

Thames hospice

Policy and Procedure: COMPLAINTS

Date	Author / Reviewer	Approved by	Doc Ref	Comment	Next Review
April 2017	Head of Governance and Quality	Governance Committee	ADM-P-0007	<p><u>April 2017</u> Reviewed; minor changes to layout only</p> <p><u>April 2016:</u> Review and minor updates to text. Reference to Fundraising Complaints Policy.</p> <p><u>Nov 2014:</u> Minor reviews to refer to updated Complaints Investigation Record form and appropriate meeting schedules (s3.4.1).</p> <p><u>Sept 2014:</u> Review to merge two existing complaints Policies into one document.</p>	April 2018

Policy Summary:

1. Embodies Thames Hospice's policy of welcoming all constructive comment, offering apology and seeking to make redress where appropriate and of learning from complaints received.
2. Identifies the Head of Governance and Quality as the lead complaints handler.
3. Identifies three levels of complaint (quickly resolvable, informal and formal).
4. Sets down that all 'non-quickly-resolvable' complaints received must immediately be made known to a member of SMT.
5. All formal clinical complaints will be submitted to the Patient Care and Quality Committee. Informal and formal complaints received will be discussed at the Governance and Health and Safety Committee meetings, and at that body's discretion informal complaints will be submitted to the quarterly PCQC meetings. Submission to the Board will be at the discretion of PCQC for any given complaint.
6. Complaints must be resolved within 20 working days or where this is not possible, must be resolved as quickly as possible.
7. Includes appendices:
 - Appendix 1: Handling verbal complaints.
 - Appendix 2: Handling Multi-Agency complaints
 - Appendix 3: Consent form for sharing personal information with other agencies.
8. Does not cover complaints made by staff and volunteers, which are covered in HR policies.

1. Purpose of policy

- 1.1 To ensure that Thames Hospice demonstrates a clear, timely, assertive and robust response to all complaints in order that apology and reparation may be made to the complainant if appropriate.
- 1.2 To ensure that learning may be taken from the complaint to avoid recurrence and to improve service provision.

2 Responsibilities

2.1 Chief Executive Officer

- Overall responsibility for reporting complaints, outcomes and actions to the Board of Trustees.

2.2 Director of Patient and Family Services

- Responsible for monitoring and reviewing all complaints relating to clinical services, and reporting to the Patient Care and Quality Committee.

2.3 Director of Fundraising

- Responsible for monitoring and reviewing all complaints relating to fundraising activities, and reporting to the Income Generation and Marketing Committee.

2.4 Director of Retail

- Responsible for monitoring and reviewing all complaints relating to retail activities, and reporting to the Income Generation and Marketing Committee.

2.5 Head of Governance and Quality

- To co-ordinate records of all Thames Hospice complaints and ensure accurate and timely reporting to Thames Hospice committees.
- To act as lead complaints handler for Thames Hospice clinical complaints.
- To act as lead complaints handler for multi-agency complaints.

2.6 HR Directorate

- To provide advice as appropriate where a complaint is made against staff members.

2.7 All managers, staff and volunteers

- Report any complaint immediately to line manager or manager in charge at the time.
- Assist as necessary, with concern but willingly, where a person other than a staff member or volunteer wishes to make a complaint against Thames Hospice.
- Assist in a complaint investigation as necessary, providing specialist advice as appropriate depending on role.
- Assist in and comply with actions taken and changes made as a result of the investigation of a complaint.

3 Policy

3.1 Definition

- 3.1.1 A complaint is a verbal or written communication of unsatisfactory standards of service.
- 3.1.2 A complaint may be made by an individual, group of people or an organisation.
- 3.1.3 Where a complaint is received more than 12 months after the event, the reason for delay must be established if possible.
- 3.1.4 Thames Hospice defines three levels of complaint:
 - 3.1.4.1 **Quickly resolvable:** Where a complaint may reasonably be expected to be genuinely understood by all – including the complainant – to be quickly resolvable, then as long as it is resolved to a reasonable timescale and to the satisfaction of all concerned, no further action will be necessary. This decision must be made by the manager in charge of the area of service at the time at which the complaint was raised. If there is any doubt regarding this decision the complaint must be escalated. No written complaint¹ may be considered to be 'quickly resolvable'.
 - 3.1.4.2 **Informal:** This is a complaint received via a patient survey form (whether anonymous or not), a complaint where the complainant insists that they don't want to make a complaint (even if written), or a verbal complaint
 - 3.1.4.3 **Formal:** This is a written complaint, where the primary intention of the written communication is to make a complaint

3.2 Confidentiality

- 3.2.1 In handling a complaint due regard must be paid first to the maintenance of confidentiality in line with the Thames Hospice Confidentiality Policy (Thames Hospice Confidentiality Policy ref: IG-P-0002).

3.3 Management of Complaints

- 3.3.1 The member of staff receiving the complaint must take all appropriate immediate action necessary to secure the immediate safety and wellbeing of those involved.
- 3.3.2 The Head of the relevant department must be informed immediately on receipt of a complaint. In the absence of that person his/her deputy, the Head of Governance and Quality or a member of the Senior Management Team must be informed immediately.
- 3.3.3 An appropriate level of courtesy, concern and assertiveness must be maintained in all communications with the complainant, who must be kept fully informed of

¹ A written complaint can be received by letter, fax or email.

the process that will be followed, who to contact for information during the investigation, the expected timescales and of progress as the investigation proceeds.

- 3.3.4 The complaint must be investigated by the Head of Department and the Head of Governance and Quality, with senior input and support as necessary from the SMT. Objectivity must be maintained throughout.
- 3.3.5 Investigators must seek to resolve all issues fully and close the complaint within 20 working days of receipt. Where this is not possible, the complainant and the Senior Management Team must be kept informed of reasons, progress and anticipated timescales for resolution.
- 3.3.6 Recording of the complaint, its investigation and outcome must be rigorous. It must include dates, times and named personnel as appropriate. The Thames Hospice Incident Reporting form may be used if useful, but this is not mandatory.
- 3.3.7 The complainant must be informed of the outcome of investigation and that the complaint is closed.
- 3.3.8 If they remain dissatisfied with the outcome of a clinical complaint, they must be advised that the CQC may be contacted for further advice, and informed how to do this.
- 3.3.9 If they remain dissatisfied with the outcome of a fundraising complaint, they must be advised that the Fundraising Standards Board may be contacted for further advice, and informed how to do this.

3.4 Audit Plan

- 3.4.1 Complaints are reported quarterly at the Governance and Health and Safety Committee Meetings and to the quarterly Trustee Committee meetings as appropriate.
- 3.4.2 An audit of the complaints policy may be included in the annual audit programme as defined by the Governance and Health and Safety Committee.

3.5 Staff Training

- 3.5.1 All staff are made aware of the complaints procedure during their Induction.
- 3.5.2 Team Leaders and Line Managers are able to access appropriate training if they have a need.
- 3.5.3 The Complaints Handler is experienced in communication skills and is able to access training as required.

4 Breach of policy

- 4.1.1 Any failure to comply with this policy will be deemed a breach of policy.
- 4.1.2 Any breach of this policy by Thames Hospice employees may lead to formal disciplinary action. In particular, any failure to report a complaint will be rigorously handled.
- 4.1.3 Any breach of this policy by Thames Hospice volunteers may lead to formal action under the Problem Solving Policy and Procedure.

5 References

ADM-P-0003 – Non-Toleration of Violence Statement

ADM-P-0004 – Retail Anti-social behaviour and Non Toleration of Violence Statement

FR-P-0006 – Fundraising Complaints Policy.

IG-P-0002: Thames Hospice Confidentiality policy.

APPENDIX 1

Handling verbal complaints

1. If a member of the public, a patient, relative or carer makes a verbal complaint, the person hearing it will:
 - a. Listen to the person making the complaint.
 - b. Acknowledge the problem and try to resolve, if within the listener's remit and ability so to do.
 - c. If no resolution is immediately possible, the listener will immediately escalate to the person in charge of the area of service at the time of the complaint.
 - d. Maintain confidentiality throughout.
2. Documentation
 - a. Volunteers must report the complaint verbally to a member of staff, who will escalate following complaints policy.
 - b. For clinical complaints: Staff must briefly but accurately record the initial conversation with a complainant in the nursing (or medical if appropriate) notes and on an incident form if appropriate. Key complaint/allegations with immediate action taken, response given and escalation (if none then enter "no escalation needed") must be recorded.
 - c. Other complaints must be recorded on the complaints register
3. Follow up
 - a. Where a complaint is deemed to be quickly resolvable and so not needing escalation, the staff member must still immediately draw it to the attention of the person in charge at the time of the complaint.
 - b. Where a complaint has been escalated the listener will follow up and maintain ownership of the matter until s/he has confirmed that it is out of their hands.

APPENDIX 2

Multi-Agency Complaints Protocol

1. This protocol aims to enable Thames Hospice to work with other agencies if involved in the same complaint by being unified, responsive and effective in working with the complainant. The protocol provides a framework for collaboration in handling a multi-agency complaint, to ensure:
 - A single consistent and agreed contact point is provided for the complainant.
 - That there is regular and effective communication between the agencies' complaints managers and the complainant.
 - And, that learning points identified are shared and responded to by each agency involved.
2. When a multi-agency complaint is received, the complaints handler (Head of Governance and Quality as Thames Hospice lead complaints handler) will contact the complaints handlers in the other agencies involved to agree who will take the lead role.
3. The following should be taken into consideration when making the decision:
 - Which organisation manages integrated services.
 - Which organisation has the most serious complaints about it.
 - Whether a larger number of issues raised relate to one organisation more than others.
 - Which organisation originally received the complaint (if seriousness and number of complaints are similar for each agency).
 - Whether the complainant has a clear preference for who leads the investigation.
 - The impact on the organisations' governance arrangements.
4. Once the lead complaint handler is identified, they should involve the others, identify how the complaint will be handled and confirm the issues to be addressed. The lead complaint handler will then ensure the complainant is aware of the joint response and who is the lead complaint handler.
5. If personal sensitive information needs to be shared across organisations to achieve an effective investigation and outcome, the complainant will be asked to complete a Consent Form (Appendix 3). If the complainant is unwilling to consent despite being clearly advised of the reasons why, then they will need to contact other involved agencies directly.
6. If consent for sharing information is given, the lead complaint handler will follow their own agency policy and procedure ensuring all agencies are kept up to date with progress and outcomes.
7. Further to the completion of the complaints process, a summary of the findings and any action plan must be shared with all agencies to ensure learning and practice development as appropriate.

APPENDIX 3

Statement of Consent for the Disclosure of Personal Records

Name _____

Address _____

Telephone number _____

Email address _____

I hereby give my consent for the organisations listed below to share any relevant information in order to complete the investigation into my complaint. I understand that this is likely to include disclosure of my personal records.

_____ (Lead organisation)

_____ (Organisation)

_____ (Organisation)

This will assist the investigation of my joint organisation complaint, which is being co-ordinated by the Thames Hospice Head of Governance and Quality.

The reasons for and the implications of this, have been explained to me by the above named complaints manager. I understand that information exchanged as agreed by me must be used solely for the purpose for which it was obtained.

Signed _____ Date _____