

ROWANS HOSPICE GROUP

COMPLAINTS AND CONCERNS POLICY & PROCEDURE

Policy Statement

Rowans Hospice Group endeavours to provide a high standard of service. Complaints and concerns should be viewed as an opportunity for learning and reflection so that we improve and develop our service through the information gained.

STAFF RESPONSIBILITIES

Chief Executive – Registered Provider

- Responsible for ensuring that the policy and procedure is in place and adhered to.
- Responsible for maintaining a culture of candour.

Director of Clinical Services – Registered Manager

- Responsible for the management of clinical complaints
- Responsible for open and apologetic response to all concerns raised
- Ensures that clinical staff and other staff, as appropriate, are aware of the policy and procedure and how to apply it.
- Ensures that patients and their families/carers are informed of the complaints policy and process.

Director of People Services & Income Generation

- Responsible for the management of non-clinical concerns and complaints arising from People Services and Retail, fundraising and supporters.

Hospice Executive Group

- Responsible for investigating complaints/concerns as appropriate to their areas of responsibility
- Responsible for ensuring responses/actions are documented
- Responsible for taking appropriate action as a result of investigation

Clinical staff

- Responsible for compliance with the policy and procedure and understanding their duty of candour
- A duty of candour means to ensure that people, and where appropriate their families and carers are informed of unanticipated events, which may or have caused harm above a predetermined threshold. An apology, full explanation of the event and assurances about their continuity of care must be given in a compassionate and sensitive manner.

Dealing with concerns

All informal concerns must be dealt as soon as they arise as if they were formal.

Dealing with complaints

A complaint is an expression of dissatisfaction about the quality of service provided by the organisation or about the competence, attitude or performance of members of the organisation whilst carrying out their duties.

All potential complaints, whether written or verbal, will be dealt with as follows:

- To be brought to the attention of an appropriate member of the Hospice Executive Group (HEG).
- The complaint must be acknowledged within two working days
- It needs to be established whether this is a formal complaint or a concern that requires investigating

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- If investigation is indicated an impartial investigating officer (usually a member of the HEG) must be assigned to investigate the complaint or concern and respond back to the complainant with a final outcome within 20 working days.
- The outcome will be documented and given to those who raised the concern/complaint.
- All documentation will be kept within the concerns/complaints file

Matters excluded from consideration under this policy:

- Complaints received about another organisation or healthcare provider – this will be acknowledged and investigated internally informing the complainant of our investigation/outcomes and how to take this forward with the other organisation or healthcare provider if they wish to do so.
- A complaint made by an employee about any matter relating to his contract of employment
- A complaint, which is being, or has been, investigated by the Care Quality Commission
- A complaint where the complainant has stated in writing that they intend to undertake legal proceedings.

Persons who may make complaints/concerns

A complaint or concern may be made by:

- a) A patient, client; or
- b) Any person who is affected by, or likely to be affected by the action, omission or decision made by Rowans Hospice Group.

A complaint or concern may be made by a representative acting on behalf of the above when that person:

- Has died
- Is a younger person – 16/17 years of age
- Is unable by reason of physical or mental incapacity to make the complaint or raise the concern
- Has requested a representative to act on their behalf and provided written consent.

In the above situations the representative must be a relative or other person who, in the opinion of the Chief Executive or Registered Manager, had or has a sufficient interest in their welfare and is a suitable person to act as representative.

If the opinion is such that the representative does or did not have a sufficient interest in the person’s welfare or is not a suitable person to act as a representative, they must be notified in writing, including reasons.

In the case of a younger person, the representative must be a parent with parental authority, guardian or other adult person who has responsibility for the child; and where the younger person is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by that authority.

In this policy any reference to a complainant includes a reference to their representative.

Making a complaint/ concern

A complaint or concern may be made verbally or in written form to any member of staff or volunteer within Rowans Hospice Group.

The date when the complaint or concern is received denotes the first day of the complaints procedure.

Handling of Complaints/concerns

In the event of a person wishing to make a complaint this will be dealt with:

- In a courteous and sympathetic manner, with respect for the complainant’s views
- Promptly and efficiently
- Appropriately
- In accordance with the Complaints procedure.

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- In accordance with the 'Being Open'/Duty of Candour procedures and policy.

Complaints will be handled confidentially with information shared by the investigator with those who have a need to be involved and between relevant key personnel only, namely HEG members.

It is up to the individual to decide to whom he/she may wish to complain or raise a concern. Routinely, however, an appropriate member of the HEG should be invited to deal with the matter in the first instance. HEG members are:

Chief Executive	Kirsteen Murray
Director of Clinical Services/Matron	Erika Lipscombe
Medical Director	Dr Katie Jerram
Director of Finance	Sam Jelliff
Director of Quality	Jenny Redman

The Complaints Policy and Procedure and Duty of Candour policies will be accessible to all staff and volunteers.

The Complaints Procedure and Accessing Independent Advocacy Guidelines should be accessible to all 'users' of Rowans Group services, free of charge.

Where a patient, client or relative makes a complaint and requires assistance, a member of staff should support them through the process. Alternatively support can be provided from the Independent Advocacy Service, this will:-

- provide an advocate who can support the complainant to express their views and needs
- support the complaint to exercise their rights e.g. housing matters, complaints and disagreements about the service. For further information and contact details please refer to the Accessing Independent Advocacy Guidelines.

External support for the complainant can also be obtained from the Independent Health Complaints Advocacy (IHCA) – tel. 0330 440 9000, email – info@seap.org.uk, website - <https://www.seap.org.uk/services/nhs-complaints-advocacy/>

Or <https://www.pohwer.net/nhs-complaints-advocacy>, Tel Call us on 0300 456 2370

Both above services are independent charities whose aims are to give people support if they have a complaint regarding their National Health Service treatment. NB: Rowans Hospice clinical services are commissioned by the NHS.

Investigation of complaints/concerns

All staff and volunteers will be expected to co-operate with any investigating officer.

Purpose of Investigation - the investigation should:

- Establish the facts
- Identify underlying causes
- Take action to prevent events happening again
- Review and revise any relevant risk assessments
- Inform everyone who needs to know

It is the responsibility of a designated HEG member to carry out an investigation, including an analysis of any root causes that may have contributed to the events surrounding and forming the basis of a complaint or concern.

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Documentation

This should be filed separately from health records and be available for Care Quality Commission Inspection at any time. There are two separate files, one for formal complaints and the other file for concerns.

A register/folder of complaints and concerns will include information such as the date the complaint/concern was received; response dates; whether the complaint was upheld; the outcome of the investigation and the action/s taken.

Once a concern or complaint is received, whether verbal or written, the following forms must be completed to provide an audit trail and for monitoring purposes. These will be filed within the files for complaints and concerns:

- a. Complaint form – to be completed by the staff or volunteer receiving the verbal/written complaint, giving details of the complaint/concern and contact details to ensure follow up.
- b. Tracking/process notes
- c. Action form – documenting the outcome/s and whether the complaint or concern has been resolved.

Staff support and training

Staff and volunteers who are involved with the complaint/concern will be supported by their manager. All staff and volunteers will receive training on the complaints and 'Speak Up' (Whistleblowing) policy and procedure as part of their induction.

Outcome of complaints and concerns

Where appropriate the nature and outcome of a complaint/concern will be fed back to those who received the complaint/concern for transparency and learning. Depending on the nature of the complaint/concern and outcome/action, there may be an identified need for further training and/or change in practice. On rare occasions, where the complaint was directed to a member of staff or volunteer, a disciplinary investigation may be required.

In any event, general issues arising from a complaint or concern will be discussed openly to support learning, fostering a 'no blame' culture. However, confidentiality must be respected and consent obtained from those who are involved. For complaints related to patient/client/carer services,

this will be supported and monitored by the Hospice Executive Group.

Complaint levels should be monitored and documented in the Quality Account and Clinical Governance Annual Report, which are published and made available to The Board of Trustees and the Care Quality Commission and NHS England.

The hospice is regulated by the Care Quality Commission which anyone can inform that if not satisfied with service provision and response of the Local Government Ombudsmen.

Details are –
Care Quality Commission National Correspondence,
Citygate,
Gallowgate,
Newcastle upon Tyne,
NE1 4PA. Telephone: 03000 616161.

Please refer to their website for other professional organisations that you may wish to contact.
<http://www.cqc.org.uk/content/regulation-16-receiving-and-acting-complaints#guidance-links>

PROCEDURE

Written and Verbal Complaints

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1. A written complaint should be date stamped on receipt and passed on to the Chief Executive (or respective Registered Manager for clinical complaints arising from Rowans Hospice) for logging and relaying to the appropriate HEG member (or another) to investigate. A verbal complaint should be recorded and dated in the same way.
2. A written letter of acknowledgement of the complaint should be given within two working days of receipt.
3. Within three further working days, the complainant should be invited to meet to discuss and state what he/she considers an appropriate outcome and an achievable timeframe to conclude (not greater than 20 days).
4. Commence the investigation. If possible, the outcome and the action/s arising from the investigation should be available to discuss with the complainant within 10 working days, although further meetings/discussion may be necessary. He /she should receive a formal letter summarising the outcome of the investigation within three working days of the investigation being completed.
5. A written response will be sent to the complainant within 20 working days from the date the complaint was made. This should summarise the nature and substance of the complaint, describes the investigation process and subsequent conclusions.
If a response is not feasible within the stated 20 days, a letter should be sent to the complainant explaining the reasons for the breach as soon as this is known by the investigating officer.
The time taken to resolve a complaint will depend upon the availability of relevant evidence, witnesses and the number of meetings/discussions that become necessary.

Additional Information to Assist with the Management of both Verbal and Written Complaints

It is important to acknowledge any new complaint with an apology at the earliest possible opportunity – with an immediate verbal response and a letter of acknowledgement for written complaints.

- The complaint should be recorded in the organisation’s log of complaints.
- Staff and volunteer statements should be written as a contemporaneous record with dates and times to support the investigation. The statement should be timed and dated and reviewed by the person offering the statement to ensure it is an accurate record.
- Any further contact with the complainant throughout the investigation process must be clearly documented and logged.
- Where it is found to be clear that there has been a mistake or a failure to meet required standards, this should be clearly stated in the response to the complainant and an appropriate apology given. In circumstances where there is a possibility that this may constitute an admission of legal liability, advice must be sought from the Hospice solicitors. Details should also be given of the action taken in order to prevent a recurrence of a similar problem.
- Copies of the response can be seen by any other person to whom the complaint was sent.
- Any complaint should be used by the investigating officer to identify any training needs, change in practice or organisational review that may need to be initiated as a result.
- It is possible that the complaint, if found to be justified, may lead to an investigation of an individual(s):
 - Undertake Rowans Hospice Group disciplinary procedure
 - By one of the professional regulatory bodies
 - By the police in the event of a criminal offence

Reporting and Review

The Chief Executive, respective Registered Manager/Medical Director will report clinical complaints to the Hospice Executive Group and the Clinical Governance Group with investigations/action plans reviewed and minuted.

For the purpose of maintaining confidentiality details, which disclose identity, will not be included in the notes of the meeting.

Other complaints will be taken to the Hospice Executive Group by one of its members. These will be reported into the appropriate Trustee Governance Groups and recorded in the minutes.

The Chief Executive will review all complaints quarterly, reporting these to the Board/s of Trustees/Non-Executive Directors. All active complaints and concerns will be monitored monthly by the HEG. Notifiable

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incidents will be reported to the Charity Commission and Care Quality Commission by the Chief Executive (Registered Provider)/respective Registered Manager. Trends and action plans implemented from complaints will form the basis of discussion at all relevant Governance meetings.

The Registered Provider must act in accordance with Regulation 20: Duty of Candour in respect of complaints about care and treatment that have resulted in a notifiable safety incident.

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The Registered Person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of –

- a. complaints made under such complaints system,
- b. responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and
- c. any other relevant information in relation to such complaints as the Commission may request.

Related Policies and Procedures

Whistleblowers Policy and Procedure
Disciplinary Policy and Procedure
GDPR and Confidentiality Policy
Duty of Candour/Being Open

EQUALITY IMPACT STATEMENT

Rowans Hospice is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

References:

The National Health Service (Complaints) Regulations 2004. The Stationary Office Ltd.

Care Quality Commission - Regulation 16, Receiving and acting on complaints 2015.

Care Quality Commission Regulation 20: Duty of Candour

Original 1995, periodic review

March 2014 – references updated and contact numbers reviewed.

May 2015 – CQC Fundamental Standards addition to Provider requirements as highlighted.

July 2017 – changes made by KC and RW.

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