Martlets
life-changing hospice care

COMPLAINTS POLICY & PROCEDURE

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POLICY NO.	GO003
IMPLEMENTATION DATE:	April 2003
LAST REVIEW DATE:	July 2023
REVIEWED BY:	Karen Taylor – Director of Clinical Services
APPROVED BY:	Claire Irving – CEO
NEXT REVIEW DATE:	July 2026
This policy will be reviewed every three years or sooner if legislation or circumstances change in the interim.	

VERSION CONTROL/RECORD OF CHANGES			
Review Date	**Version**	**Section**	**Changes/Comments**
July 2023	7	6.2	Updated description of Ombudsman
		6.3	Update vexatious complaints
		Appendix A	Complaints Procedure Six Stage Flow Chart added

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1. PURPOSE

Complaints, both verbal and written, are dealt with in a swift and effective manner, within set time limits and are carefully and thoroughly investigated. This ensures complete fairness for staff /volunteers and complainant.

The intention behind the Complaints Policy and Procedure is that it is responsive and flexible and addresses the issues identified by the complainant.

Complaints are used to improve services, reduce incidents and to bring about learning, to improve overall quality.

2. SCOPE

This Complaints Policy and Procedure refers to both clinical and non-clinical complaints excluding those deemed as Inter-Organisational Complaints. It is designed to manage, respond to and resolve complaints effectively. This is achieved through a procedure which:

- Is accessible to complainants.
- Provides a simple system for making complaints about any aspect of the service provided.
- Responds to verbal and written complaints whether made in a formal or informal manner.
- Is a rapid and open process with designated timescales and a commitment to keep the complainant informed on the progress of the investigation.
- Is fair to staff/volunteers and complainant.
- Maintains the confidentiality of the patient (if applicable), complainant and staff member(s).
- Provides the opportunity to learn from the complaint in order to improve services.

3. RESPONSIBILITIES UNDER THE POLICY

3.1 Responsibility/Accountability

- Chief Executive Officer and The Executive Team

3.2 Ultimate Responsibility

- Chief Executive Officer

3.3 First Line Responsibility

- Manager of relevant department

3.4 Staff Responsibilities

- Complaint receiver: To ensure the complaint is logged and referred to a Complaint Handler.
- Complaint handler: To investigate the complaint.
- Line Manager: To oversee the investigation, draft a response and ensure resolution.
- Management Team: To use complaint as a learning process including implementation of any change in practice as a result.

4. STAFF TRAINING REQUIREMENTS

The Complaints Policy and Procedure is shared with all staff in the organisation via their line manager. This should include:

- What is a complaint; particularly informal complaints, which may arise as an aside within other communication.
- How to receive a complaint.
- How to deal with someone making a complaint.
- The complaints process, both verbal and written.

5. RECEIVING THE COMPLAINT

- Complaints may be received by anyone working within the organisation. Staff must deal with the complaint sensitively.
- Complaints may be made verbally to any member of staff or in writing by the complainant or their representative; these may be formal, or informal.
- If appropriate, the person receiving the complaint can respond in the moment and resolve the issue. They should apologise that the complainant felt they needed to raise a concern and if appropriate offer a solution to resolve the issue. This should be reported to their line manager and a record made.
- If front line staff are not able to manage or resolve a verbal complaint, written details should be passed onto the Line Manager. Written details of both verbal and written complaints should be recorded on the Hospice Complaints Form (see Appendix B) or in detailed written format.
- All complaints should be registered within the Hospice to the PA to the Chief Executive: Details to be recorded are:
    - Nature of complaint
    - Result of the investigation
    - Action taken
    - Resolution of complaint
    - Whether the complaint was upheld

5.1 Acknowledgement of Complaint

- Formal written or verbal complaints must receive acknowledgement of their complaint within three working days (Monday-Friday). This response should explain the complaints process and can be via phone call, email or letter according to circumstances and the wishes of the complainant.

6. INVESTIGATION OF COMPLAINT

- A nominated person will investigate the complaint; this is usually the Team Leader or Manager. The individual will have received training in managing and investigating complaints.
- The complaint investigation should be handled in a manner which acknowledges that being subject to a complaint can be a stressful and anxious time for staff.
- If appropriate an offer to meet with the complainant and/or advocate to discuss the complaint will be arranged.
- All findings should be fully documented. Any communication with the complainant is also documented.
- If a meeting is not arranged a full response is sent to the complainant within 21 working days of receipt of the complaint.
- If it is not possible to send a full response within the 21-day time scale, contact will be made with the complainant explaining the delay.
- The final full response will outline the findings and the proposed action to be taken.

6.1 Resolution of Complaint

- The findings of the complaint together with the action to be taken will be completed on the Complaints Register by the Personal Assistant to the CEO and Trustees. Please send a copy of all correspondence to this person once complaint resolved.
- Action plans following the complaint are completed together with a time scale for action and review; this will involve the staff concerned whenever possible.
- The anonymised complaint will be reported to the appropriate group (i.e. Clinical Governance Group, Income Generation Committee) to ensure lessons are learned and practice is improved/changed as indicated by the results of investigation. This information is then shared with The Executive Team and then Trustees via the appropriate committees.

6.2 If the complainant is not satisfied with the outcome of the investigation

- An independent review by the Board or Trustees is available in situations where the Chief Executive cannot resolve the complaint internally.

If the complainant is not satisfied with Martlets response, they can approach the Parliamentary and Health Service Ombudsman (PHSO) who may consider reviewing the complaint and the response. Action by the PHSO is dependent on whether they consider Martlets is providing NHS services.

- To contact the Parliamentary and Health Service Ombudsman

Telephone: 0345 015 4033

Write to: The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Online: www.ombudsman.org.uk

- For support contact the Independent Advocacy Service – Impetus:

Telephone: 01273 229 002

Write to: Brighton & Hove Impetus
First Floor, Intergen House
65-67 Western Road
Hove BN3 2JQ

Online: www.bh-impetus.org

- The Care Quality Commission can also be contacted; they will not investigate complaints but will take account of complaints as part of their regulation of hospices. To contact the Care Quality Commission:

Telephone: 03000 616161

Online: www.cqc.org.uk

- With regard to complaints made about our income generation activity, the following bodies may require notification:
  - Fundraising Regulator
  - Gambling Commission
  - Charity Retail Association

6.3 Vexatious Complainants

Occasionally there will be times when there is nothing further which can reasonably be done to rectify a real or perceived problem and a complainant may be identified as vexatious.

Unreasonably persistent complainants who, because of the frequency or nature of their contacts with Martlets staff, hinder our consideration of their complaint by means of undue emotional pressure or aggressive behaviour (verbal or physical.) The description 'unreasonably persistent' and 'vexatious' may apply separately or jointly to a particular complainant.

Management of a possible vexatious complaint should include a review to ensure that the complaints procedure has been correctly implemented so far as possible and that no material element of a complaint is overlooked or inadequately addressed and to appreciate that even habitual or vexatious complainants may have issues which contain some genuine substance.

Following the review where a complainant has been identified as habitual or vexatious, the Chief Executive (or delegated person) will determine what action to take. The Chief Executive (or delegated person) will notify the complainant in writing of the agreed action to be taken.

6.4 Potential Risk to Reputation

In a situation where the complaint has not been resolved using our internal policies and procedures and which runs the risk of media involvement (including social media, press) with serious damage to our reputation, the following process is to be adopted:

- CEO / Director briefs Director of Income Generation and Marketing
- At earliest opportunity alert our insurers to the fact that a potential problem is developing.
- If it is a case of monetary compensation – then offer mediation.
- If it is a case of not trusting the process or Hospice so far, then offer independent review.

7. RECOMMENDED PROCESSES, FOLLOWING A REVIEW BY THE TRUSTEES

- Notify insurers/lawyers
- Arrange a meeting with staff concerned, with support from the Chief Executive
- Offer an external Independent Review
- Mediation.
  Mediation can be offered at any stage and is completely independent of either party and conducted under strict guidelines.

7.1 Other Issues to be Considered:

- Insurers / Lawyers
- Press
  - Policy – identity press spokesperson
  - Training of staff
  - Draft Press statement
  - Communications and Marketing team lead
- Support for the staff who are involved
- Communication / Staff morale
- Training in Mediation and Alternative Dispute Resolution (ADR) for all senior staff

8. AUDIT AND COMPLIANCE

- Review 3-yearly or when legislation requires, whichever is sooner.
- Quarterly report to the Clinical Governance Group (clinical only).
- Reviewed by way of Trustees via Committee meetings.
- Monthly Review of Complaints Log by CEO.

9.. FORMS / ASSOCIATED DOCUMENTS

- Complaints Procedure Six Stages Flow Chart – Appendix A
- Written complaints template – Appendix B
- Written complaints timetable – Appendix C
- Oral complaints template – Appendix D

10. RELATED POLICIES, PROCEDURES AND GUIDELINES

- Being Open/Duty of Candour Policy
- Accident, Incident and Near Miss Policy
- Serious Untoward Incidents Policy

11. REFERENCES

Private and Voluntary Health Care (England) Regulations 2001 Part III - Conduct of Health Care Establishments and Agencies, Regulation 23.

Care Quality Commission: Quality & Management Outcomes

The Principles of Good Complaint Handling (2008) Parliamentary and Health Service Ombudsman

Listening, improving, responding: a guide to better customer care (2009) Department of Health

Being open - communicating patient safety incidents with patients and their carers (2009) National Patient Safety Agency

Appendix A: COMPLAINTS PROCEDURE SIX STAGES FLOW CHART (July 2023)

1. COMPLAINT RECEIVED - INITIAL PROCESS

- Make your manager aware that a complaint has been received.
- Decide if a significant complaint and make the Director of Quality and Improvement aware.
- Review with your corresponding director and/or the Director of Q&I: is this a serious incident and do any other policies need to be taken into account.
- Decide with manager around the risk of media involvement, including social media, and brief Director of Income Generation.
- Identify lead organisation (if relevant) and agree complaints lead.
- Agree appropriate and proportionate handling of the complaint.

2. ACKNOWLEDGEMENT

- An acknowledgement must be sent *within three working days* by phone or letter as appropriate, explain the process and ask if/how they would like feedback. Discuss with your manager whether a phone call is the right thing to do, often this is really helpful to de-escalate a situation.
- It may be useful to arrange a meeting to discuss issue/s raised which may then contain the complaint and no further action will be required.
- A copy of the reply letter to be placed in complaints file **or**
- A brief record of telephone conversation to be placed in complaints file.

3. INVESTIGATE

- *We must follow-up with the complainant within 21 working days*, this means any investigations, outcome and response must be completed to accommodate these timings.
- Meet and discuss with relevant staff, recording content and key points of discussion. As part of the investigation review all relevant documentation.
- It may be appropriate to involve People Services during the investigation as you or staff may need expertise and/or support.
- Discuss the outcome with your director and ensure any other relevant staff members are aware.
- Plan and agree with your manager or director how any and/or learning will be shared and to whom.

Appendix A: COMPLAINTS PROCEDURE FLOW CHART (July 2023) continued…

4. RESPONSE - COMPASSIONATE, PROPORTIONATE AND APPROPRIATE

- Draft a response, this could be offering a meeting between the complainant and appropriate staff or a formal response by letter. This response should be signed off by your director.
- All responses must be compassionate, in line with our values and at their centre have the best interests of our patients, donors and supporters.
- If you opt to offer a meeting, please involve appropriate staff e.g. medical consultant, Service Lead, Director of Quality and/or CEO. Make a record of the meeting and place in complaints file.
- Any formal response to the complainant must include details of the investigation, findings, and any learning/actions.

5. RECORDING

- Open a complaints file. Record all contact with complainant and place in complaints file.
- Record the content of all meetings with staff or complainant and place in complaints file.
- Place a copy of all correspondence in complaint file.
- Place a copy of the learning plan and actions for dissemination in the complaint file.
- At resolution of complaint, send copy of complaint file to: PA to CEO.

6. REPORTING AND LEARNING

- Send brief outline of complaint and learning (planned or completed) to: PA to Director of Clinical Services and Medical Director for inclusion in governance reports.
- When learning dissemination is completed and any changes audited, these should be included retrospectively in the complaints file.

Appendix B: Martlets Hospice Complaints Form

As an organisation we want to provide the highest standard of service possible. If you feel that we could have done better, or have a specific complaint you wish to make, please tell us so that we can make improvements. It would be best to raise the problem with a member of staff at the time it occurs so that we can do everything possible to sort it out immediately. However, if you do not wish to do this or you do not feel satisfied with the outcome, summarise the problem on this form or in a letter and send it to the Hospice Chief Executive.
Your comments will be treated in strict confidence.

Name of Person Completing Form:	
Address:	
Telephone Number:	

Description of the problem and date it occurred (please use extra paper if needed):

Complainant/Representative:	(print name)
Signature:	
Date:	

Please return this form to the CEO, Martlets Hospice, Wayfield Avenue, Hove, BN3 7LW.
Your communication will be acknowledged within three working days and a full response will be made within twenty-one working days.

Appendix C: Martlets Hospice Written Complaints Timetable

(To be completed for each complaint)

Complaint received from:	
Date received:	
Staff member designated to handle complaint:	
Date acknowledgement of receipt of complaint sent:	
Date and time contact made with complainant:	

Outline of investigation (date, time and staff members involved)

Letter following investigation approved by:	
Letter sent (date):	

When complete please hand this record to the Personal Assistant to CEO and Trustees

Appendix D: Martlets Hospice Oral Complaints Form

(Please complete for every oral complaint)

1. **Complainant Details**	
Name:	
Address:	
Telephone:	

2. **Location of Complaint (please circle):**
• Day Services • In-Patient Unit • Office • Shop • Other (please state exact location):

3. **Details of Other Parties (Patient/Witness):**	
Name:	
Address:	
Telephone:	
Relationship to patient (if applicable)	

4. **Date of Oral Complaint**	
Details of Complaint:	

5. **Action taken:**

6. **Further Recommendations:**

Person receiving complaint:	(print in capitals)		
Person investigating complaint:			
Signature:		Date:	
Complaints Manager Signature:		Date:	

Appendix E: Equality Impact Assessment (EIA) Form

To be completed when this policy is reviewed and submitted 3-yearly for consideration and approval.

Name of person responsible for the assessment:	Claire Irving
Job Title:	Chief Executive Officer
Date assessment carried out:	11 July 2023

Do the policy and procedures affect one group less or more favourably than another on the basis of:	Yes	No	Comment
Race		x	
Sex		x	
Sexual orientation		x	
Gender reassignment		x	
Religion or belief		x	
Age		x	
Disability (learning disability, physical disability, sensory impairment, mental health)		x	Ability for advocate or representative to act on their behalf is included in this policy
Marital status or civil partnership		x	
Pregnancy or maternity		x	
If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?			N/A
How much evidence do you have?			N/A
Is the impact of the policy and procedures likely to be negative?		x	
If so, can the impact be avoided?			N/A
Can we reduce the impact by taking different action?			N/A