

COMPLAINTS PROCEDURE (Care and Non-Care Services)

Introduction

1. This document (written for patients, carers and member of the public) sets out our procedure for investigating and responding to complaints and comments. Pilgrims Hospices makes every attempt to provide services and an environment which avoids the need for a complaint to be made. However, on occasions we may not get this quite right and therefore, if you have concerns, we welcome your comments. Our aim is that the complaints procedure will:
 - Be easy to use by patients, carers/relatives or other members of the public
 - Resolve complaints as quickly as possible
 - Be responsive to the outcome, to prevent recurrence and improve services as a result.
2. Copies of this document are available in each Pilgrims Hospice patient area and on our website.
Pilgrims Hospices may also be required to contribute to an overall complaint made to another healthcare or other provider. In this case Pilgrims Hospices will comply with timescales appropriate to that organisation.
3. Any member of staff or volunteer involved in a complaint will be immediately informed by their line manager and will be required to provide their recollection of the matter. Staff will be kept fully informed of the comments made and given the opportunity to respond. Staff/volunteers are required to co-operate with the complaints investigation, **it is important to all of us to improve our services and part of this process is to investigate all complaints professionally and thoroughly. Staff are required to be fully co-operative in this process as achieving an appropriate outcome is paramount.** However, staff/volunteers are assured that they have the right to independent advice/assistance from their professional organisation/trade union/line managers, particularly in the event of unfounded allegations or vexatious/malicious complaints.

What is a complaint?

4. A complaint is any expression of dissatisfaction which needs a response.

Who may complain?

5. Complainants may be patients, relatives, carers, members of the general public or healthcare professionals from another organisation. Suitability to represent a patient must be with that patient's explicit knowledge and consent. Where a patient is represented by an Attorney or Deputy, the representative should ensure the authority vested in them extends to acting on behalf of the patient in the making of the complaint in question. The written consent of the patient to disclosure of information about them may be required if the

Attorneyship or Deputyship appointment does not specifically provide for this and will be required in all other cases of representation.

Advice on who can/how to access documentation can be found in the Access to Health Records Act 1990.

6. Any request for patient notes or documentation in connection with a complaint against the Pilgrims Hospice must be put in writing to the Chief Executive. Only the Chief Executive or his/her deputy is authorised to release notes or patient information. Access to health records is controlled by law and in every case Pilgrims Hospices will be obliged to provide access in accordance with current legislation.
7. There may be situations where the patient does not agree with a complaint being made by relatives or carers on their behalf. In these circumstances confidentiality and the wishes of the patient are paramount.

Time Limits on Initiating Complaints

8. A complaint should be made as soon as possible after the event or within 12 months of the incident.

Procedures for Handling Complaints

9. Once the complaints procedure has been initiated, the aim is to achieve resolution as soon as possible.

Role of Pilgrims Hospice Staff on receipt of a verbal or written complaint.

10. The continuing care of our patients is of prime importance. The first responsibility of a recipient of a complaint about care services is to ensure that the patient's immediate health care needs are being met. This may require urgent action before any matters relating to the complaint are investigated. If the complaint relates to a non clinical issue, the recipient will ensure there are no Health and Safety or other immediate concerns that require action.
11. Verbal complaints/adverse comments on any aspect of service or individual care will be dealt with at the time of being made, if possible and brought to the attention of the appropriate manager (see below) as soon as possible after having taken account of paragraph '10' above. All complaints will be reported to the appropriate hospice Integrated Governance meeting.

Manager

Family Services Manager

Senior Nurse Manager

Department

Chaplaincy, counselling,
Complementary Therapy,
Physiotherapy or Social Work

Nursing (Inpatient and Community)

Consultant	Medical
Hospice Manager	Administration including catering Housekeeping Volunteers
Associate Director, Rapid Response Hospice at Home	Rapid Response Hospice at Home
Retail Manager	Pilgrims Hospice Shops
Head of Fundraising and Marketing/CEO	Fundraising and Marketing
Lottery Sales Manager	Pilgrims Hospice Lottery

12. The Chief Executive will ensure that there is a co-ordinated, effective system for reporting, investigating, monitoring and recording complaints, including appointing the appropriate individual to prepare a response, i.e. the investigation officer. The investigation officer's role is mainly to deal with written complaints on behalf of the Chief Executive and to keep the Chief Executive informed at all stages.
13. When a verbal complaint cannot be resolved by the relevant manager, the complainant will be invited to put his/her concerns in writing or email.
14. Staff are to be encouraged to speak freely whenever complaints are investigated and should feel that their views are given in confidence. All documentation relating to complaints is to be kept separate from any clinical notes.

Adverse Comments/Verbal Complaints (Non-Care Services e.g. Retail, Fundraising, Events).

15. Any member of staff receiving a verbal complaint or adverse comment, or becoming aware that one may be made in the future, should report this immediately to his/her line manager.
16. In the first instance the departmental manager will immediately respond verbally (telephone or face to face) to the complainant to acknowledge the complaint, which is to be recorded on an adverse verbal comments/complaints form and agree future communication methods e.g. verbal, email, letter.
17. We will ensure that comments are handled with good manners, openness and appreciation for raising the issue. Staff will apologise and express regret if appropriate. A written record of any meetings will be made and passed, together with all statements and correspondence, to the Chief Executive's office for filing in the complaints register.
18. The departmental manager or his/her deputy will arrange to meet the complainant to discuss the complaint and resolve his/her concerns as soon as possible.

19. The relevant manager will ensure that any member of staff who is the subject of a complaint is notified at the earliest opportunity, is kept informed at each stage of the complaints procedure and is given the opportunity to respond.

Adverse Comments/Verbal Complaints about Care Services.

20. Any member of staff who receives a verbal complaint regarding patient care will firstly take account of the immediate clinical situation.
21. If it is possible and appropriate, the member of staff will seek to clarify/explain/listen to or address the particular concern immediately. If it is not possible or appropriate to respond to the verbal complaint immediately, then the member of staff will find a more appropriate person to deal with the matter.
22. Whatever the outcome of the initial conversation, the verbal complaint will be recorded by the member of staff to whom it was first made. An arrangement for feedback to the complainant will be agreed and documented. The relevant Hospice Manager will be notified immediately by telephone or personal contact if a serious clinical verbal complaint has been made about patient care in the hospice for which they are responsible.
23. All verbal complaints will be discussed at the next appropriate Pilgrims Hospice Operational Management Board meeting. This allows sharing of information and the contributions of other team members may assist the understanding and response to the verbal complaint.
24. A copy of all completed verbal complaint forms relating to patient care will be passed to the Executive Assistant, based at Pilgrims Hospice Canterbury for logging and onward dissemination as appropriate.

Written Complaints – Stage 1.

25. Each written complaint will be acknowledged in a letter signed by the Chief Executive or, in his/her absence, a nominated deputy, and sent within 2 days of receipt. The Chief Executive will nominate an Investigation Manager who will take responsibility for co-ordinating a thorough investigation into the issues raised by the complainant.
26. The Investigation Manager will offer a meeting with all complainants if necessary in order to clarify any details.
27. It is Pilgrims Hospice policy to acknowledge written complaints immediately and to send a response within 20 working days. If this is not possible, an interim response will be sent by the Chief Executive within 20 working days, informing the complainant of the progress made. The Investigation Manager will keep the Chief Executive informed of any problems in obtaining information or other factors, which are likely to result in delays.
28. When an Investigation Manager has finished an inquiry he/she will complete an investigation report, which will contain details of findings and if necessary an action plan to prevent the situation happening again. The details of the report will be communicated to

the complainant in the form of a letter with a clear apology if the complaint is upheld. The response letter will be signed by the Chief Executive (or his/her appointed deputy in case of absence) and will normally be sent by recorded delivery, it should make clear which elements of the complaint have been upheld. It will also include information to the complainant of what he/she should do if the complaint is not resolved to his/her satisfaction. The complainant may be offered the opportunity to discuss the contents of the letter further with the Chief Executive for further clarification.

29. Where an individual member of staff has been implicated by name, a copy of the response letter will be forwarded to that member of staff.
30. The Chief Executive will ensure that the trustees of the Complaints Sub Committee are kept up to date every 6 months of complaints received and actions taken. In addition, the trustees will receive regular copies of reports to the Operational Management Board concerning complaints and adverse comments.
31. Copies of the report and the response are sent to the Investigation Officer. They will be kept in the Pilgrims Hospice complaints register held by the Executive Assistant. They will be used for monitoring complaint trends through the Operational Management Board and individual Hospice Boards and for compiling reports for the trustees of the Complaints Sub Committee. Confidentiality will be maintained for any material used for these purposes.

Written Complaints – Stage 2.

32. Complainants who are dissatisfied with the outcome of Stage 1 local resolution (whether in response to verbal or written complaints) may ask for the matter to be referred for further consideration by the trustees through the Complaints Sub Committee. This request must be made in writing within 30 working days after the date of the final response letter from the Chief Executive.
33. On receipt of the request to take a complaint to the second stage, the Chief Executive will pass the matter to the Chair of the Complaints Sub Committee who will acknowledge receipt within three working days. This letter will ask the complainant to identify outstanding areas of concern and may, if considered necessary, offer a face to face meeting with the Chair of the Complaints Sub Committee (or an alternative if not available). After careful consideration of all the documentation and a meeting with the complainant if appropriate, the sub-committee may take one of three actions:
 - a. To refer the matter back for further local resolution
 - b. To commence the 2nd stage investigation
 - c. To decide that no further action is appropriate.

Once the way forward has been agreed, the Chair of the Complaints Sub Committee will write to the complainant to tell him/her if there are grounds to proceed to the 2nd stage and negotiate a time scale for the investigation if it is to proceed. This letter will be sent by recorded delivery.

34. If the second stage proceeds, the Chair of the Complaints Sub Committee will advise the Trustees, the complainant and any staff member involved in the complaint of the time table

to which they will work in order to undertake a further review. At the discretion of the Complaints Sub Committee this may include meetings with the complainant or any staff member involved. Normally the Complaints Sub Committee will consider all material placed before them, and to meet with the complainant and staff members if they deem it necessary within a period of not more than 25 working days. After this a written report of their findings will be submitted to the Trustees and the Chief Executive. If, for any reason, the report cannot be produced within the agreed timescale the Chair of the Complaints Sub Committee will keep the complainant informed and agree a date for a reply.

35. Within two working days of the submission of the report to the Trustees a copy of the written report will be sent to the complainant and to any staff members involved in the complaint. The covering letter sent to the complainant with the report will include information as to how he/she may proceed if he/she remains dissatisfied.

Further Review – Stage 3.

36. If the complainant is not satisfied with the conduct or the outcome of the Pilgrims Hospice's own investigation or further review they may refer the matter as follows:
 - a. Complaints about care. To The Care Quality Commission, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA; Email: enquiries@cqc.org.uk.
 - b. Fundraising Complaints. To the Fundraising Standards Board, Hampton House, 20 Albert Embankment, London SE1 7TJ; Telephone: 0845 4025442 Website: www.frsb.org.uk.
 - c. Lottery Complaints. To the Gambling Commission, Victoria Square House, Birmingham, B2 4BP; Telephone: 0121 230 6666.

Recording Arrangements

37. All complaints will be recorded. Progress throughout the procedure of a complaint will be recorded in the complaints register held by the Executive Assistant. Adverse Comments/Verbal Complaints which have been recorded will be reported and reviewed in accordance with paragraphs 20-25.
38. The Chair of the Complaints Sub Committee will report annually on complaint handling to the Board of Trustees.

Legal Matters

39. The Complaints Procedure will be immediately stopped if the complainant indicates an intention or threat to take legal action in respect of the complaint, or to refer the matter to another person, body or institution including a referral to the press and/or media.
40. Matters relating to any complaints, which have a significant possibility of litigation, should be handled by the Chief Executive with advice from the Pilgrims Hospice legal advisors, insurers and professional bodies representing members of staff.

41. The possibility of legal proceedings will not prevent the Chief Executive continuing any investigations to uncover shortcomings in Pilgrims Hospices procedures or making recommendations to prevent reoccurrence.
42. Where allegations are serious and may constitute a criminal offence, the Chief Executive will be informed and the police will be notified immediately.

External Investigations

43. This procedure does not preclude any separate investigation by the Care Quality Commission.

Patient Information

44. As mentioned in paragraph 6, occasionally requests may be made to Pilgrims Hospices for patient information or documentation in connection with an investigation, not involving the hospice. In such cases, no information will be released without the approval of the Chief Executive. As stated in Paragraph 6 above this will only be done in accordance with current legislation, and with the permission of the patient or the patient's representative.

Review

45. This complaints procedure will be reviewed on an annual basis by the Complaints Sub Committee when preparing the Annual Report for Trustees.

Lynne Selman
Chair Complaints Sub Committee
Updated 04 August 2011