St Columba's Hospice Care

Concerns and Complaints

Policy Number

OP06

This is a controlled document and must not be copied or distributed without authorisation from relevant line manager. Always ensure you are referring to the newest version as paper copies may be invalid. This document should be read and understood by all Hospice staff.

Policy Details

Policy author	Vicky Hill	Quality Development Lead	
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1.Introduction

St Columba's Hospice Care strives to continually improve our service delivery and welcomes feedback of any kind from patients, families, visitors, anyone who works or volunteers with us or is affected by any of our services. Such feedback is invaluable in helping us to evaluate our impact and to continually improve the experience of our patients and their families.

Whilst we strive for positive feedback, there will be times when people may feel dissatisfied or concerned about aspects of the services or care we provide. The hospice is committed to an open learning culture and all complaints and concerns received will be investigated where possible to determine any action needing to be taken to avoid a recurrence and where appropriate, learning will be shared across the organisation.

There are clearly defined occasions of allegations involving staff where either the Disciplinary or Capability and Performance Improvement Policies may be involved. Examples may include a criminal act, malicious acts, professional misconduct or an act of deliberate harm. These incidences are managed out with this complaints policy.

The aims of this policy are to:

- Ensure everyone knows how a concern or complaint can be shared and how they will be managed.
- Ensure that concerns or complaints are managed consistently, fairly and sensitively within clear time frames.
- Ensure that concerns or complaints are monitored and used to continually improve our services.

The Hospice will ensure that we:

- Listen carefully to all feedback received
- Investigate and respond to concerns and complaints fully and objectively
- Identify and implement learning when identified
- Report to Clinical Governance Committee on a quarterly basis regarding concerns and complaints, as well as the outcomes of any investigations and any actions taken.

This policy takes into account the different requirements to meet the standards set by regulators including the Fundraising Standards Board (FSB) and Healthcare Improvement Scotland (HIS) and takes into account our statutory duty of candour. The focus is on local resolution in the first instance focussing on corrective action, learning and improving systems.

2. Purpose

The policy defines processes to support everyone involved – patients, family members, staff, volunteers, public and others – to feel confident that they can provide feedback, and that they know what to expect and the correct actions to take.

3. Scope

This policy applies to all Hospice staff and volunteers.

4. Concerns

A concern is something that causes worry or anxiety to an individual. Concerns are recorded on a Record of Concerns Form via Sentinel and passed to Access Team Lead, Head of Clinical Services, Head of People and Families and Chief Executive Officer who will support staff and volunteers to

ensure that appropriate actions are taken to enable resolution. All concerns will be reviewed at sign off for significant incidents and/or complaints.

All concerns are held centrally and monitored for any themes emerging.

5. **Complaints**

A complaint occurs when someone expresses dissatisfaction in relation to the services provided or activities undertaken. The remainder of this policy focusses on the processes for complaints.

6.1 **Management of complaints**

Complaints may be received by the CEO, directors and members of the Senior Leadership team, department leaders, staff or volunteers. They can be received in person, by telephone, by letter, by QR code, by e-mail or through the Hospice website.

This policy relates only to complaints received about Hospice services. Individuals who make complaints about partner organisations will be notified in writing within one working day of receipt of the complaint that they need to contact directly the organisation they have the complaint with and where possible they will be provided with contact details.

Where the complaint relates to a member of staff employed by another organisation but providing a Hospice service, the Hospice will liaise with the employing organisation regarding this complaint (e.g. agency staff).

6.2 **Who can make a complaint?**

Complaints can be made by:

- Anyone directly affected by the way a Hospice service is carried out.
- Anyone acting directly on such a person's behalf (e.g. parent, family member, carer, advocate).
- Anyone having reasonable concern about a Hospice service.

If someone other than a patient or their representative wishes to make a complaint about an individual's care, we will seek consent from the patient in the first instance before responding.

In the event that the patient is since deceased then their nominated next of kin will be contacted. In the event that consent is not received from either the patient or their next of kin we will still investigate the complaint and identify any learning or actions required but we will not be able to share the report or findings.

6.3 **When a complaint can be made**

Complaints should normally be made at the time an issue or a concern becomes apparent. Wherever possible they should be dealt with immediately.

The normal timescale for accepting a complaint is:

- Up to 6 months after the event, which is the cause for the complaint, or
- Up to 6 months from an individual becoming aware of a cause for complaint, but normally no longer than 12 months from the event.

If it is possible to carry out a fair and robust investigation complaints may be investigated out with this timescale. The decision to do this will be made by the Chief Executive Officer.

7. **Responsibility/Accountability for complaints**

7.1 Chief Executive Officer

- Overall accountability for hospice governance, leadership and fostering a culture of openness and psychological safety.
- To oversee the overall handling of complaints including overseeing investigations, their responses and ensuring resolution.
- Confirm that any Investigating Officer (IO) has the appropriate knowledge, skills and expertise to carry out a timely high-quality investigation.
- Commence Complaint Investigation log within the Sentinel System.

7.2 Senior Leadership Team

- Ensure all staff and volunteers are aware of the contents of this policy and their responsibilities.
- Ensure staff and volunteers receive appropriate training and support during induction period to enable their understanding of this policy.
- Ensure any agreed actions and resolution are recorded accurately.

7.3 Investigating Officer

- To carry out a thorough investigation of the complaint, document full details of the investigation in a formal report and make recommendations and identify learning as necessary.
- The investigating officer must be in regular contact with complainant to provide progress updates. In the case of a serious complaint this should be at least weekly.
- To report to CEO, Head of People and Families and Head of Clinical Services on outcome and recommendations.
- To oversee timely delivery of recommendations.

- To ensure final report and signed off action plan returned to CEO, Head of People and Families, and Head of Clinical Services for storage on sentinel risk system and onwards reporting.
- Where other departments or agencies are involved, agree who will take responsibility for coordination of the investigation.
- Provide or identify named person to support for the complainant and for any staff members involved.

7.4 All Staff and Volunteers

- Ensure they are fully aware of the contents of this policy and their responsibilities.
- Take all feedback seriously and take appropriate action in response.
- Verbally acknowledge all feedback received about the service or organisation however trivial they may seem, and to let the person making them know that their feedback will be treated constructively.
- Inform their line manager immediately about all feedback, complaints or concerns received, detailing any immediate action taken by completing a Record of concerns form via sentinel before completing their shift.
- Where a complaint is from a member of staff/volunteer about the actions of another staff member or volunteer, the complainant should be reminded of the protection offered to them by the hospice Whistleblowing policy (HR06) if appropriate.

8. **Person Centered Complaints Management**

We will:

- Put people at the heart of the complaints process ensuring where possible, that outcomes are linked to what the complainant would like to see as a result of making their complaint.
- Listen to, aim to understand and act upon the views and experiences of the people who use our services.

- Respond to all complaints received on a fair and equitable basis.
- Treat and respond to anyone wishing to complain with respect, patience and empathy.
- Aim to respond to complaints quickly and fully at the level at which they are raised.
- Investigate complaints with sensitivity to the wider context of the person making the complaint
- Handle complaints in a way which is open and fair to patients and our staff and volunteers.
- Support the person making the complaint and any individual named in the complaint.
- Use complaints and other feedback, as a positive means of identifying where learning and improvements can be identified.

9. **Communication and Support**

We will:

- Publicise our complaints policy in the hospice and on our website so that people are aware of the right to complain and the support available to them if they choose to do so.
- Provide information and advice to people wishing to complain on how the Hospice complaints procedure works and the options open to them.
- Share learning from complaints ensuring transparency and a culture of learning.

10. **Equality, Diversity, Inclusion and Belonging**

We will:

- Recognise equality and diversity and promote a complaints system that responds sensitively to individual needs, background and circumstances of people's lives.
- Understand how factors such as age, disability, gender, race, religion, sexual orientation or socio-economic status may impact on an individual's ability to access the complaints process and that they may need to be supported effectively.
- Ensure that complainants have ready access to communication and language support, including translation and interpretation services.
- Ensure that our complaints process promotes a culture of inclusion and belonging where people from minority and marginalised groups are heard and valued.

11. **Consistency of Approach**

We aspire to deliver a complaints procedure which is always:

- Easily accessible
- Demonstrably fair
- Effective and sensitively applied
- Person centred
- Open and honest
- Not defensive
- Apologetic for failings
- Able to demonstrate that we have learned from issues raised and taken action to secure improvement.

12. **Disclosure of Information and Confidentiality**

- If a complainant requests information, staff or volunteers should always consider their duties in relation to the Data Protection Act (2018),

General Data Protection Regulations (2028) and Access to Healthcare Records Act (1990) which define statutory regulations.

- Information should not be disclosed unless the person, who has provided the information, has expressly consented to disclosure of that information (e.g. If a complainant requests access to all or part of his/her medical records, the Hospice Caldicott Guardian, Dr Duncan Brown/deputy and Chief Executive Officer Jackie Stone must give consent before those records can be released).

13. **Supporting Complainants**

- St Columba's Hospice Care is committed to ensuring that the service provided to people who make complaints about our services is not adversely affected because they have complained.
- Raising concerns when a person is receiving healthcare can be daunting and should be received by Hospice staff /volunteers as a positive opportunity to improve services.
- It is essential that the complainants are not treated any differently as a result of the concerns being raised and they should be reassured that raising a concern will not impact the quality of service they will receive.
- If a mistake has been made, we will acknowledge this and offer an apology.
- All communication will be open and honest and the investigation must ascertain what actually happened.
- An investigating officer will offer to meet with the complainant and make every effort to reach a resolution within agreed timeframes.
- Any extensions to these timescales should be mutually agreed with the complainant.
- It is not acceptable to request extensions due to error, or delays caused by St Columba's Hospice Care.

- The investigating officer must be in regular contact with complainant to provide progress updates. In the case of a serious complaint this should be at least weekly.

14. **Supporting Staff and Volunteers**

Complaints may be perceived as a threat by staff because they may be inherently critical by nature. Complaints can challenge decisions and generate uncomfortable discussion. Defensive or negative responses should however be avoided, and complaints should be managed within a culture of psychological safety.

St Columba's Hospice Care has systems in place to ensure staff and volunteers are supported and can feel confident in responding to a complaint. These systems include risk and incident management (which looks to the root cause of a problem rather than seeking to blame individuals); sound management practices; a clear Human Resource structure.

In addition, Human Resources policies relating to Grievance (HR07), Disciplinary (HR03) and Capability and Performance Improvement (HR08) are clearly defined and operate separately from this complaints policy. Further details on how volunteers are supported can be found in the Volunteer Handbook.

15. **Prolific, Vexatious or Abusive Complainants**

St Columba's Hospice Care will respond sympathetically to complaints. There are occasions however when there is nothing more that can be reasonably achieved to assist the complainant.

The decision to define a complainant as vexatious rests solely with the Chief Executive Officer who must be satisfied that the Hospice has made every

effort to answer the complaint appropriately and the complainant is exhibiting one or more of the following:

- Acting in a personally abusive and irrational manner without a sense of proportion.
- Rejecting accurate documented evidence.
- Unable to define a complaint that can be investigated.
- Continuing to evolve the content of the complaint to prolong the complaint unreasonably.
- Using threats and attention-seeking behaviour such as involving the media to “short-circuit” the agreed complaints procedure.
- Has an unreasonable expectation about what can be achieved through the complaints process.

In these circumstances, the complainant will receive a letter from the Chief Executive Officer stating that no further correspondence will be entered into unless a new issue is raised, or new information is provided to enable a proper investigation.

16. **Complaints procedure**

- The complaint is discussed directly with the complainant at the earliest opportunity to understand their concerns and their desired outcomes in a manner which is respectful of individual cultural, religious or specific needs. This should all be recorded on Concern form via sentinel.

- The member of staff or volunteer should escalate to their line manager before the end of their shift. Serious complaints are to be immediately escalated to a Director.

- Informal complaints may be resolved at local level but must always be recorded on a Record of Concerns form by the staff member or volunteer

who receives the complaint. The individual's preference for actions and future contact should also be recorded.

All complaints will be logged on the sentinel risk system and all associated correspondence will subsequently be uploaded to the file.

- Delays in dealing with complaints are likely to fuel feelings of injustice or that there is something to hide. A swift, comprehensive response and a willingness to apologise for distress caused are much more likely to lead to positive resolution.

- All complaints and concerns will be investigated, findings communicated, and processes recorded using the templates within this policy to ensure a consistent approach across all departments.

- The emphasis, irrespective of the complexity of the complaint, is on personal and direct communication and early face to face meetings with complainants where possible.

- All complaints are assessed on receipt for seriousness of consequence.

- Complaints relating to patient care will be investigated by department lead and overseen by the Medical Director or Head of Clinical Services. Other complaints will be overseen by the relevant Department Lead.

- Complaints are difficult to make. Patients, their families, staff, volunteers and the public should be able to challenge decisions, actions or behaviour without fear of unpleasant consequences or discrimination.

- If a complaint relates to a patient's care, information about the complaint made must be kept separately from the patient medical record. Trak should state that a concern has been raised and that a separate file exists.

Further information can be found in appendix 5.

17. **Complaints about Staff**

- Where a complaint is about a member of staff, the investigating officer should seek advice from the Human Resources Lead and Chief Executive Officer / Head of Clinical Services / Head of People and Families as to whether or not the staff member should be temporarily removed from duty during the investigation of the complaint.

- When interviewing the member of staff for the investigation the content of the investigation notes should be agreed by all parties. The notes from the investigation meeting may be used or further shared later if the investigation recommends that a formal Disciplinary hearing or a meeting be held under the Capability and Performance Improvement policy (HR08).

- Any formal hearing arising from a complaint, in connection with the conduct or capability of an employee, will be subject to the procedures outlined in the Hospice's Disciplinary (HR03) or Capability and Performance Improvement policies (HR08). The details of any disciplinary or managing performance procedure will not be shared with the complainant or across the organisation.

- If a complaint is about a staff member's immediate line manager, the staff member should seek advice from a more senior manager or raise their concerns with the Human Resources Lead.

- Staff are kept informed of the details of any complaint against them, have the opportunity to respond and are kept informed of the progress, and outcome, of the complaint by their Department Lead.

18. **Complaints about Volunteers**

- Where a complaint is about a volunteer, the Department Lead should seek advice from the Volunteer Services Lead as to whether or not the

volunteer should be temporarily removed from duty during the investigation of the complaint.

- The volunteer will be made aware of the complaint as soon as possible, and advised of the course of action to be taken.

- Volunteers may be accompanied by a relative or friend in any discussion or investigation of the complaint.

- Volunteers will be kept informed of the details of any complaint against them, will have the opportunity to respond, and will be kept informed of the progress and outcome of the complaint by their Department Lead or the Volunteer Services Lead.

- Volunteers who do not perform in a way which the Hospice is reasonably entitled to expect may have their volunteer arrangement with the Hospice discontinued.

- As a result of any investigation, the volunteer may be asked to undertake changes within their role or behaviour. If a volunteer declines to undertake these changes, the Hospice reserves the right to end their volunteering.

Investigating Officers will:

- If it is a patient related complaint, obtain the patient or their next of kin's permission to investigate the complaint. If the complaint relates to a patient who has died, ensure that we have consent to share information with the person making the complaint.

- Acknowledge receipt of the complaint in writing within 2 working days using the standard template (Appendix 1).

- Offer a face-to-face meeting as soon as possible. At the meeting, summarise your understanding of the complaint and record the complaint in writing factually and objectively.

- Apologise for any distress which they have experienced during the course of care, treatment, services or activities.

- Request written statements from staff or volunteers as deemed appropriate and carry out investigation interviews into the circumstances. Guidance for staff is included in appendix 2.

- Ensure that a full investigation is carried out and that a comprehensive report (Appendix 3) and draft letter of response is completed within 16 working days and then passed to the Chief Executive Officer, Head of Clinical Services or Head of People and Families for approval by day 17. This will ensure that the complainant receives a response in writing within 20 working days of receipt of the complaint.

  In exceptional circumstances, where a full response cannot be completed within 20 working days, and with the agreement of the complainant, a holding letter should give a commitment to complete the investigation and provide a response with a specified timescale (no more than one calendar month from the date of the holding letter).

The letter of response should include:

- A summary of each allegation, its investigation and a conclusion as to whether it is upheld or not. For each allegation, any learning identified, and actions planned should be detailed. If a conclusion has not been reached, then you must explain why.

- Time must be taken to ensure accuracy of dates and names to avoid further distress.

- As far as possible, the explanations and language used in the response letter are similar to those used by the complainant. Jargon and technical / clinical terms should be avoided or fully explained in plain language.

- Acknowledge all previous correspondence, meetings and telephone calls, including dates.

- An apology for the distress caused leading to the need for the complaint and offer your condolences where appropriate.

- Ensure that all key issues raised in the complaint are covered fully.

- Explain how the investigation has been carried out.

- Thank them for taking the time to bring the matter to our attention and giving us the opportunity to respond to improve the service.

- All letters must end with contact details of Chief Executive Officer who can arrange an independent review if the person wishes to appeal the outcome of the complaint investigation.

  For clinical complaints, also provide contact details of:
  Programme Manager,
  Independent Healthcare Services Team
  Healthcare Improvement Scotland,
  Gyle Square,
  1 South Gyle Crescent,
  Edinburgh
  EH12 9EB.
  his.ihcregulation@nhs.scot
  (Making a complaint about independent healthcare services – Healthcare Improvement Scotland)

  For fundraising related complaint, please also provide contact details for:

  Fundraising Standards Board (FRSB).
  1st Floor,

Thistle House,
91 Haymarket Terrace, Edinburgh, EH12 5HE
Tel. 0845 688 9894.

As well as:

OSCR,
Office of the Scottish Charity Regulator,
2nd Floor, Quadrant House, 9 Riverside Drive, Dundee, DD1 4NY
01382 220446

For Information and Data related complaints:

Information Commissioners Office
https:/ https://ico.org.uk/make-a-complaint/ /ico.org.uk/make-a-complaint/

Appendix 1 – Initial response letter

Please ensure official letter used and high-quality paper for printing.

Please amend this template as necessary:

Name
Address

Dear Mr/Mrs/ Miss……..,

Thank you for your letter of (date of letter) regarding the care/service provided to you by St Columba's Hospice Care.

(If appropriate add) Thank you for taking the time to write to me at such a difficult time. Please accept my sincerest condolences on the death of your (relationship, e.g. mother, father, wife, husband etc.).

I was (*extremely*?) concerned to read of your experience and I am so sorry for the distress that this has caused.

I would like to offer to meet with you in person to discuss your concerns in more detail. I will then investigate the details of your complaint and contact you again within 20 working days to advise you of the findings.

If you do not wish to meet me to discuss your concerns in more detail, I will begin an investigation with the details you have already provided and will contact you again within 20 working days of your response to this letter, to advise you of the findings.

I would be grateful if you would contact me to advise me if you would like to meet, or if you would like me to start the investigation with the details you have already provided. My contact details are……..

In the meantime, if you would like to discuss any issues with me please do not hesitate to contact me directly on (provide telephone contact details).

Again, please accept my sincere condolences / please accept our sincere apologies

Yours sincerely

Signature

Appendix 2 - Staff Guidance regarding providing statements for investigation

Please:

- Use chronological order and ensure legibility and include date and time entries.
- Stick to the facts. Make clear what part is from memory, what part from the notes and what part from your recollection of your standard practice at that time.
- Identify any other people involved.
- Make it as simple as possible, explaining any difficult terms or abbreviations.
- Comment on any allegations made concerning your involvement.
- Be as detailed as possible, giving dates, times, locations and amounts, e.g. measurements.
- Refer to policies/procedures/guidelines in use (if appropriate) and explain any reasons for deviating from these guidelines.

Please do not:

- Speculate on what others were doing or thinking unless you know something as a factually correct.
- Be unnecessarily defensive.
- Relay conversations that you were told by someone else (gossip).

Appendix 3 - Investigation report template

(Please adapt as appropriate)

Complaint Investigation Report

Investigating Officer:
Date Complaint received:
Date of report:

Private and Confidential

Contents (*Add page numbers please*)

Summary of Incident

Background and context

Provide a brief background to the complaint, including all relevant information.

Description of events

Provide a description of the complaint, list each allegation and any actions already taken to resolve the complaint

Complaint Timeline

Timeline should be included. Can be placed here or moved to appendix and referenced if more appropriate.

Findings / Outcome

Findings

Detail each allegation in turn and the findings for / against each from investigation. Contributing factors identified should be detailed.

After each allegation the decision to uphold / not uphold or partially uphold must be recorded and the rationale for the decision. If no decision can be concluded this must be stated and explained.

Recommendations

Arrangements for follow up, individual and shared learning

Detail your recommendations for each of the allegations (where upheld) and create action plan with timescale for completion.

Include only actions relevant to the complaint within your report. If you identify any parallel issues during your investigation, a separate action plan should be created.

Detail how the outcome will be shared with those involved and wider hospice teams.

Appendix 4 - Action Plan Template

Sentinel Number of complaint: _____

Lead:				
Recommendation	**Identified Actions/ Tasks**	**Lead**	**Timescale**	**Status Report**
1				
2				
3				
4				

Appendix 5 - Flow Chart