

COMPLAINTS AND CONCERNS - POLICY & PROCEDURE

VERSION CONTROL SHEET

Version	Date	Author	Status	Comments
19	Oct 2024	Louise Forbes Smith, PA to Clinical Services	Currently in use	As below
18	Aug 2024	Kayleigh Calvert, CQC Project Support	Currently in use	As below
17	May 2024	Peter Inkpen, Interim Delivery Director	Board comments added	
16	April 2024	Peter Inkpen, Interim Delivery Director	For Board Approval	
15	March 2022	Unknown	Currently in use	Nil

SUMMARY OF CHANGES SINCE VERSION 15

Page/Paragraph/Appendix	New/Amendment/Deletion/Statement
Whole document	Rewrite of policy and inclusion of a complaint's flowchart.
Page 4 and 5	Amendments made in regards to Vantage capability – removed reference to Vantage auto-emailing the insurers.
Whole document	Change to some of the complaint process and changes to job titles. Jo Fricker is now Clinical Director as of January 2025.

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1. POLICY STATEMENT

Rowans Hospice see complaints and concerns as an opportunity for learning and reflection so that we can improve and develop our services through the information and feedback received.

The objectives of this policy are to ensure:

- Complaints are dealt with efficiently.
- Complaints are properly investigated.
- Complainants are treated with respect and courtesy.
- Complainants receive, so far as is reasonably practical:
 - assistance to enable them to understand the procedure in relation to complaints.
 - advice on where they may obtain such assistance.
- Complainants receive a timely and appropriate response.
- Complainants are told the outcome of the investigation of their complaint.
- Action is taken, if necessary, in the light of the outcome of a complaint.
- Fairness to complainant and staff.
- Good practice is recognised and acknowledged.
- Issues raised are used as a learning tool to improve service delivery.
- Complainants can raise concerns without fear of being discriminated against.

What is a concern?

A concern is something you are worried about, or nervous about, which can be resolved at the time the concern is raised.

You can raise a concern about risk, malpractice or wrong doing you think is harming the service we deliver. A few examples of this might include (but not limited to):

- unsafe patient care.
- unsafe working conditions.
- inadequate induction or training for staff.
- lack of, or poor, response to a reported patient safety incident.
- suspicions of fraud.
- a bullying culture (across a team or organisation rather than individual instances of bullying).

(Source: Freedom to speak up: raising concerns (whistleblowing) policy for the NHS, April 2016)

What is a complaint?

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.

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Rowans Hospice manages all concerns and complaints in line with the six key principles of the Parliamentary Health Service Ombudsman's (PHSO) principles of good complaint handling. ([Ombudsman's introduction to the Principles | Parliamentary and Health Service Ombudsman \(PHSO\)](#))

Each concern or complaint is handled with the following in mind:

- We aim at all times to get it right.
- Concerns or Complaints are always patient focused.
- We are being open, honest and accountable.
- We are seen to act fairly and proportionately.
- We strive to put things right.
- We are always seeking continuous improvement.

Rowans recognises that patients, relatives, carers and visitors have a fundamental right to raise concerns about the services they receive. It is expected that staff will not treat patients, relatives, carers or visitors unfairly as a result of any complaint or concern raised by them. Any concern or complaints, by patients, relatives, carers or visitors who feel they have received unfair treatment as a result of having raised a concern or complaint will be investigated as a separate concern and appropriate action will be taken.

2. ROLES & RESPONSIBILITIES

Rowans Hospice Board:

The Board is the *accountable body* under this complaints policy. The Chief Executive (CEO) is the *responsible person* for ensuring compliance with complaints regulations. The CEO may delegate responsibility to Directors for signing off complaints as appropriate.

CEO:

- Ensuring that the policy and procedure is in place and adhered to.
- Maintaining a culture of candour.

Medical Director:

The Medical Director will ensure any complaint which involves medical judgement is investigated, and an appropriate response provided.

Clinical Director (Registered Manager):

- The management of clinical complaints.
- Open and transparent response to all complaints raised.
- Ensuring that clinical staff and other staff, as appropriate, are aware of the policy and how to apply it.
- Ensuring that patients and their families/carers are informed of the complaints policy and process.

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Director of Finance, IT & Facilities:

- The management and investigation of complaints regarding finance and budgets both clinical and non-clinical.
- The management of non-clinical concerns and complaints arising from Retail, fundraising and supporters.

Senior Leadership Team:

- Investigating complaints as appropriate to their area of responsibility.
- Ensuring responses/actions are documented.
- Taking appropriate action as a result of the investigation.

Clinical staff:

All staff must comply with the duty to be open and transparent with people who use their services, otherwise known as the “Duty of Candour” as cited in the Health and Social Care Act 2008 (Regulation 20). All staff have a personal responsibility to try and resolve complaints fully and quickly when they arise. Staff are further expected to cooperate fully in complaint investigations and provide accurate statements, when required.

3. PROCEDURE FOR SUBMITTING A COMPLAINT

3.1 A complaint may either be:

- Verbal
- Written in a letter
- By email to concernscomplaints@rowanshospice.co.uk

All complaints however received will be treated the same under this policy with regards to timeframes of response and levels of signatory.

3.2 Verbal complaints: Verbal complaints may be received either by telephone or in person. For each case a written record must be made setting out the issues and where applicable the complainant will be asked to sign the written document. The complaint is then to be entered onto the Vantage system for further appropriate actions to be taken.

3.3 Written complaints: A written complaint, when received, should have the date annotated on it so it is clear when it was received and by who. It is then passed immediately to the CEO’s office who will record the details onto the Vantage system for appropriate further actions to be taken.

3.4 Emailed complaints: Complaints are received via the dedicated email address: concernscomplaints@rowanshospice.co.uk

This email address is monitored each working day by the CEO’s office. Once received, the details of the complaint will be added to the Vantage system for further appropriate action.

A complaint must be raised within twelve months of the event, or within twelve months of the complainant becoming aware that they had cause for complaint. The CEO’s office has discretion to extend the limit where the complainant has sound reasons for not making a complaint within the time limit and where it is possible to investigate effectively.

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3.5 Once complaint received

The Clinical Director (Associate Director of Quality in their absence) will determine the appropriate level of the complaint based on the impact and possibility of litigation. If there is any doubt as to the level of complaint, level 2 should be selected.

The Clinical Director will allocate a senior member of management to take the complaint forward for investigation. Once selected, details of the complaint will automatically be forwarded to the chosen SLT member who will then be able to investigate and report back during the agreed timescale.

All complaints, however received, will be acknowledged by the Chief Executive's office, **in writing within 3 working days of receipt.**

All complaints, at whatever level, should be investigated and letter produced or face to face meeting arranged, with the complainant **within 20 working days of initial receipt.** If it becomes clear that the investigation will be delayed or requires additional time to reach a satisfactory conclusion a holding letter is to be sent to the complainant **within 20 working days.** This letter is to explain the reason for the delay and also when it is expected a final response will be forwarded.

If considered appropriate by the investigating member of staff, the complainant may be invited into the hospice to discuss the complaint to see if an early resolution could be reached. If, following discussion, it is clear this will not be the case the SLT member is to clarify the next steps and a letter, informing them of progress, will be sent to the complainant **within 20 working days of receipt of the initial complaint.**

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3.6 Excluded from consideration under this policy

The following are excluded 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 their 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.

This policy does not relate to data subject requests under the General Data Protection Regulation (GDPR) 2016/ Data Protection Act 2018 or a request for information under the Freedom of Information Act 2000. Neither does it relate to staff grievances. These are all covered by separate policies.

3.7 Who may raise a complaint/concern?

- A patient, carer or family member.
- Any person who is affected by, or likely to be affected by the action, omission or decision made by Rowans Hospice.

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

- Has died.
- Is under 18 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 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.

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3.8 Handling of complaints/concerns

On all occasions of a person making 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.
- 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 SLT members and department managers.

3.9 Additional support for complainants

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.

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
<https://www.theadvocacypeople.org.uk/services/nhs-complaints-advocacy>

Or alternatively, POhWER at <https://www.pohwer.net/nhs-complaints-advocacy>, 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.

4. INVESTIGATION PROCESS

All staff and volunteers at Rowans Hospice will be expected to co-operate with any investigation that takes place. Any investigation should:

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

It is the responsibility of a designated SLT member (or in their absence the Associate Director of Quality) 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.

Any documents relating to a complaint/concern must be electronically filed separately from health records and they must be available for Care Quality Commission Inspection at any time.

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All actions and the progress of the complaint/concern is to be recorded on the Vantage system. Vantage can also act as a repository for any associated documents or photographs.

4.1 Outcomes

For transparency and organisational learning and, if appropriate, the nature and outcome of a complaint/concern will be fed back to those who received the complaint/concern. 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. Where the complaint was concerning a member of staff or volunteer, disciplinary investigations may be required.

In any event, the general issues arising from a complaint or concern will be discussed openly to support learning, fostering a 'no blame' culture. Staff are to be conscious that 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 SLT.

Details of complaints should be 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, and anyone can inform them if not satisfied with service provision and the response of the Local Government Ombudsmen. The detail 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>

The nominated member of SLT (or Associate Director of Quality) will ensure that:

- either they investigate, or nominate a manager to investigate, but at all times to ensure policy requirements are met.
- the investigation is completed within the timescale agreed within the policy.
- upon completion of the investigation the investigator will produce:
 - a draft response which must contain the findings from the investigation and any recommendations and/or actions taken.
 - the complete investigation document (Root Cause Analysis).

4.2 Final Response Sign Off

The overall responsibility for the management, investigation and sign off of all formal complaints remain that of the Clinical Director. However, they may delegate this to a member of the SLT or management team.

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Regardless of the method used to resolve the complaint, where the complainant requires it, a response in writing from the leading investigator will be provided (usually by letter, but it may be electronically, if the complainant has consented to electronic communication).

Electronic signatures should not be used for final sign-off, except in extenuating circumstances when sign off by a deputy is not possible.

Final responses will include the following:

- An explanation of how the complaint has been considered.
- An explanation of events.
- The conclusion reached, including any matters for which remedial action is needed.
- An apology where appropriate.
- Confirmation as to whether Rowans Hospice are satisfied that any action required because of the complaint has been taken or is proposed to be taken.

4.3 Retention of records

It is important to keep clear and accurate records of complaints, and these should be retained for a period of 10 years and at this point reviewed and destroyed if no longer needed.

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4.4 Parliamentary Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied with the response, they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case. Usually, a complaint should have already been made before it is referred to the PHSO. The outcomes letter will provide details of the role of the PHSO to complainants.

The Parliamentary and Health Service Ombudsman (PHSO) considers complaints made by or on behalf of people who have suffered injustice or hardship because of unsatisfactory treatment or service by the NHS or by providers of NHS funded treatment, such as Rowans Hospice. Referral to the Ombudsman is the second (and final stage) of the complaints procedure. However, all efforts should be made locally to resolve a complaint before the complainant is directed to the Ombudsman. An appeal should be made within one year of the incident in question or from the discovery of the effect of the incident. The Ombudsman can be contacted at the following address:

The Ombudsman
The Health Service Commissioners Office for England
Millbank Tower
Millbank
London
SW1P 4QP
Tel: 0345 015 4033
E-mail: phso.inquiries@ombudsman.org.uk
Website: www.ombudsman.org.uk

Following a PHSO investigation a report on the findings will be sent to Rowans Hospice. If the complaint is upheld recommendations will be made which may include changes in practice, service, and financial redress. The CEO will respond on behalf of Rowans Hospice to confirm the action that will be taken as a result of the PHSO recommendations.

5. **CONFIDENTIALITY**

Rowans Hospice has a statutory duty to investigate complaints under Sections 113-115 of The Health and Social Care (Community Health and Standards) Act 2003 and The Local Authority Social Services and National Health Service Complaints [England] Regulations (2009).

Care must be taken where the patient's record contains information provided in confidence by or about a third party who is not a health professional. Complaints and any information arising from a complaint will be dealt with in the strictest of confidence and should be kept separately from patients' medical records. The complaints records will not be filed within clinical records but held within a separate complaints file on the complaints database Vantage, which is password protected.

Complainants have the right to withdraw consent to use confidential data at any time, but this will limit the possibility of a full investigation. Complaints will be always handled in the strictest confidence. Care must be always taken throughout the complaint's procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint and only disclosed to those people who have a demonstrable need for it in connection with the investigation.

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6. CONSENT

If the patient has capacity to give consent and wishes a representative to act on their behalf, then signed authorisation will be sought by the SLT member investigating/overseeing the complaint. Once requested, Rowans Hospice will allow four weeks for the form to be returned. If the form is not received the complaint can be closed. However, a full investigation will still take place to ensure any areas of improvement are identified and lessons are learnt to improve the service.

If the patient has died, or is incapacitated, the SLT member, in conjunction with the Caldicott Guardian, must decide whether the complainant is a suitable person to pursue a complaint. Consideration must be given to all relevant factors such as the closeness of the complainant's involvement with the patient over the time they had known them and the nature and frequency of their contact.

Where the complainant has Lasting Power of Attorney (LPA) on behalf of a patient, the SLT staff member will ensure that this is valid, registered with the Office of the Public Guardian and the extent of the powers held, to decide whether consent from the patient is required. A copy of the LPA will be kept on the complaint file.

7. RISK ASSESSMENT OF COMPLAINTS AND RETENTION OF DOCUMENTS

On receipt, each complaint/concern will be risk assessed to ensure the right action is taken, in addition to the complaints process. The relevant SLT member will ensure that any high-risk complaints are brought to the immediate attention of the CEO.

8. FEEDBACK AND LEARNING

Details of complaints will be shared with the SLT and relevant governance groups, e.g. Quality and Clinical Assurance Committee. For the purpose of maintaining confidentiality any details that disclose identity will not be included in the notes of any meeting.

The CEO will review all complaints quarterly, reporting these to the Board of Trustees. All active complaints and concerns will be monitored monthly by the SLT. Notifiable incidents will be reported to the Charity Commission and Care Quality Commission by the 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. 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:

- Complaints made under such complaints system.
- Responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints.
- Any other relevant information in relation to such complaints as the Commission may request.

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9. 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.

SECTION 1	
What are the main aims and objectives of the document?	To ensure staff are aware of the pathways to follow for managing and responding to complaints and concerns raised by the patient or their representative.
Who will be affected by it?	All staff and potentially service users.
What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Listening and learning from feedback and how these have been dealt with, in addition to the outcomes from the investigations.
What information do you already have on the equality impact of this document?	All groups should benefit from this policy and so no adverse impact.
Are there demographic trends to be considered?	Principle of the policy is to ensure accessibility for all groups.
What other information do you need?	Nil
SECTION 2	
Could the document be unlawful against any group?	No
Could any group benefit or be excluded?	No
Could any group be denied fair and equitable access to treatment as a result of this document?	No
Have you carried out consultation?	No, the policy refers to national guidance including PHSO which was subject to public consultation.
SECTION 3	
Is the impact low, medium or high?	Low
Will there be different outcomes if modified?	No

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