



Compliments, Concerns and Complaints Policy

1. Policy Statement

1.1 Barnsley Hospice is keen to receive communications about any of the services and activities it provides and has a responsibility for. It recognises that compliments, concerns and complaints are a valid and important way of monitoring the Hospice's activities and is an excellent way to ensure that any changes that are required to improve practices are made.

1.2 Barnsley Hospice colleagues are encouraged to listen to their service users, as providing the opportunity for a patient / relative / customer to talk face to face with the relevant service manager or member of staff regarding their issue may sometimes be all that is needed in order to resolve it.

1.3 Barnsley Hospice differentiates between concerns and complaints (further information below) however, all are responded to and acted upon.

1.4 This document details the arrangements for accepting and acknowledging compliments, and for handling concerns and complaints in a sensitive, prompt and efficient manner, which ensures complete fairness for both staff and the complainant.

2. Definitions

2.1 A **compliment** is a positive statement that recognises a high degree of satisfaction or praise for the services provided and / or the staff of the Hospice.

2.2 A **Concern** (or informal complaint) can be described as a suggestion, general statement or idea regarding the services provided at the hospice. Many concerns / informal complaints can be addressed at the time they are raised and can be classed as resolved if the patient / relative / customer is satisfied with the immediate outcome.

2.3 A **Complaint** is a negative statement received about any of the Hospice services, or a gap in service. It can relate to the actions of a member of staff, volunteer or third party; a decision taken by an employee or the organisational as a whole, or a combination of any of these. It can be a specific statement or an expression of general dissatisfaction.

2.3.1 A **formal complaint** may be made verbally or in writing and is likely to be of a more serious nature than a concern or informal complaint. It may not be resolved immediately without further investigation.

3. Aim and Scope

3.1 This policy refers to both clinical and non-clinical compliments, concerns and complaints. It is designed to manage, respond to and resolve any issues effectively through a procedure which:-

- Is fully accessible to complainants (to be included on our new website)
- Is fair to both staff and the complainant
- Provides a simple system for raising a compliment or concern, or making a complaint about any aspect of the Hospice's services.
- Responds to all verbal or written concerns/complaints whether classed as informal or formal.
- Wherever possible, ensures the confidentiality of staff and the complainant is maintained
- Provides the opportunity to learn from the concern / complaint in order to improve our services

4. Receipt of a Compliment

4.1 Upon receipt of a compliment via letter or email, this should be passed to either the Chief Executive Officer or the Governance Officer, who will share it with the department / individuals to whom the compliment refers.

4.2 The compliment will be logged by the Governance Officer, so that it can be included in the reports that are provided to the Board of Trustees and Clinical Governance Committee (if the compliment refers to clinical services).

4.3 Regarding any 'thank you' or compliment cards that are received by the In-Patient Unit and other services, these are collated into a report by the Patient Services Director or IPU Manager, and the numbers are reported back to the Governance Officer on a quarterly basis for inclusion in the overall reporting process.

5. Receipt of a Concern (or Informal Complaint)

5.1 A copy of any written concern received should be passed to the Governance Officer within 5 working days of receipt. The concern will be logged on a database alongside any compliments and complaints received.

5.2 The Governance Officer will share details of the concern with the relevant Line Manager and / or HET member, in order that any actions or improvements needed can be put into place.

5.3 A letter may be sent to the person raising the concern, briefly explaining what action, if any, has been taken as a result of their concern.

5.4 If the Governance Officer feels that the concern is actually a complaint, this will be escalated to the Chief Executive Officer or member of the Hospice Executive Team (HET), and if they deem it to be a complaint, it will then follow the complaints process detailed below.

6. Complaints Process

6.1 Receipt of a Complaint

6.1.1 Complaints must be received by the Hospice within 6 months of the event occurring.

6.1.2 Hospice staff are encouraged to resolve verbal complaints as soon as they occur, whenever possible.

6.1.3 If the complainant remains dissatisfied, or the verbal complaint is more formal in nature, the complainant may be advised to express his/her concerns in writing to the Chief Executive Officer.

6.1.4 All verbal complaints which are more formal in nature should be noted by the member of staff on receipt of the complaint and reported to the Chief Executive Officer or the Governance Officer.

6.2 Acknowledgement of a Complaint

6.2.1 If a formal complaint is raised (or a verbal complaint becomes more formal in nature) the complaint will be logged by the Governance Officer and an acknowledgement letter will be sent by the Chief Executive Officer to the complainant within two working days of receipt of the complaint. If during this period the Chief Executive Officer is absent, a member of the Hospice Team, with responsibility for the area of service generating the complaint, will acknowledge its receipt.

6.3 Investigation of a Complaint

6.3.1 The complaint will be investigated by the relevant member of the HET / appropriate manager, and results of the investigation reported back to the Chief Executive as soon as possible.

6.3.2 The Chief Executive will inform the Chair of the Board of Trustees of any complaint which, it is considered, may lead to litigation, or where physical abuse of patients or a criminal offence is alleged.

6.3.3 Further legal advice may be required and/or the police may need to be informed.

6.3.4 The Chief Executive Officer will send a full written response to the complainant within 20 working days of receipt of the complaint, explaining any action that has been taken. If an investigation is still ongoing after 20 working

days, a further letter will be sent to the complainant explaining the reason for any delay and once a conclusion has been reached, a full response is sent out within 5 working days of a decision being reached.

6.4 Duty of Candour

6.41 If an incident occurs that falls within the Duty of Candour criteria, the Hospice will follow the process detailed in its Duty of Candour Policy & Procedure, namely that an immediate apology is provided to the relevant person, followed by a more detailed explanation of the facts (if necessary), which is confirmed in writing to the relevant person. The incident will be recorded on the Sentinel Risk Management system which is now in operation at the Hospice. If an investigation is needed, then details of the incident investigation (including action plans) are also shared with the relevant person, prior to the incident being closed and details being shared with the Clinical Leadership Group and the Clinical Governance Committee.

6.5 Vexatious Complaints / Persistent or Prolific Complainers

6.5.1 Vexatious complaint – this is defined as a complaint that has little merit or substance and has been made with the intended consequence of distress or harm to either the individual receiving the complaint, or the subject of the complaint (where they are different individuals).

6.5.2 A persistent or habitual complainant is defined as ‘someone who continually makes contact with the organisation, to request the review of a regular complaint issue’. This may also include offensive, rude, aggressive, discriminatory or abusive behaviour or comments during contact.

6.5.3 A prolific complainant is defined as someone who raises the same issue despite having been given a full response and may display certain types of behaviour, for example:

- Complains about every part of the Hospice services, regardless of the issue
- Seeks attention by contacting several departments and individuals
- Always repeats the full complaint
- Automatically responds to any letter from the CEO / Chairman
- Insists that they have not received an adequate response
- Focuses on a trivial matter

6.5.4 In dealing with a vexatious, persistent or prolific complaint, the CEO / Chairman should determine whether this policy has been correctly implemented so far as is possible and identify any element of the complaint that may have been overlooked or inadequately addressed. If the policy has been correctly implemented and all issues addressed adequately, then the CEO / Chairman may decide to notify the complainant in writing that they have responded fully to

the points raised and have tried to resolve the complaint, but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant may also, at this stage, be notified that the correspondence is at an end and that further letters received might be acknowledged but not responded to. The complainant may further be informed that in extreme circumstances, the Hospice reserves the right to pass unreasonable or persistent complainants to be dealt with through a solicitor.

6.6 Resolution of a Complaint

6.6.1 If the complainant is not satisfied with the full response from the Chief Executive and wishes to take the complaint further, he/she is advised to put this in writing to the Chair of the Board of Trustees for review within 28 days of the date of the full response letter sent by the Chief Executive (as in paragraph 6.1.8 above).

6.6.2 If it becomes necessary, external arbitration may be sought. The Hospice is registered by and regulated through the Care Quality Commission (CQC). They can be contacted with any individual complaints at: CQC Yorkshire and Humberside Citygate Gallowgate Newcastle upon Tyne NE1 4PA.

6.7 Recording & Retention of Records

6.7.1 A record of all complaints is held by the Governance Officer and the Chief Executive Officer provides an update to the Board of Trustee meetings regarding complaints received, action taken and any learning points identified.

6.7.2 Records of all complaints, investigations and reports will be retained for 8 years from the date of resolution.

6.8 Hospice Policies

6.8.1 This policy should be read in conjunction with the following Barnsley Hospice policies:-

- * Whistleblowing Policy
- * Duty of Candour Policy

Date of Policy: August 2016

Reviewed: August 2017 (by HET)

Date of Next Review: August 2019

Responsible for Review: Chief Executive Officer

Who should read: All Hospice Colleagues