
COMPLAINTS AND SERVICE USER FEEDBACK PROCEDURE

Standard statement

To ensure the complaints process is flexible and responsive to the needs of individual complainants, that they are listened to and treated with courtesy and empathy. That we use all user feedback positively to ensure our services are safe, effective, caring and responsive and well led.

Introduction

The hospice will align with the NHS Constitution 2015. This complies with guidance from the Care Quality Commission, and Parliamentary and Health Service Ombudsman (PHSO)

<http://www.ombudsman.org.uk>.

The hospice will also collect and respond to feedback in the same manner across all departments, e.g. donors and those using our shops. Any concerns of staff and volunteers will be directed to their line manager/supervisor, or senior manager (if necessary). Please see Whistle Blowing guidelines.

Principles

1. All feedback will be welcomed and encouraged. Those making a complaint will be supported and listened to, not disadvantaged, and treated with courtesy and empathy.
2. Apologies will be given as appropriate and action taken to rectify the cause of the complaint.
3. Staff and volunteers will be given support, if involved.
4. Confidentiality and data protection (GDPR) applies as normal.
5. A resolution or response will be made as swiftly as possible. This is usually possible within 20 working days. If this is delayed, the complainant will be kept informed of progress.
6. The relevant member of the Senior Management Team will be informed of complaints as soon as possible.
7. All feedback will be reported through the Governance system and staff, volunteers and trustees will be in receipt. Any learning will be put into action and reviewed.
8. The Partnership group will also work with the hospice by collecting the views of services users in an informal way.
9. Patient and carer surveys will be conducted regularly throughout the year and reported through the Governance structure of the hospice, via the Quality Assurance and Improvement Group (QAIG).

Any complaint we are made aware of will be recorded and investigated, regardless of whether the person making the complaint wants it to be official or taken further. Our explanation to the complainant is that we wish to learn from things that don't go well and make changes to improve where we can, and not because we wish to put blame on staff.

However if a 'complaint' is quickly resolved, eg an apology is accepted or a change made, then it will be recorded as a concern and any learning or improvements still made.

Concerns: A concern is a problem raised that can be resolved/responded to straight away. They are not reported as a complaint. Most issues can be resolved at the time the person e.g. patient, carer or customer, speaks to staff to report the problem. Staff will apologise and try to correct the problem if possible. Apologies do not alone constitute an admission of liability.

Complaint:

An expression of dissatisfaction requiring a response. It is when the issue cannot be resolved by the end of the next working day, at the latest.

Comments/Compliment:

An idea for improvement, shared experience or praise of the service received.

Procedure

1. Any manner of feedback will be welcomed, including written, verbal and via the website. Ideally all feedback will be recorded on the feedback form, Appendix 1. Completion of the form can be made by the person themselves or a volunteer/staff member, on their behalf.
2. The Office Services Manager (OSM) will log all feedback and a monthly audit will be issued to QAIG, Patient and Family Services Committee and trustees.

If a complaint:

3. The OSM will log all complaints and keep all records regarding the investigation and final outcome. These will be logged centrally on a secure drive with access limited to Director of Patient Services, Medical Director, Quality, Patient Experience and Clinical Lead (QPECL) and OSM.
4. The OSM will pass the complaint to the relevant manager, e.g. the QPECL or Head of Fundraising who becomes the Investigator or will nominate another member of staff.
5. Where possible the Investigator will make an initial call to the complainant and offer to meet with the complainant as well as explaining the process and time scales. If this is not possible the OSM will send an initial written response to acknowledge the complaint and inform them of the process and when to expect a formal response.
6. If there is a possible issue regarding a staff member which could lead to a disciplinary action, the Human Resources Team will be consulted, along with the manager of the member of staff.
7. The Investigator will gather and examine the evidence and make recommendations. The relevant SMT member (s) will agree the final response. This could be delivered through a meeting or by a written reply as agreed with the complainant.
8. The complainant will be offered a chance to come back to us, if they are not happy with the response and if it continues to be unresolved they will be informed of other channels they could take, such as the Care Quality Commission, the local Clinical Commissioning Group or Ombudsman.
9. Any areas for improvement will be recorded on the Action Plan, reported to the Quality Assurance and Improvement group and Governance Committee. They will be reported to the Board of Trustees and made available to staff, respecting confidentiality and anonymity.
10. The complaint report will be sent to the appropriate manager(s) who will carry out the required actions and will send the relevant evidence e.g. meeting notes, confirmation of 1-1 meeting to be logged on the central complaints drive.

A complainant's behaviour may be considered unreasonable if:

1. The complainant has threatened, has harassed or been abusive towards staff
2. The complainant continually makes unreasonable demands on staff
3. The complainant insists on speaking to a particular member of staff
4. The complainant frequently changes the substance of a complaint and prolongs contact by raising new issues during a complaint investigation
5. The complainant refuses to believe documented evidence given as factual and continues to contact staff following a complaint investigation
6. The complainant makes frequent phone calls or sends repeated communication re-iterating existing concerns.

This list is not exhaustive.

Originator: Verity Jolly, Director of Patient Services

APPROVED BY GOVERNANCE COMMITTEE, SEPTEMBER 2019
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RATIFIED BY BOARD SEPTEMBER 2019

* If you have a complaint and wish for a response please include your contact details.

Name _____

Address _____

_____ Post code _____

e-mail: _____ Telephone: _____

Date _____

For hospice staff use only:

Please categorise the comment/complaint under one of the following:

Safety issue	
Effectiveness issue	
Care issue	
Well led/management issue	
Responsiveness issue	

Is this a complaint Y/N Date logged _____

Added to an Action Plan Y/N Audit date _____