



## COMPLAINTS POLICY & PROCEDURE

(including potential complaints, adverse comments and suggestions)

|                                |                                 |
|--------------------------------|---------------------------------|
| <b>Lead Author &amp; Role:</b> | <b>Lynne Wright/Kate Abson</b>  |
| <b>Document Owner:</b>         | <b>Chief Executive Officer</b>  |
| <b>Applicable to:</b>          | <b>All staff and volunteers</b> |
| <b>Authorised by:</b>          | <b>SMT</b>                      |
| <b>Date authorised:</b>        | <b>March 2016</b>               |
| <b>Next Review Date:</b>       | <b>June 2025</b>                |

### **Summary/Purpose**

St Michael's Hospice (SMH) wants everyone encountering the hospice to receive the very best care and attention, whether they are a patient, visitor, supporter, staff member, volunteer or contractor. As part of this, we encourage people to make comments, suggestions and, if necessary, complain because this helps us learn and improve. We take all feedback seriously and, where necessary, will investigate the issue thoroughly and report back in an open and transparent way.

This policy and procedure provides instructions on how to manage a complaint from receipt through to resolution.

*In the case of hard copies of this document the content can only be assured to be accurate on the date of issue marked on the document. The most up to date policy or procedure will always be available on St Michael's Hospice intranet.*

## Policy Log & Version Control

| Date    | Name         | Reason  | Version |
|---------|--------------|---|---------|
| 07/2015 | Lynne Wright | New format and update   | 1       |
| 10/2018 | Kate Abson   | Combine Policy and Procedure. Simplification of process to ensure that all adverse comments and potential complaints are also recorded. | 2       |
| 08/2020 | Kate Abson   | Updated to include use of Vantage and more detail on non-care complaints  | 3       |
| 06/2022 | Mike Keel    | Routine Review  | 4       |

### Related Hospice policies/procedures:

- Risk Management Strategy
- Information Governance Framework
- “What do you think of your Hospice Leaflet” (complaints leaflet)
- Incident Reporting
- Duty of Candour
- Mental Capacity Act and Best Interests

### Policy Monitoring, Review and Audit

To be reviewed every three years or when legislation requires. An audit should be undertaken of a random selection of complaints made during the year to ensure adherence to the principles above.

### Scope

This policy and procedure applies to the handling of complaints about any SMH service, department and/or any member of staff or volunteer.

### Staff Responsibilities

**Board of Trustees** Delegates responsibility to the Strategic Management Team (SMT) for receipt and investigation of complaints in their department. If a complaint is not resolved, the board may undertake its own investigation as part of the internal appeal process.

**SMT** To ensure:

- Highest standard of practice
- Any complaint is recorded and fully investigated
- The complainant is kept informed as per procedure
- Any actions or learning are disseminated
- Relevant regulatory requirements and compliance is adhered to

|                                       |  |
|---------------------------------------|--|
| <b>Line Manager/<br/>Investigator</b> | To oversee the investigation (as directed by SMT member) to completion as per procedure flowchart.   |
| <b>Staff or Volunteer</b>             | Follow procedure flowchart.  |
| <b>Quality Team</b>                   | Shall supply a written copy of the Complaints Policy and Procedure on request and ensure that all complaints are logged (to include investigations and actions taken) and responded to according to the Procedure Flowchart. |

## Procedure Content

### Covers:

- Receipt of verbal and written complaint
- Acknowledgement of formal complaint
- Investigation of formal complaint
- Resolution and communication with complainant
- Non-resolution/Internal and External Appeal processes
- Working with Regulatory Bodies

### Records

All suggestions for improvements, adverse comments, informal or formal complaints must be recorded on the 'Vantage' system. The process for dealing with these differs depending on whether they are a complaint (formal or informal) or a concern or adverse comment, but the need to capture learning to support improvement is common to all.

For the purposes of this document all **formal complaints, potential complaints, adverse comments**, and **concerns**, whether written or verbal, will be referred to as complaints and the person making the complaint will be referred to as the **complainant**. See Procedure Flowchart (**Appendix 1**).

Any complaint received must be recorded, reviewed and investigated, if appropriate, and dealt with in a swift and effective manner, which ensures complete fairness for all involved.

### Definitions

- **Complaints (usually written)** are comments in which the originator is saying that: They are *concerned* that something is *unsatisfactory* about the hospice, about the service that they have received or about behaviour or events that they have witnessed or experienced and which they or the Hospice considers require a response.
- **Comments** are statements made by service users, customers and supporters expressing judgements about a hospice service, operation or event. Some comments can be construed as **adverse** and **potential complaints**.
- **Suggestions** are comments proposing improvements in services, operations or events.
- **Informal complaints.** An **informal complaint** differs from a **formal complaint** in the way it is processed but both contribute to the overall

complaints process. The complainant decides whether their complaint is formal or informal. An **informal complaint** can usually be dealt with through discussion with the complainant (written or verbal). The complainant will probably preface their complaint with words such as: “I don’t want to make a formal complaint but...” or “I don’t want to make a fuss but want to let you know that...”. Often dealing with an **informal complaint** quickly and properly, by talking to the complainant, avoids escalation to a **formal complaint**.

- **Formal complaints** require full adherence to the procedure to address the complaint and ensure resolution.
- **Verbal and Written complaints**  
The only distinction between a **verbal** and **written** complaint is the method they are delivered. Whether it is written or verbal does not determine whether it is formal or informal.
  - **Verbal.** It is essential that verbal complaints are recorded on the Complaint/Adverse Comment Template on Vantage (see **Appendix 2** for those who do not have access to Vantage) to ensure the Charity has a full picture of all complaints, comments and suggestions. The Complainant may be so upset or angry they may not be able or want to complete a form or write anything. They may not be able to write or English may not be their first language. How they make their complaint should never be a barrier to the hospice receiving them. Staff should complete the form on the complainant’s behalf (ideally in their presence and with their help to ensure transparency and accuracy) it should be done on the same day and an immediate resolution sought where possible. The following should be considered when completing the template:
    - Nature and details of complaint
    - Whether further actions or an investigation is necessary and, if so, what is the outcome
    - Actions taken and people informed
    - Resolution of complaint
  - **Written** (via letter, Hospice Complaint leaflet or email) received by any member of staff should be forwarded immediately to the relevant SMT member.

#### **For complaints about Care**

- Suitability to represent a patient normally depends on the patient’s knowledge and consent that a specific person may act on their behalf. In these cases, consent needs to be obtained from the patient for the release of potentially confidential information.
- Where the patient has died or is unable to give consent, it is necessary to establish that the complainant is suitable to represent the patient.
- Confidentiality of the patient and any known wishes expressed by the patient that information should not be disclosed to third parties should be respected always.

## Process: (See Appendix 1 – Complaints Procedure Flowchart)

|                                      | <b>FORMAL</b>  | <b>INFORMAL</b>  |
|--------------------------------------|--|--|
| <b>RECEIPT AND ACKNOWLEDGEMENT</b>   | All complainants will receive a written acknowledgement of their complaint within <b>3</b> working days ( <b>Appendix 4</b> ). This letter should detail the complaint's progress.   | Informal complainants do not usually want an acknowledgement but if they do, it should be sent in the same way as a formal complaint.  |
|                                      | <i>Vantage record to be commenced and letter attached.</i>   |  |
| <b>INVESTIGATION &amp; RECORDING</b> | <p>An 'investigator', independent of the events complained about, will be nominated to investigate the complaint.</p> <p>All findings will be fully documented.</p> <p>Any communication with the complainant will be documented.</p> <p>A full response must be sent to the complainant within <b>20</b> working days of receipt of the complaint.</p> <p>If it is not possible to send a full response within the <b>20</b>-day time scale, a letter explaining the delay must be sent to the complainant and thereafter every <b>five</b> days.</p> | <p>Details to be recorded on <b>Appendix 2</b> if unable to complete Vantage) including any resolutions or outstanding issues.</p> <p>Line manager to review/assess for further actions and process as considered appropriate, following 'Formal' route if necessary.</p> <p>Keep SMT member informed of any potential concerns.</p> |
|                                      | <i>Vantage record to be updated and any documents attached.</i>  |  |
| <b>RESOLUTION</b>                    | <p>Action plans should be completed within the stated time scale and reviewed; this should involve the staff concerned whenever possible.</p> <p>Complaints are included in the quarterly report to relevant trustee committee, including any items for organisational change or learning.</p>   | If using template, return to Quality and Compliance for recording onto Vantage.  |
|                                      | <i>Vantage record to be updated and any documents attached.</i>  |  |
| <b>NON-RESOLUTION</b>                | If the complaint is NOT resolved to the satisfaction of the complainant, the Appeal Process will be commenced:   | N/A  |
| <b>INTERNAL APPEAL</b>               | The Board of Trustees will perform their own investigation and feedback to complainant.  | N/A  |
|                                      | <i>Vantage record to be updated and any documents attached.</i>  |  |

|                        |  |     |
|------------------------|--|-----|
| <b>EXTERNAL APPEAL</b> | <p>If the complaint is still not resolved to the satisfaction of the complainant, then the complainant's next step is to contact the following:</p> <p><b>For Care related complaints:</b><br/>Parliamentary and Health Service Ombudsman (PHSO).<br/>Customer helpline 0345 015 4033</p> <p><b>For Lottery Complaints:</b><br/>Independent Betting Adjudication Service<br/>www.ibas-uk.co.uk<br/>020 7347 5883</p> <p><b>For Fundraising:</b><br/>Fundraising Regulator<br/>www.fundraisingregulator.org.uk/complaints<br/>0300 999 3407</p> | N/A |
|------------------------|--|-----|

### For Care related complaints ONLY

The Care Quality Commission (CQC) are unable to follow up complaints, as they do not have powers to investigate or resolve them, the only exception to this is for people whose [rights are restricted under the Mental Health Act](#). However, CQC would like to know if a complaint has been made to a service provider.

The CQC can ask providers for information about a complaint; if this is not provided within 28 days of their request, it may be seen as preventing CQC from taking appropriate action in relation to a complaint or putting people who use the service at risk of harm, or of receiving care and treatment that has, or is, causing harm. The 28-day period starts the day after the request is received.

### For Fundraising complaints ONLY

The following additional criteria must also be adhered to:

1. An opportunity to refer the complaint to the Fundraising Regulator (FR) if the complainant is dissatisfied with the outcome of the investigation provided that they do so within two months of our response.
2. A Record of complaints will be available for inspection by the FR (on request after reasonable notice) and will include details of the complaint, the date it was received, details of any investigation undertaken and a copy of all communications regarding the issue.
3. Records relating to a complaint, will be keep for at least 24 months from the date on which the complaint was made, except where data protection law requires that the information be put beyond use earlier than this (for example, where the complainant within this timeframe requests that their information be destroyed).

4. Copies of fundraising materials will be provided if requested to do so and SMH undertakes to cooperate fully with the FR in the event that a complaint is referred to them and to comply with any remedy that they propose.

### **Compliance with Statutory Requirements**

- Private and Voluntary Health Care (England) Regulations 2001; Chapter 1: Quality of service provision, Regulation 23
- Care Quality Commission 2015 regulation 16: Receiving and acting on complaints:
- <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints>
- Fundraising Regulator. <https://www.fundraisingregulator.org.uk/>
- Gambling Commission. <https://www.gamblingcommission.gov.uk/home.aspx>
- Independent Betting Adjudication Service. <https://www.ibas-uk.com/>

### **Training**

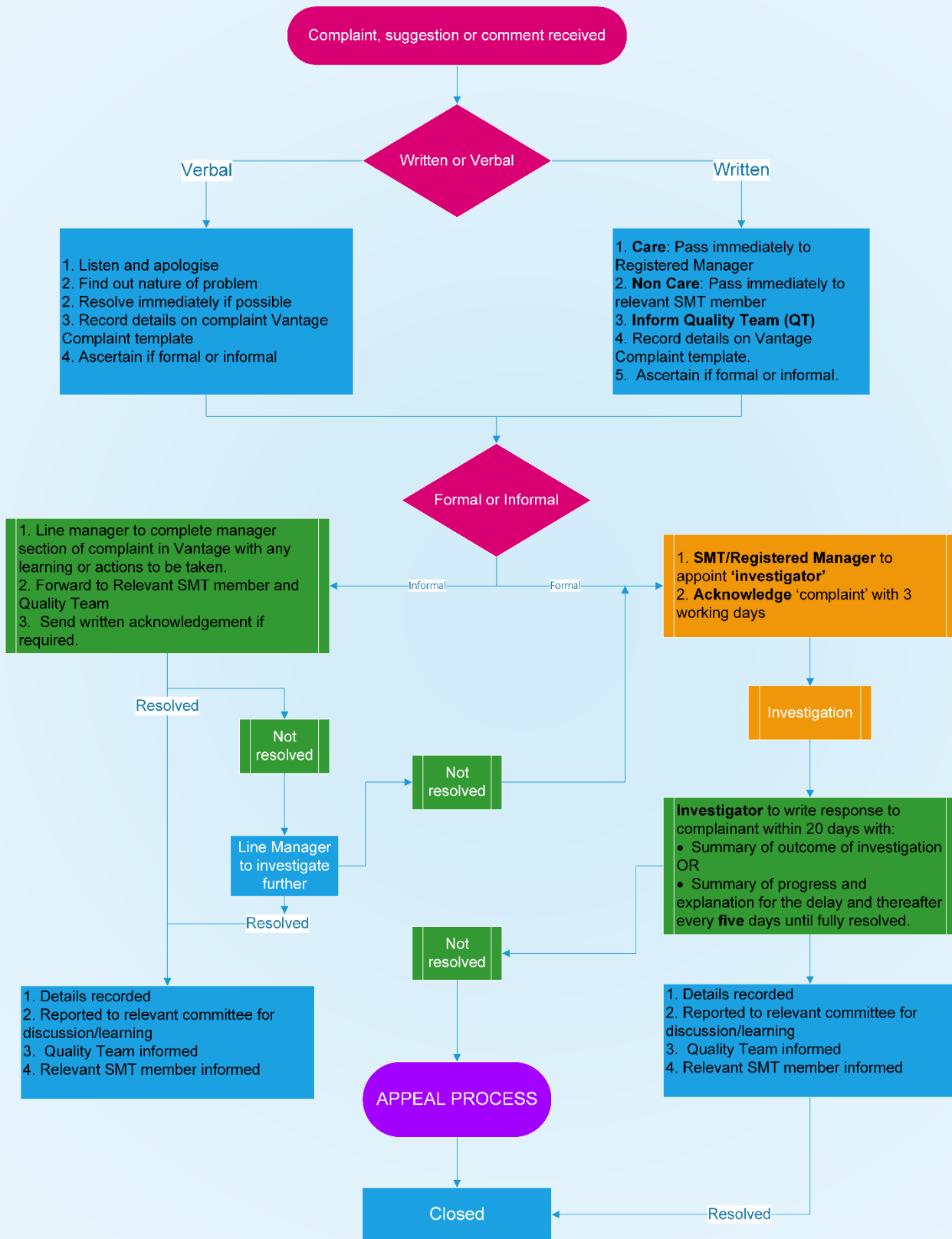
Training must be provided to all staff on:

- What is a complaint (formal and informal) and how to deal with it if it should arise as an aside within other communication?
- The importance of recording any complaint and any conversations that take place.
- How to deal with someone making a complaint, the complaints process (verbal and written) and current related guidance.
- Assessing and investigating complaints and ensuring staff have the right level of knowledge and skill.

**Appendix 1**

**Complaints Procedure Flowchart**

An **informal complaint** differs from a formal **complaint** in the way it is processed but both contribute to the overall **complaints** process. An **informal complaint** is done through discussion (written or verbal) and should always be attempted before moving into the formal **complaint** process





## Appendix 2 complaint/ADVERSE COMMENT TEMPLATE

(to be completed by staff receiving adverse comments or verbal complaint)



| Date and Time  | Where | People involved                              |
|--|-------|--|
|  |       | <i>(include patients name if applicable)</i> |
| Details – to include all relevant comments and details |       |  |

| Name/Designation of Person receiving adverse comment or complaint | Date form completed |
|---|---------------------|
|   |                     |

### THIS DOCUMENT WILL AUTOMATICALLY BE EMAILED TO:

- Line Manager for information or further investigation
- Quality Team for information

***For completion by Line Manager:***

**Completed form to be sent to:**

- Relevant SMT member
- Quality Team

| Is further investigation necessary | Yes<br>(Complete details below) | No<br>(write 'Closed' and date below) |         |
|------------------------------------|---------------------------------|---------------------------------------|---------|
|                                    |                                 |                                       |         |
| Actions to be taken                |                                 | By Whom                               | By when |
|                                    |                                 |                                       |         |

## Appendix 3 – TEMPLATE ACKNOWLEDGEMENT LETTER



Dear

Thank you for your letter (*DATE*)/Thank you for your verbal complaint (*DATE*). St Michael's Hospice takes complaints seriously and values them in helping us to identify any ways we can improve our service. Our aim is to ensure this process will provide you with some reassurance that we are taking your concerns seriously and the necessary steps to address them.

### **Your concerns**

I was sorry to hear of your concerns and confirm that I have requested a full investigation. A nominated member of staff has been asked to look into your concerns.

I understand that your main areas of concern are:

- 
- 

### **The process**

In response to your complaint we propose carrying out an investigation and as a result of the investigation we would like to identify the lessons to be learnt, any changes that should be made to our procedures and any other action deemed necessary.

An investigating officer [*NAME*] will look into your complaint on your behalf. The officer's role is to undertake a thorough review into the circumstances that have caused you concern, to clarify the facts, to document the events, to understand the causes and to make appropriate recommendations should any be required as outcomes.

We propose formally responding to your complaint within 20 working days; if for some reason we are unable to do so, we will write to you again closer to the deadline. We trust that this is acceptable to you, but if you wish to discuss this please do not hesitate to contact me on the above number.

Please find enclosed a leaflet which gives information on the complaints process involved when handling a formal complaint.

Please do not hesitate to contact us on the above number if you have any queries.

Yours sincerely

[Relevant SMT Member]



# St Michael's Hospice

## Complaints Procedure

For users of St Michael's Hospice services

St Michael's Hospice strives to provide the best possible standard of service to meet the needs of patients, their relatives and friends. Your views can be very useful in helping us to identify any aspect of our service which may need to be improved.

Should you feel that you need to complain or have concerns about the service you have received please do not hesitate in letting the staff know. There are leaflets called "What do you think of your Hospice" available for completion\* (see note below), where you can write your complaint or concern. In the case of a very ill person, it may be appropriate for a relative or friend to act on behalf of the patient. It might be that you would just like to 'voice' your concern to a member of staff. They will ensure it is dealt with appropriately and noted for future learning.

All complaints are handled with utmost confidentiality. Only those members of staff directly involved will know any details.

If your complaint cannot be resolved immediately the appropriate senior member of staff will be informed who will further investigate and will let you know the outcome, in writing, within twenty working days. If your complaint cannot be resolved within twenty working days you will receive a letter explaining progress thus far. Once the complaint has been fully investigated you will receive a full written reply within five days. This will outline action we have taken to minimise further occurrence of the situation.

If you feel your complaint has not been dealt with satisfactorily, you can take this further by contacting the Parliamentary and Health Service Ombudsman, the independent complaint handling service; details are below.

### Parliamentary and Health Service Ombudsman

Customer helpline

0345 015 4033

8:30am - 5:30pm

Monday - Friday

- "What do you think of your Hospice" ('complaints) Leaflets are available at Reception, the Beverage Bay (IPU), Day Services and the Café. There is also a posting box for collection of forms or you can hand them into a member of staff.