening.

1. **Receiving outcomes:**

This stage describes the point at which the complainant is told about the resolution of their complaint and about actions that have been taken (or not) in response to their concerns. It is here that a patient or service user might receive a tangible demonstration that their complaint has been used to shape learning or improvements

1. **Reflecting on the experience:**

The final stage takes place after the end of the complaints journey where the patient or service user reflects on the way in which their complaint has been handled. A good reflection would be that they feel confident in the system, that it worked for them and would for others too, and that they would be willing and able to voice their concerns again.

**Appendix 2. - The formal complaints process: what good looks like (Designing good together: transforming hospital complaint handling – August 2013)**

**Every patient, carer and family members should:**

* Receive a personalised response to their initial complaint, including an apology from a senior figure.
	+ This should demonstrate a clear understanding of the complaint and include an offer of a face to face meeting.
* Be assigned a single point of contact who manages their complaint.
* Be involved in agreeing the precise nature of the complaint, the questions to be answered, and the outcomes they want.
* Have a role in shaping how the complaint will be handled and how they will be involved in the process.
* Receive regular updated from their case handler setting out what is happening to the case, and being open about the reasons for any delays to the timeline.
* Fell supported and not feel that it is their responsibility to push the complaint through the process.
* Expect communications to be clear and not ‘legalistic’ or threatening.
* Feel respected and not like they have been labelled as a’ troublemaker’.

**Every staff member should:**

* Receive a clear account of the complaint, setting out precisely what the complainant wants to achieve, and the questions to be answered.
* Be informed of who is handling the complaint
* Receive training in writing statements to respond to complaints.
* Receive feedback from the complaints department about the progress of cases that they have been involved in, even where they are not the complained about party.
* Receive feedback throughout the complaints process about timescales, who is involved and outcomes at each stage.
* Feel supported through the process if a complaint has been made about them, and not feel that they have to defend themselves against personal attack.
* In the case of serious medical misconduct, patients would expect immediate action to be taken against a member of staff, rather than lengthily complaints process take place before action is taken.

**Responding to formal complaints: what good looks like**

**Every patient, carer and family member should:**

* Receive a response that addresses the precise complaint that was raised, giving clear reasons for every decision in language that is understandable to the complainant.
* Be given the opportunity for a face to face meeting, a choice as to who should be in the meeting, and a choice of appropriate venue.
* Receive a personalised apology from the Director of Trinity Hospice and the member of staff responsible, and be asked how they would like to receive this (for example face to face or letter).
* Receive a final response that includes details of what lessons have been learnt and explains what steps will be taken to prevent the problem happening again.
	+ Including where complaint has been made about a member of staff, but fault actually lies within the organisation or systems level.
* Where applicable be involved in the changes that arise from the complaint. For example, seeing drafts of new leaflets; being involved in the design of new training courses, and so on.
* Be offered counselling if they have had a particularly difficult or upsetting experience.

Every staff member should:

* Be fully informed of the outcome of any complaint that has been made about them (or a colleague whose case they were involved in).
	+ Including when it is the system at fault versus the individual staff member (for example lack of protocol in place).
* Be given clear briefing and support before any meeting with the complainant.
* Be offered training and support where necessary if a complaint has been upheld about them.
* Expect best practice to be shared, from the top down and among colleagues on the ward.

**Appendix 3- RECORD OF VERBAL COMPLAINT**

**Name of Person completing report (Print)....................................................**

**Date & time Complaint made/received** .........................................................

1. Please record main points of the complaint

3. Action taken (Please attach if required statement made by the person complaint made against)

(Please continue overleaf)

2. Did the complainant see and agree that the above are the main points of the verbal complaint? (Please circle)

YES NO

4. Lessons learnt and changes made to service, guidance or policy (Please ensure feedback is given if complaint made against a member of staff)

Action taken continued:



**EQUALITY AND DIVERSITY IMPACT ASSESSMENT TEMPLATE**

**POLICY STATEMENT:**

Trinity Hospice is committed to creating a culture in which diversity and equality of opportunity are promoted actively and in which unlawful discrimination is not tolerated.

Trinity Hospice believes in the principles of social justice, acknowledges that discrimination affects people in complex ways and is committed to challenge all forms of inequality. To this end, The Hospice will aim to ensure that:

* individuals are treated fairly, with dignity and respect regardless of their age, marital status, disability, race, faith, gender, language, social/ economical background, sexual orientation or any other inappropriate distinction;
* it affords all individuals, volunteers and employees the opportunity to fulfil their potential;
* it promotes an inclusive and supportive environment for staff, volunteers and visitors;
* it recognises the varied contributions to the achievement of the Hospice’s, mission made by individuals from diverse backgrounds and with a wide range of experiences.

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| --- | --- |
| Title of policy/ proposal/ activity: | Complaints Policy |
| Equality Impact Assessment Group (names): |  |
| Date: | 15.12.15 |

|  |  |
| --- | --- |
| 1. Briefly describe the aims, objectives and purpose of the proposal  | How patients , families and customers can make a complaint |
| 2. Are there any associated objectives of the proposal, please explain  | No |
| 3. Who is intended to benefit from the proposal and in what way? | Anybody is given guidance to making a complaint if unhappy by the service |
| 4. What outcomes are wanted from this proposal? | Clear concise guidelines |
| 5. What factors/forces could contribute/detract from the outcomes?  | Unsatisfactory management of complaint by the organisation |
| 6. Who are the main stakeholders in relation to the proposal? | Patients, families, customers |
| 7. Who implements the proposal and who is responsible? | Clinical Director |
| 8. Is it likely that that the proposal **could** have a positive or negative impact on minority **ethnic** groups. What existing evidence (either presumed or otherwise) do you have for this? | No |
| 9. Is it likely that that the proposal **could** have a positive or negative impact due to **gender.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? 7. Who implements the proposal and who is responsible for the propos | No |
| 10. Is it likely that that the proposal **could** have a positive or negative impact due to **disability.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 11. Is it likely that that the proposal **could** have a positive or negative impact on people due to **sexual orientation.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 12. Is it likely that that the proposal **could** have a positive or negative impact on people due to their **age.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 13. Is it likely that that the proposal **could** have a positive or negative impact on people due to their **religious belief.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 14. Is it likely that that the proposal **could** have a positive or negative impact on people with **dependants/caring responsibilities?** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 15. Is it likely that that the proposal **could** have a positive or negative impact on people due to them being **transgender or transsexual.** If so, please outline what the impact might be.What existing evidence (either presumed or otherwise) do you have for this? | No |
| 16. Can any adverse impact be justified on the grounds of promoting equality of opportunity for a particular group? (For example, the proposal may be deliberately designed to promote equality for disabled people but may run the risk of this being at the expense of non-disabled people). | No |
| 17. Is a full Equality Impact Assessment necessary? | No |
| 18. If Yes date on which full impact assessment is to be completed by |  |
| Signed on behalf of the organisation. | Julie Huttley |
| Agreed review date | 2017 |