



Complaints and Concerns Policy and Procedure

I. POLICY STATEMENT

Effective governance of North Devon Hospice is a key factor in maintaining and improving public confidence in the organisation. A key aspect of this is to have in place a clear Complaints and Concerns Policy & Procedure. North Devon Hospice believes that having such a policy in place can:

1. Strengthen our capacity to deliver good-quality services
2. Build the trust of our beneficiaries, stakeholders and the wider public.
3. Empower beneficiaries by instilling confidence in them and giving them more influence over the charity and the way it operates.
4. Enables North Devon Hospice to show that it is focusing on the users' needs.
5. Enable the charity to demonstrate that it has an open, fair and honest approach.
6. Enable problems or concerns to be tackled early.
7. Benefit North Devon Hospice's development by, for example, providing valuable information on our services.
8. Help measure the quality of services and give trustees and staff an opportunity to monitor and improve them.
9. Help find ways of being more responsive to unmet needs.
10. Enhance the charity's reputation by helping communication, showing a caring approach, helping to foster a good reputation for service and confirming the charity's commitment to excellence.

I.1 Introduction

Positive and negative reactions to our services from patients, relatives, carers or customers are important indicators of the quality and level of service that we provide. Complaints should not be received in a wholly negative light, but rather as an opportunity to reflect and learn and a means by which we can assess and further improve the care and service that we are able to give.

There is evidence that relatives, carers and, in particular, patients are reluctant to criticise the care they receive for fear that it might impact their care or the perception of them by the care team. However, for patients, relatives and carers cared for at North Devon Hospice every opportunity and assistance must be given to assist patients to voice their concerns about the care received.

At the outset it is important to present an open and professional attitude to the complainant and to assure individuals that we will listen to their complaint with the intention of fully investigating their concern. The unsatisfactory handling of a complaint may be a cause of complaint in itself and, therefore the complainant must be assured that their complaint will be fairly and fully considered.

All staff and volunteers must be aware of their duty to voice their concerns about questionable or poor practice in accordance with the Public Interest Disclosure Act 1998 and should follow the hospice's Whistleblowing Policy.

All staff and volunteers will be assured that they will not be penalised at any time for complaining in good faith about poor practice.

1.2 Principles Underpinning the Complaints and Concerns Policy and Procedure

Complaints and concerns may be raised against any employee, seconded staff, agency worker, bank staff, practitioners with practising privileges and volunteers, services provided by the hospice or facilities.

The complaints and concerns procedure will be brought to the attention of all employees, seconded staff, agency workers, bank staff, practitioners with practising privileges and volunteers, who will receive training on:

- what constitutes a complaint or concern
- the procedures for receiving and dealing with a complaint or concern

Members of staff that are involved in the provision and procedural elements of the complaints procedure will be trained in its operation.

A register of complaints and concerns raised regarding our clinical services will be maintained by the Clinical Quality Assurance and Improvement Lead. A register of complaints and concerns raised regarding our non-clinical operations will be maintained by the Personal Assistant to the CEO. The registers will include information on whether or not the complaint was upheld, the result of any investigation, action(s) taken and the resolution of the complaint. These registers will support a bi-monthly report that will be reported to the Board of Trustees via SMT and CGC. The Clinical Service Complaint register will in addition be reported to Care Quality Working Group. This will include an annual audit of complaints and concerns to identify trends or emerging themes.

The Complaints and Concerns Policy and Procedure and any information based upon it will be accessible to patients, relatives and carers whilst ensuring there is no breach of confidentiality or data protection.

In the event that a patient, relative, carer, customer or supporter wishes to be supported in using the Complaints and Concerns Policy and Procedure, staff should advise a member of the hospice Senior Management Team who will identify an appropriate person to offer support. If the complaint is made out of hours and requires immediate action, the on-call manager must be notified.

Where care is provided to children, staff must be aware of the potential difficulties a child faces in expressing concerns or complaints and how the child should be supported.

The contribution of volunteers is vital to the achievement of the aims, objectives and philosophy of care. Their behaviour must match the high standards expected of paid staff.

Where complaints are made against a volunteer the Chief Executive will liaise closely with the Director of Human Resources in investigating and answering the complaint.

2. PROCEDURE

2.1 Prevention

Whilst not all complaints and concerns can be avoided, it is believed that the manner in which situations are handled can sometimes avoid formal complaints.

All complaints and concerns will be dealt with in a courteous and sympathetic manner and where possible involving the front line staff with whom a concern has been raised.

As part of the essential care of the patient and their family, staff must address any problems at the earliest opportunity, or report them to their Line Manager for help or advice.

Any complaints or concerns either formal or informal that raises concerns or requires action of the line manager must be reported to the Clinical Quality Assurance and Improvement Lead or PA to the CEO accordingly via the electronic complaints and concerns reporting form. This enables monitoring of complaints or trends.

Complaints and concerns can come into the organisation in different formats such as written, verbal, social media, feedback forms and word of mouth. All complaints and concerns are taken seriously, an investigation is undertaken and outcomes and learning points are logged and cascaded to teams involved.

2.2 Verbal Complaints

Verbal complaints are particularly important both in providing the opportunity for resolving issues quickly and in providing evidence of dissatisfaction.

It is the duty of every member of staff to explain or apologise courteously and promptly if a complaint (or any adverse comment) is received.

Where an immediate answer to the complaint is not possible and further investigation is required, the complainant must be informed of the timescales as set out under "Written Complaints".

If the complainant wishes to speak with someone outside the complained situation (during or outside working hours), options that may be offered include the:

- Chief Executive
- Member of the Senior Management Team
- Leadership Team
- On Call Manager (out of hours)
- Quality Lead

All members of staff have a duty to report any verbal complaint or concern and the response, to their Line Manager and Director. For clinical complaints and concerns, the Clinical Quality Assurance and Improvement Lead must also be informed via the electronic complaints and concerns reporting form.

For complaints or concerns about other aspects of the hospices work or people the PA to the Chief Executive must also be informed.

The Chief Executive must be informed of any serious verbal complaint or potentially serious complaint by the Line Manager or Director as quickly as possible. This will be investigated as though a written complaint had been submitted.

The Line Manager has a duty to document the complaint and the outcome and send a copy to the Chief Executive.

Wherever possible the complainant must be given the chance to participate in (or approve) the entry detailing the complaint.

In the event that the Line Manager believes a written follow up may be appropriate, one should be sent by the Line Manager or Director after consultation with the Chief Executive.

The Line Manager must document any actions taken or needed to rectify a service deficiency. If the complaint relates to an employee the Line Manager must consult with the Director of Human Resources prior to any investigation(s) commencing and throughout the investigation process.

The Chief Executive will arrange the circulation of copies of any of the above documentation to the Board of Trustees as appropriate.

It is North Devon Hospice's policy that all complaints are discussed by the Board of Trustees. Confidentiality must be respected when disseminating any information about a complaint.

2.3 Written Complaints

All written complaints must be addressed to the Chief Executive or where more appropriate the Director of Care who will write to the complainant within 2 working days acknowledging receipt (unless a full reply can be sent within 5 working days). If the written complaint is about the Chief Executive it must be addressed to the Chairman.

The Chief Executive's ultimate duties are to:

- Investigate all written complaints where appropriate or appoint an appropriate Manager to carry out the investigation (see above).
- Respond personally to a complaint, or approve any response given (the Chief Executive will decide who will respond).
- Oversee the procedure.
- Ensure that the advice of the Human Resources Department is sought in relation to any complaint against a member of staff.
- Ensure that patients, carers, relatives, customers and supporters are informed of the means by which they can make a complaint and if they are dissatisfied by the outcome, the avenues by which they can pursue their complaint.

The Chief Executive will take advice as appropriate from within the hospice regarding any complaints involving clinical judgement (defined as judgements made by members of the clinical professions by virtue of their knowledge and skill, which a layman could not make).

All staff involved in providing information to answer a complaint are reminded of the priority of providing a speedy response. A full response will be made within 20 working days of receipt of the complaint.

Where the investigation is still in progress, a letter explaining the reason for the delay will be sent to the complainant together with a date when a response can be expected.

Whilst written responses must always be given there is evidence that meetings to listen to the complainant and explain or apologise face to face can prove beneficial.

2.4 Deputising Arrangements

In the absence of the Chief Executive, the Director of Care will be the designated deputy overseeing the complaints procedure. In both their absences another member of the Senior Management Team will deputise.

Regardless of formal arrangements all members of staff have a responsibility to exercise sensitivity and initiative in dealing with complainants.

2.5 Internal Trustee Review

The complainant will be informed that if dissatisfied with the response an Internal Trustee Review may be initiated.

To initiate the Internal Trustee Review the complainant will be asked to respond within two weeks of receiving the written outcome of their complaint. The complainant must set out in writing details of why they disagree with the response received from the Chief Executive.

The purpose of the Internal Trustee Review will be to establish whether the complaint has been properly investigated and answered with a view to mediation/conciliation.

2.6 Disciplinary Procedures

The Complaints Procedure does not form part of North Devon Hospice's Disciplinary Procedure, however the Director of Human Resources must be consulted during the complaint investigation as the hospice's Disciplinary Procedure can be instigated at any point.

Documents and statements may be used as part of a disciplinary process. A separate disciplinary investigator may be appointed if appropriate.

Complainants may be informed in general terms of the initiation of disciplinary proceedings, but will not be told in detail of the outcome.

2.7 Lapse of Time

Complaints should be made as soon as possible and normally be made within 12 months of the date of the event, or as soon as the matter first came to the complainant's attention. This may not be appropriate for some individuals who are likely to be bereaved people, and may not be able to face making a complaint within such a time-scale. Complaints will therefore be answered regardless of the lapse of time. The investigation will be completed appropriate to the lapse of time and the availability of information.

2.8 Lesson learnt

Significant Event Meetings will be held every 3 months to discuss issues and lessons learnt from any complaints or concerns raised.

2.9 Dissatisfied Complainants

If the complainant is dissatisfied with the outcome of the Internal Trustee Review they can complain to the Care Quality Commission (the independent regulator of health and social care in England):

The Care Quality Commission cannot investigate individual complaints however they are happy to hear from complainants about their experience.

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Email: enquiries@cqc.org.uk

Website: www.cqc.org.uk

In addition, should a complaint remain unresolved by the NHS in England and UK government departments and other public organisations the Parliamentary and Health Service Ombudsman may also be contacted:

Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP.

Telephone: 0345 015 4033
Website: <https://www.ombudsman.org.uk/making-complaint>

It is the responsibility of the Chief Executive to make this information available to complainants.

Should the dissatisfaction relate to a non-clinical issue such as a disgruntled donor then in that instance the Fundraising Regulator should be contacted:

Fundraising Regulator
Eagle House
167 City Road
London, EC1V 1AW

0300 999 3407

admin@fundraisingregulator.org.uk

3.0 Support When Making A Complaint

Making a complaint can be very difficult. However, there are a number of organisations that can provide helpful advice and support for you. In this information sheet, some of these organisations are listed.

Additional Assistance Available for the Complainant

 <p>The Patients Association The Patients Association is a National health care charity that highlights patients' concerns and needs.</p>	<p>0845 608 4455 www.patients-association.org.uk</p>
 <p>advice and support for older age Independent Age</p> <p>Independent Age Independent Age is a National charity that works with older people, their families and carers to help them get the best care and support. It provides advice and information on many different issues, including how to complain about health care or social care.</p>	<p>0800 319 6489 www.independentage.org.uk</p>
 <p>Citizens Advice Citizens Advice provides free, confidential and independent advice.</p>	<p>www.citizensadvice.org.uk</p>

North Devon Hospice Complaints and Concerns Record Form

Please complete for any complaints or concerns raised and return to Clinical Quality Assurance and Improvement Lead or PA to CEO where appropriate

Date	Via	Initials of complainant	Nature of complaint or concern	Investigating Manager	Outcome	Date Completed

Date of Ratification:	April 2003
Revised:	July 2005 September 2007 April 2008
Review Date:	September 2010 September 2011 September 2014 March 2016
Review Date:	March 2019
Reviewed/Rewritten:	July 2022
Review Date;	July 2025
Reviewed:	
Review Due:	