

IMPORTANT NOTE:
WHEN READING THIS POLICY PLEASE ENSURE THAT YOU ALWAYS CONSIDER ANY CURRENT COVID-19 HOSPICE GUIDELINES - OP64 GUIDANCE FOR DELIVERY OF SAFE HOSPICE SERVICES DURING COVID-19 PANDEMIC (AVAILABLE ON SENTINEL)



ST COLUMBA'S HOSPICE CARE

Operational Policy

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COMPLAINTS PROCEDURE

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 version on the shared drive as paper copies may be invalid.

This document should be read and understood by the following personnel:

All relevant Hospice staff.

Document Version:	Date:	Comment:
1.0	26/07/2017	Updated Policy
1.1	07/08/2017	Formatting Update
1.2	13/02/2018	Update- Minor amendments
1.3	5/02/2019	Annual review. Two year review date added.
1.4	30/12/2020	Review date reached

St Columba's Hospice Care Management of Complaints Procedure

There are 3 stages to the complaints procedure:

- Stage One – Complaint
- Stage Two – Appeal
- Stage Three – Independent Review

Stage One COMPLAINT

- 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.
- Informal complaints may be resolved at local level but all must 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 be recorded. **(Appendix 1)**.
- Delays in dealing with complaints are likely to fuel feelings of injustice or make carers, patients or public believe there is something to hide. A swift, comprehensive response and a willingness to apologise for any distress caused are much more likely to lead to complainant satisfaction.
- All complaints and concerns will be investigated, findings communicated, and processes recorded to provide a consistent approach across all Hospice 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.
- Clinical complaints will be investigated by department managers and overseen by the Medical Director or Deputy CEO+. Other complaints will be overseen by the relevant department manager.
- 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.

Complaints about Staff

- Where a complaint is about a member of staff the investigating officer should seek advice from the Human Resources Manager 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 later, if the investigation raises cause for concern about the member of staff and the investigation recommends that a formal Disciplinary hearing or a meeting be held under the Capability policy.
- 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 or Capability policies. 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 manager.
- 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 line manager.
- All completed complaints are returned to director of clinical services for storage/monitoring.

Complaints about Volunteers

- Where a complaint is about a volunteer, the line manager should seek advice from the Volunteer Services Manager 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 line manager or the Volunteer Services Manager.
- 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 refuses to undertake these changes, the Hospice reserves the right to end their volunteering.

Process for Handling Complaints

Complaints received are to be sent to the relevant manager **before the end of the shift** in which they are raised, even if the complaint can be resolved to the complainant's satisfaction. This allows for the complaint to be logged and any emerging themes and learning to be identified.

Serious complaints are to be immediately escalated to a Director or Chief Executive Officer.

The person receiving a complaint should:

- Listen carefully to the complainant to understand their concerns and identify their desired outcome and by which method they would like to receive a response.
- Record on 'Record of concerns' form (**Appendix 1**).
- Pass on to their line manager before the end of their shift.

Investigating Officers should:

- If it is a clinical 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.
- Offer a face to face meeting as soon as possible.
- Acknowledge receipt of the complaint in writing within 2 working days using the standard template (**Appendix 2**).
- At the face to face meeting, summarise your understanding of the complaint and record the complaint in writing factually and objectively.
- Apologise for any inconvenience or distress which they have experienced during the course of care, treatment, services or activities.
- Request written statements from staff or volunteers as deemed appropriate (**Appendix 3 and 4**) and carry out a full investigation into the circumstances.
- Ensure that a full report and draft letter of response is completed within 16 working days and then passed to the CEO or deputy 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.

Unless the complainant has specifically stated that they do not want a written response, all complainants will receive a thorough, personalised response within 20 working days of the receipt of the complaint. In the minority of cases, 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).

Investigation

A full investigation should be carried out using the template in **Appendix 5**.

Letter of response

This should include: -

- A summary of the investigation and conclusions reached in relation to the complaint investigation, the decisions taken and the reasons for them. For each aspect of the complaint indicate if it is upheld, not upheld or partially upheld. If a conclusion has not been reached, then 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.
- Apologise that they had the need to complain.
- Ensure that all key issues raised in the complaint are covered fully.
- Explain how the investigation has been carried out.
- Explain the findings of the investigation and the action that will be taken and monitored.
- Thank them for taking the time to bring the matter to our attention and giving us the opportunity to respond to improve the service.
- Apologise for any distress / inconvenience. Offer condolences if appropriate.
- Give contact details of CEO who can deal with any further queries and advise that they can also contact Programme Manager, Healthcare Improvement Scotland [HIS], Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB. Tel. 0131 623 4342. Hcis.ihtregulation@nhs.net

- See **Appendix 6** for template letter to be used if no further contact requested.

Stage Two APPEAL

- If a complainant is not satisfied with the outcome of the complaint they have the right to appeal and can contact the CEO of St Columba's Hospice.
- Alternatively, they have the right to an independent review or can refer their complaint to Programme Manager, Healthcare Improvement Scotland [HIS], Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB. Tel. 0131 623 4342 hcis.ihtregulation@nhs.net or the Fundraising Standards Board (FRSB), 1st Floor, Thistle House, 91 Haymarket Terrace, Edinburgh EH12 5HE. Tel. 0845 688 9894.
- In the case of fundraising complaints, they can refer their complaint to OSCR, Office of the Scottish Charity Regulator, 2nd Floor, Quadrant House, 9 Riverside Drive, Dundee DD1 4NY. 01382 220446

At St Columba's Hospice we are constantly developing our approach to communicating and engaging with people who use our services, in an open honest way. This open culture is guided by the [Being Open in NHS Scotland: Guidance on implementing the Being Open principles January 2015.](#)

Appendix 1 Concerns / Complaints Form

Date form completed	Date incident / event / concern occurred?
Service / Department / Person your Concern / Complaint relates to?	
Details of person making complaint	Patient details (if appropriate)
Address including postcode	Address including postcode
Telephone no. (day)	Telephone no. (day)
If this complain relates to a patient, do we have their consent to discuss/ share information with complainant?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please tell us about your concern or complaint, in your own words:	

Please tell us what actions you feel would resolve this concern / complaint for you.

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Is a written response desired?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Appendix 2
Template Letter to acknowledge receipt of complaint.

Please ensure official letter head is used and letter is marked Private and Confidential.

Date
Name address
Dear Mr/Mrs/ Miss.....,
Thank you for taking the time to write to me at such a difficult time. Please accept my sincere condolences on the death of your (relationship, e.g. mother, father, wife, husband etc.).
Thank you for your letter of (date of letter) regarding the care/service provided to you by St Columba's Hospice.
I was concerned to read of your experience and / the distress that was caused to you and (patient's name).
I will investigate the details of your complaint and once the investigation is complete I will contact you again within 20 working days to advise you of the findings. If, in the meantime, you would like to discuss any issues with me please do not hesitate to contact me directly on (provide telephone contact details).
Yours sincerely
Signature
Title

Appendix 3 GUIDELINES FOR STAFF ON WRITING STATEMENTS

DO

- Use chronological order and ensure legibility. Date and time entries and the statement.
- 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 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.
- Respond to the specific issues of concern.
- Refer to policies/procedures/guidelines in use (if appropriate) and explain any reasons for deviating from these guidelines.
- Type or write in black ink only ensuring the statement is well presented.

DO NOT

- Speculate on what others were doing or thinking unless you know something as a fact.
- Give opinions on the care given or actions taken by other staff or blame other staff or departments.
- Be hostile, rude or unnecessarily defensive to the complainant.
- Relate conversations that you were told by someone else (gossip).
- Anticipate evidence of another witness or questions that may arise.
- Use abbreviations.

IF YOU CAN'T REMEMBER DON'T MAKE IT UP!

Appendix 5

Investigation template



Complaint Investigation Report

Investigating Officer:
Date Complaint received:
Date of report:

Private and Confidential

Contents

Summary of complaint
Findings
Conclusions
Recommendations
Action Plan
Appendices

Summary of Incident

Background and context

Provide a brief background to the complaint; include relevant information, for example patient clinical history.

Description of events

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

Complaint Timeline

Incident timeline should be included, (can be 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 should also be drawn out in this section. After each allegation the decision to uphold / not uphold or partially uphold must be recorded and the rationale for the decision.

Recommendations

Arrangements for follow up, individual and shared learning

Detail recommendations to address each of the allegations (where upheld) and create action plan with timescale for completion. Consider how the outcome will be shared with those involved, senior management team and wider hospice teams.

Action Plan Template

Action Plan Template

Date of complaint: _____

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

Appendix 6 Template Response Letter: For use when no further contact wished by complainant.

Please ensure official letter head is used and letter is marked Private and Confidential.

Date

Name
address

Dear Mr/Mrs/Miss.....,

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

Thank you for your letter/email/telephone/call of **(date)** regarding the care / service provided to you by St Columba's Hospice

I was concerned to read of your experience and the distress that was caused to you and **(patient's Name if relevant)**.

I fully appreciate that you would not like any further contact from us at the moment or to make a formal complaint but I would like to give you our assurance that the issues detailed in your letter will be fully investigated in line with hospice policy. I also wish to assure you that all feedback is used to help us improve the services we provide and to ensure we meet the needs of those who use our services.

If, at a later stage, you would like to be informed of the outcome of our investigation please do not hesitate to contact me. **(Provide contact details)**.

Yours sincerely

Signature
Title

