

Thames hospice

Policy and Procedure: FEEDBACK AND COMPLAINTS

Date	Author / Reviewer	Approved by	Doc Ref	Comment	Next Review
July 2020	Head of Governance and Quality	Board	ADM-P-0007	<p><u>June 2020</u> Policy reviewed. Acknowledgement period of three working days added at section 3.4</p> <p><u>May 2020</u> Policy reviewed. S3.4 Complaints to be considered closed if nothing heard after three months.</p> <p><u>Nov 2019</u> Policy reviewed and renamed 'Feedback and Complaints'. Definitions of Feedback and complaint and process reviewed.</p> <p><u>May 2018</u> Policy Reviewed. Minor Changes to text and layout. Definition of Constructive Feedback.</p> <p><u>April 2017</u> Reviewed; minor changes to layout only.</p> <p><u>April 2016:</u> Review and minor updates to text. Reference to Fundraising Complaints Policy.</p> <p><u>Nov 2014:</u> Minor reviews to refer to updated Complaints Investigation Record form and appropriate meeting schedules</p> <p><u>Sept 2014:</u> Review to merge two existing complaints Policies into one document.</p>	July 2021

1 Purpose of Policy

- 1.1 This policy embodies Thames Hospice's policy of welcoming all constructive comment, feedback and complaints, offering apology and seeking to make redress where appropriate and of learning from feedback and complaints received.
- 1.2 To ensure that Thames Hospice demonstrates a clear, timely, assertive and robust response to all feedback and complaints in order that apology and reparation may be made to the complainant if appropriate.
- 1.3 To ensure that learning may be taken from the feedback or complaint to avoid recurrence and to improve service provision.

2 Responsibilities

2.1 Chief Executive Officer

- Overall responsibility for reporting feedback and complaints, outcomes and actions to the Board of Trustees.

2.2 Director of Patient and Family Services

- Responsible for monitoring and reviewing all feedback and complaints relating to clinical services, and reporting to the Governance and Health and Safety Committee and to the Patient Care and Quality Committee.

2.3 Director of Fundraising

- Responsible for monitoring and reviewing all feedback and complaints relating to fundraising activities, and reporting to the Governance and Health and Safety Committee and to the Income Generation and Marketing Committee.

2.4 Director of Retail

- Responsible for monitoring and reviewing all feedback and complaints relating to retail activities, and reporting to the Governance and Health and Safety Committee and to the Income Generation and Marketing Committee.

2.5 Head of Governance and Quality

- To co-ordinate records of all Thames Hospice feedback and complaints and ensure accurate and timely reporting to Thames Hospice committees.
- To act as lead complaints handler for Thames Hospice clinical complaints.
- To act as lead complaints handler for multi-agency complaints.

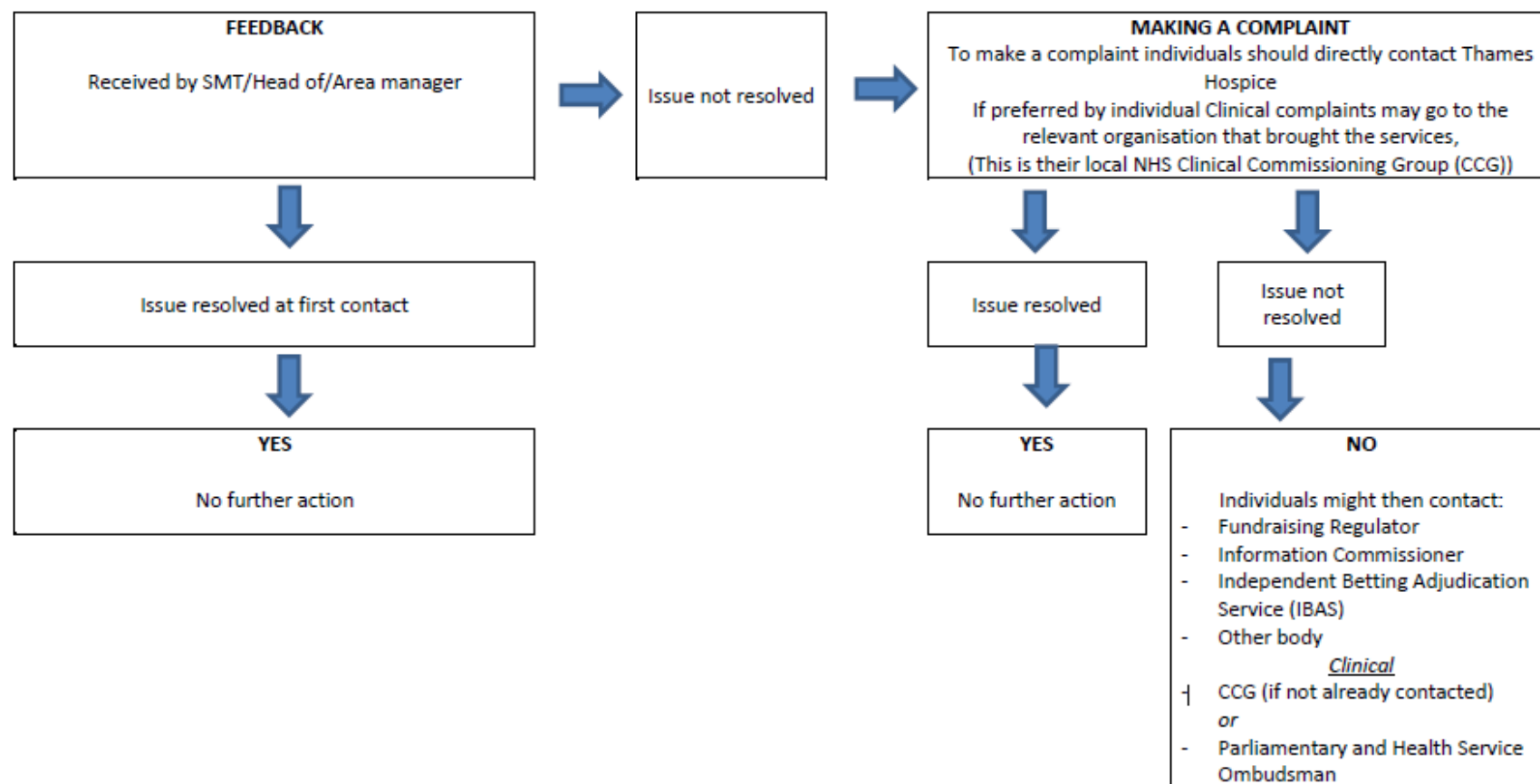
2.6 HR Directorate

- To provide advice as appropriate where feedback or a complaint is made against staff members.

2.7 All managers, staff and volunteers

- Report any feedback or complaint immediately to line manager or manager in charge at the time.
- Assist as necessary with the concern, where a person other than a staff member or volunteer wishes to make feedback or a complaint against Thames Hospice.
- Assist in any investigation as necessary, providing specialist advice as appropriate depending on role.
- Assist in and comply with actions taken and changes made as a result of an investigation.

THAMES HOSPICE FEEDBACK AND COMPLAINTS PROCEDURE



Contacts	Website	Phone
Fundraising Regulator	www.fundraisingregulator.org.uk	0300 999 3407
Information Commissioner	www.ico.org.uk	0303 123 1113
<u>IBAS</u>	www.adjudication@ibas-uk.co.uk	0207 347 5883
CCG	www.eastberkshireccg.nhs.uk	0300123 6258
Parliamentary and Health Service Ombudsman	www.ombudsman.org.uk	0345 015 4033

3 Policy

SEE THE FEEDBACK AND COMPLAINTS PROCEDURE CHART (ON PAGE 3 ABOVE)

3.1 Confidentiality

- 3.1.1 In handling feedback or a complaint due regard must be paid first to the maintenance of confidentiality in line with the Thames Hospice Confidentiality Policy (Thames Hospice Confidentiality Policy ref: IG-P-0002).

3.2 Definitions

- 3.2.1 **REPORTABLE FEEDBACK** is an issue which is resolved at first contact, but the Hospice's response must have been escalated and dealt with by a member of SMT/Retail Area Management/Fundraising 'Heads of' etc., as appropriate.

- 3.2.2 Feedback may reasonably be expected to be genuinely understood by all – including the complainant – to be quickly resolvable. Then as long as it is resolved to a reasonable timescale (typically within five days) and to the satisfaction of all concerned, no further action will be necessary.

Note: If resolution takes more than five days it automatically becomes a complaint.

- 3.2.3 The relevant senior manager of service at the time at which the complaint was raised will confirm that the feedback is closed. If there is any doubt regarding this decision the feedback must be escalated and the complaints process followed.

- 3.2.4 The Hospice also notes that feedback will include a complaint received via:

- A patient survey form (whether anonymous or not).
- A complaint where the complainant insists that they don't want to make a complaint (even if written).
- A verbal complaint.

- 3.2.5 **COMPLAINT** is a verbal or written communication of unsatisfactory standards of service, where the primary intention of the written communication is to make a complaint.

- 3.2.5.1 A complaint may be made by an individual, group of people or an organisation.

- 3.2.5.2 Where a complaint is received more than 12 months after the event, the reason for delay must be established if possible.

- 3.2.5.3 No written complaint¹ may be considered to be 'quickly resolvable'.

- 3.2.5.4 Thames Hospice defines two levels of complaint:

¹ A written complaint can be received by letter, fax or email.

3.3 MANAGEMENT OF REPORTABLE FEEDBACK

- 3.3.1 The member of staff receiving feedback which they feel needs escalating must take all appropriate immediate action necessary to secure the immediate safety and wellbeing of those involved.
- 3.3.2 The Head of the relevant department and the Head of Governance and Quality must be informed immediately (see 3.1.1). In the absence of that person his/her deputy, the Head of Governance and Quality or a member of the Senior Management Team must be informed immediately.
- 3.3.3 Feedback must be recorded, including resolution.
- Clinical feedback can be recorded on EMIS. This can be achieved by entering narrative on EMIS and coding it appropriately as a concern. (Note: The Hospice will review concern reports on a monthly basis).
 - Other feedback can be reported on Sentinel. (Note: The Hospice will review concerns reports on a monthly basis.)

3.4 MANAGEMENT OF FORMAL COMPLAINTS

- 3.4.1 A complaint will be formally acknowledged within three working days.
- 3.4.2 Any complaint must be investigated by the Head of Department and the Head of Governance and Quality, with senior input and support as necessary from the SMT. Objectivity must be maintained throughout.
- 3.4.3 There may be times when a complaint is dealt with by a member of the SMT/CEO.
- 3.4.4 An appropriate level of courtesy, concern and assertiveness must be maintained in all communications with the complainant, who must be kept fully informed of the process that will be followed, who to contact for information during the investigation, the expected timescales and of progress as the investigation proceeds.
- 3.4.5 Investigators must seek to resolve all issues fully and close the complaint within 20 working days of receipt. Where this is not possible, the complainant and the Senior Management Team must be kept informed of reasons, progress and anticipated timescales for resolution.
- 3.4.6 Contemporaneous notes must be made. Recording of the complaint, its investigation and outcome at all times must be rigorous. Recording must include dates, times and named personnel as appropriate.
- 3.4.7 The complainant must be informed of the outcome of investigation and that the complaint is closed.
- 3.4.8 Any complainant may go straight to the relevant body if they wish to request an investigation

Note: If the Hospice does not hear back from the individual giving reportable feedback or making a complaint after we have contacted them, then the reportable feedback or complaint will be closed by the Hospice three months to the date of our last contact with the complainant.

3.5 Escalation

- 3.5.1 Internal escalation – The complainant may be offered a meeting with the CEO / Chair of Trustees / Chair of relevant Committee, as advised appropriate by the Head of Governance and Quality.
- 3.5.2 If an individual remains dissatisfied with the outcome of a complaint, they must be advised that any relevant body may be contacted for further advice, and Thames Hospice will inform them how to do this.
- 3.5.3 Escalation paths vary depending on the subject of the Complaint – and note clinical complaints cannot be escalated to the CCG if previously investigated by the Hospice – they must go direct to the Health Service Ombudsman.
- 3.5.4 The Hospice makes it clear how to escalate a complaint:

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Fundraising Regulator	www.fundraisingregulator.org.uk	0300 999 3407
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4 Audit

- 4.1 Feedback and Complaints are reported quarterly at the Governance and Health and Safety Committee Meetings and to the quarterly Trustee Committee meetings as appropriate.

5 Staff Training

- 5.1 All staff are made aware of the complaints procedure during their Induction.
- 5.2 Team Leaders and Line Managers are able to access appropriate training if they have a need.
- 5.3 Complaints investigators are experienced in communication skills and are able to access training as required.

6 Breach of Policy

- 6.1 Any failure to comply with this policy will be deemed a breach of policy.
- 6.2 Any breach of this policy by Thames Hospice employees may lead to formal disciplinary action. In particular, any failure to report a complaint will be rigorously handled.
- 6.3 Any breach of this policy by Thames Hospice volunteers may lead to formal action under the Problem Solving Policy and Procedure.

7 References

This policy should be read in conjunction with other Thames Hospice Policies, including:

ADM-P-0003 – Non-Toleration of Violence Statement

ADM-P-0004 – Retail Anti-social behaviour and Non Toleration of Violence Statement

ADM-P-0014 – Data Protection Policy

FR-P-0005 – Lottery Complaints Procedure

FR-P-0006 – Fundraising Complaints Policy.

IG-P-0002 - Thames Hospice Confidentiality policy.

APPENDIX 1

Handling verbal feedback

1. If a member of the public, a patient, relative or carer raises a verbal concern, the person hearing it will:
 - a. Listen to the person and apologise for any distress.
 - b. Acknowledge the problem and try to resolve, if within the listener's remit and ability so to do.
 - c. If no resolution is immediately possible, the listener will immediately escalate to the person in charge of the area of service at the time.
 - d. Maintain confidentiality throughout.

2. Documentation
 - a. Volunteers must report any verbal feedback to a member of staff, who will escalate following complaints policy.
 - b. For clinical feedback: Staff must briefly but accurately record the initial conversation with a complainant in the EMIS notes. Key feedback/complaint/allegations with immediate action taken, response given and escalation (if none then enter "no escalation needed") must be recorded. All concerns must be coded using the appropriate EMIS code.
 - c. Other feedback should be recorded and responses documented. Feedback from non-clinical teams must be reported using Sentinel (the Hospice's online incident and accident reporting system).

3. Follow up
 - a. Where feedback is deemed to be quickly resolvable and so not needing escalation, the staff member must still immediately draw it to the attention of the person in charge at the time the feedback was raised.
 - b. Where a complaint has been escalated the listener will follow up and maintain ownership of the matter until s/he has confirmed that it is out of their hands.

APPENDIX 2

Multi-Agency Complaints Protocol

1. This protocol aims to enable Thames Hospice to work with other agencies if involved in the same complaint by being unified, responsive and effective in working with the complainant. The protocol provides a framework for collaboration in handling a multi-agency complaint, to ensure:
 - A single consistent and agreed contact point is provided for the complainant.
 - That there is regular and effective communication between the agencies' complaints managers and the complainant.
 - And, that learning points identified are shared and responded to by each agency involved.
2. When a multi-agency complaint is received, the complaints handler (Head of Governance and Quality as Thames Hospice lead complaints handler) will contact the complaints handlers in the other agencies involved to agree who will take the lead role.
3. The following should be taken into consideration when making the decision:
 - Which organisation manages integrated services.
 - Which organisation has the most serious complaints about it.
 - Whether a larger number of issues raised relate to one organisation more than others.
 - Which organisation originally received the complaint (if seriousness and number of complaints are similar for each agency).
 - Whether the complainant has a clear preference for who leads the investigation.
 - The impact on the organisations' governance arrangements.
4. Once the lead complaint handler is identified, they should involve the others, identify how the complaint will be handled and confirm the issues to be addressed. The lead complaint handler will then ensure the complainant is aware of the joint response and who is the lead complaint handler.
5. If personal sensitive information needs to be shared across organisations to achieve an effective investigation and outcome, the complainant will be asked to complete a Consent Form (Appendix 3). If the complainant is unwilling to consent despite being clearly advised of the reasons why, then they will need to contact other involved agencies directly.
6. If consent for sharing information is given, the lead complaint handler will follow their own agency policy and procedure ensuring all agencies are kept up to date with progress and outcomes.
7. Further to the completion of the complaints process, a summary of the findings and any action plan must be shared with all agencies to ensure learning and practice development as appropriate.

APPENDIX 3

Statement of Consent for the Disclosure of Personal Records

Name _____

Address _____

Telephone number _____

Email address _____

I hereby give my consent for the organisations listed below to share any relevant information in order to complete the investigation into my complaint. I understand that this is likely to include disclosure of my personal records.

_____ (Lead organisation)

_____ (Organisation)

_____ (Organisation)

This will assist the investigation of my joint organisation complaint, which is being co-ordinated by the Thames Hospice Head of Governance and Quality.

The reasons for and the implications of this, have been explained to me by the above named complaints manager. I understand that information exchanged as agreed by me must be used solely for the purpose for which it was obtained.

Signed _____ Date _____