

**TREETOPS HOSPICE
COMPLAINTS POLICY**

Approved by:	Hospice Board of Trustees
Date of approval:	June 2013
Originator:	Chief Executive
Review Date:	June 2016

Policy Statement

Treetops Hospice will ensure that complaints, verbal and written, are dealt with in a swift and effective manner, which ensures complete fairness for both complainant and staff.

The complaints procedure will be responsible and flexible to address the issues identified by the complainant.

All complaints will be used to improve services, reduce incidents and to improve overall quality.

Related Hospice policies/procedures:

Risk Management Policy
Clinical Governance
Confidentiality Procedure

Aim and Scope of Policy

To set out the steps by which all staff will adhere to meet the required protocol for dealing with complaints.

Responsibility/Accountability

Chief Executive	The Chief Executive is responsible for ensuring that the policy is in place and adhered to. Responsible for ensuring the content of the policy is in line with statutory requirements and professional guidance. Ensures that the staff, as appropriate, are aware of the procedure and how to apply it.
All staff	Responsible for compliance with the policy and procedure

Policy Monitoring and Review

- Policy review 3 yearly or when legislation requires, whichever is sooner.
- Annual report to the Care Quality Commission which includes:
 - The complaints made.
 - Action taken in response.
- Report to each Board of Trustees meeting
- Bi-monthly report to the Clinical Sub Committee

Compliance with Statutory Requirements

- Private and Voluntary Health Care Regulations 2001 Part III – Conduct of Health Care Establishments and Agencies, Regulation 23
- Care Quality Commission Core Standard Complaints Management (C14)

Scope

The complaints policy refers to both clinical and non-clinical 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.
- 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 complainant and staff/volunteers.
- Maintains the confidentiality of the patient, complainant and staff/volunteers
- Provides the opportunity to learn from the complaint to improve services,

Staff Training Needs

Training needs to be provided to all staff in the organisation on:

- What a complaint is
- How to receive a complaint
- How to deal with someone making a complaint
- The complaint process, both verbal and written.

Aim and Scope of Procedure

To provide instructions on how to manage a complaint from receipt through to resolution.

Covers:

Receipt of verbal and written complaints

Investigation of complaints

Communication with complainant

Resolution of complaints

Referral to the Care Quality Commission

Staff Responsibilities

Complaint handler: To investigate the complaint

Line Manager: To oversee the investigation, draft a response and ensure resolution.

Chief Executive: To use complaint as a learning process. To respond to complainant and ensure complaint resolved. Inform Board of Trustees of complaints. To handle complex complaints involving members of staff. To ensure the content of the policy is in line with statutory requirements and professional guidance.

Director of Clinical

Services: Inform Care Quality Commission and NMC as appropriate where registered nursing staff are involved in a complaint. Ensure that care staff, as appropriate, are aware of the procedure and how to apply it.

All staff Responsible for compliance with the policy and procedure.

Method:

Receiving the complaint

- Complaints may be initiated with front line staff. Staff will deal with the complaint sensitively.
- Training is required in customer services to ensure good communication and understanding when receiving complaints.
- Complaints may be made verbally to any member of staff or in writing by the patient, their representative or a member of the public.
- Suitability to represent a patient normally depends on the patient's knowledge and consent that a specific person may act on their behalf. In these cases consent needs to be obtained from the patient for the release of potentially confidential information.
- Where a patient has died or is unable to give consent, it is necessary to establish in their circumstances that the complainant is suitable to represent the patient.

- Confidentiality of the patient and any known wishes expressed by the patient that information should not be disclosed to third parties should be respected.
 - If front line staff are not empowered to handle a verbal complaint, written details should be passed onto the line manager. Written details of both verbal and written complaint should be recorded on the Hospice's complaint form.
 - All complaints should be registered within the organisation: Details to be recorded are:
 - o Nature of Complaint
 - o Result of the investigation
 - o Action taken
 - o Resolution of complaint
 - o Whether the complaint was upheld.
- A written record of all complaints, the complaints register, will be held in a central file held by the Chief Executive

Acknowledgement of complaint

- All complainants will receive a written acknowledgement of their complaint within three working days. This letter should detail the complaints process.

Investigation of complaint

- A nominated person should investigate the complaint. The individual should 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.
- All findings should be fully documented. Any communication with the complainant should be documented.
- A full response should be sent to the complainant within twenty working days of receipt of the complaint.
- If it is not possible to send a full response within the twenty-day time scale, a letter explaining the delay should be sent to the complainant.

Resolution of complaint

- Once the investigation has been completed, a letter should be sent within five working days outlining the findings and the proposed action to be taken.
- The findings of the complaint together with the action to be taken should be completed on the complaint register.
- Action plans following the complaint should be completed together with a time scale for action and review.
- The anonymised complaint should be reported to the appropriate group to ensure lessons are learned and practice is improved.
- The Board of Trustees will receive a report on all complaints at bi-monthly intervals.

Referral to the Care Quality Commission

- An independent review by the Chief Executive may be appropriate if complaint is not resolved at Management level
- If the complainant is unhappy with the outcome of the complaint, s/he can complain to the Care Quality Commission in writing or by telephone.
- Details of how to complain are provided in the Hospice Patient Information Leaflet.

References:

Private and Voluntary Health Care (England) Regulations 2001; Chapter 1:
Quality of service provision, Regulation 23
CQC Core Standard: Management of Complaints (C14)
NHS Complaints Procedure

Trustee Signature

J. D. Heath

Date

10.7.13

Complaints Procedure Flowchart

