COMMENTS, CONCERNS AND COMPLAINTS
POLICY AND PROCEDURE

Version Number: 8
Prepared By: SMT
Review Date 1: January 2017
Review Date 2:
Review Date 3:
Review Date 4:
Dissemination Arrangements: SharePoint
1. **Policy Statement**

Comments, concerns and complaints are valuable and are acknowledged as a way in which to help the hospice identify areas for improvement and highlight areas not previously recognised. This process inevitably improves services, reduces incidents and enhances overall quality. Reporting and dealing with concerns, suggestions and complaints leads to a better service for our patients, supporters and customers, preventing dissatisfaction becoming a complaint.

Complaints are different to concerns. They are a formal way to resolve an issue after initial attempts have been unsuccessful – the person raising the issue remains dissatisfied and wants to take the matter further. We would encourage concerns to be raised with us as early as possible, before they become a complaint. This will allow us to make earlier interventions and improvements. However we do understand that this may not always be possible.

Complaints, verbal and written, are dealt with in a swift and effective manner which ensures complete fairness for both staff and complainant.

The complaints procedure is responsive and flexible to address the issues identified by the complainant. It is accessible to the public online and in hard copy and it is available in other languages and formats on request.

2. **Aim and Scope of Procedure**

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
- Responds to verbal and written complaints whether made in a formal or informal manner
- 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 staff and complainant
- Maintains the confidentiality of the complainant and the staff member(s)
- Provides the opportunity to learn from the complaint in order to improve services

This procedure provides instruction on how to manage a complaint from receipt through to resolution. It covers:

- Receipt of verbal and written complaints
- Investigation of complaints
- Communication with the complainant
- Resolution of complaints
- Referral to Healthcare Improvement Scotland for complaints in relation to the clinical service
- Linking complaints governance and quality improvement procedures
3. Responsibility / Accountability

The ultimate responsibility for management of complaints lies with the Chief Executive who delegates their authority to the Service Directors.

The Clinical Services Director is the Designated Complaints Officer and is responsible for responding, acknowledging and co-ordinating the investigation of each complaint. The Clinical Services Director will remain impartial, however if a conflict of interest is identified, then the Clinical Services Director will allocate the Complaints Officer Role to another member of the Senior Management Team.

The Designated Complaints Officer:

- Acknowledges the complaint within 3 working days
- Informs the complainant of investigation outcomes within 20 working days from date of complaint
- Ensures the complaint is resolved

Operational Managers are responsible for ensuring that all staff members are aware of the complaints procedure and its implications for practice. Each Operational Manager has first line responsibility for the initial investigation where appropriate of the complaint. Where the Operational Manager is not the most appropriate person to carry out the initial investigation, the Clinical Services Director or the nominated Complaints Officer will appoint an investigation officer. They will remain impartial and be responsible for supporting both the member of staff involved and complainant.

All parties involved in the complaint can, where relevant, declare a conflict of interest to either the Complaints Officer or to a member of the Senior Management Team.

The complaint recipient is responsible for receiving the complaint in a calm, empathetic manner. When receiving a complaint the staff member must:

- Offer a private environment
- Try to help the complainant feel relaxed and reassure them that their complaint will be dealt with professionally, fairly and sympathetically
- Listen carefully in order to understand the nature of the complaint
- Recommend that the complainant meets with the Designated Complaints Officer. Offer to make an appointment
- Give the complainant a copy of the hospice Complaints Leaflet
- Apologise for the complainant’s distress
- Make a detailed note of what the complainant said immediately after receiving the complaint
- **avoid being** defensive or antagonising the complainant
- **Refrain from** offering an explanation at this stage as the complaint has still to be investigated

The Ayrshire Hospice will use any complaints, comments and/or suggestions as a learning exercise and recommend changes in practice as a result.
4. Method

Receiving the Complaint

4.1 Complaints may be initiated with front line staff. Staff need to deal with the complaint sensitively.

4.2 Training in customer services ensures good communication and understanding when receiving complaints.

4.3 Complaints may be made verbally or in writing to any member of staff and they may be formal or informal.

4.4 If front line staff do not feel able to handle a verbal complaint, written details are passed on to the line manager.

4.5 The complainant is given a copy of the hospice Comments, Concerns and Complaints Leaflet. Assistance and advice is offered to enable the complainant to understand the complaints procedure, and external support can be provided via the local advocacy service in NHS Ayrshire and Arran.

4.6 The complainant is offered an appointment with the Designated Complaints Officer if they wish.

4.7 All complaints (written or verbal) are recorded on the hospice’s complaints form detailing:
   - The nature of the complaint
   - The result of the investigation and action taken
   - The complaint resolution
   - Whether or not the complaint was upheld

4.8 Complaints must be received within 6 months of the event happening or within six months of the complainant realising they have reason to complain (within 12 months of the event).

Patient Complaints

4.9 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.

4.10 Where the patient has died or is unable to give consent, it is necessary to establish in these circumstances that the complainant is suitable to represent the patient.

4.11 Confidentiality of the patient and any known wishes expressed by the patient relating to the disclosure of information to third parties should be respected.
Fundraising Comments, Concerns and Complaints

4.12 We are committed to being open and honest in all our dealings with donors and supporters. Sometimes however we may get it wrong and it is important that those who give us support in any way have access to an accredited means of expressing any concern / complaint. If there are any aspects of our fundraising activities you would like to comment on or have a concern about, please get in touch with our fundraising team:

- By telephone on 01292 288488
- By writing to The Fundraising Manager, Ayrshire Hospice, 29 Miller Road, Ayr KA7 2AX

4.13 Comments and concerns can be discussed with any member of staff who will direct this information to the most appropriate person. We would prefer to hear your concerns before they become complaints.

Acknowledgement of Complaint

4.14 All complaints will receive a written acknowledgement of their complaint within 3 working days. This letter will detail the complaints process.

4.15 A full written reply is made within 20 working days.

Investigation of Complaint

4.16 The Designated Complaints Officer or delegated Officer who has received training in managing complaints will investigate the complaint.

4.17 The complainant and the staff member are entitled to attend the investigatory meeting accompanied by a representative. The investigator will hear separately the evidence from both parties who will not attend investigatory meetings at the same time.

4.18 The complaint investigation is handled in a manner which acknowledges that being subject to a complaint can be a stressful and anxious time for staff.

4.19 The Complaints Officer can halt the complaint at any stage should it emerge that legal action is under way, pending or intended and this postponement can remain until the legal process is complete.

4.19 Where the complaint relates to our fundraising, we will determine whether the complaint is about an alleged breach in the Code of Fundraising Practice and/or the Fundraising Promise.

4.20 All communication with the complainant is fully documented.

4.21 All findings from the investigation are fully documented.

4.22 A full response outlining the findings and the proposed action to be taken is sent to the complainant within 20 working days of receipt of the complaint.
If it is not possible to send a full response within the 20 day time scale, a letter explaining the delay is sent to the complainant.

Resolution of Complaint

4.20 The findings of the complaint together with the action to be taken are completed on the complaint register.

4.21 Action plans following the complaint are completed together with a timescale for action and review; this involves all staff concerned whenever possible.

4.22 The anonymised complaint is reported through the hospice governance structure to ensure lessons are learned and practice is improved as indicated by the results of investigation. A final report is submitted to the Hospice Board.

4.23 The Appeals procedure can be initiated, where the complainant remains dissatisfied with the outcome of the investigation. An appeal notification form requires to be submitted to the Chief Executive of The Ayrshire Hospice within four weeks of receipt of the complaint outcome.

4.24 The Chief Executive will chair the appeal meeting alongside a Service Director or Clinical Manager with no previous involvement in the complaint to date. The outcome of this meeting will be communicated in writing to the complainant and to the Complaints Officer.

4.25 If a staff member is dissatisfied with the complaint outcome, they can pursue this dissatisfaction in line with the Hospice Grievance Procedure.

Healthcare Improvement Scotland – Clinical Service Complaints

4.26 At any time complainants can raise their concerns about Clinical Services directly with Healthcare Improvement Scotland.

4.27 Details of how to complain are provided below and in the hospice Information leaflet on “Comments, Concerns and Complaints.”

Referral to COSCA Counselling & Psychotherapy in Scotland

4.27 A report will be submitted by the hospice to COSCA at conclusion of the complaints proceedings.

4.28 If the complainant is unhappy with any aspect of the counselling service provided by the family care team, then he / she can complain to COSCA after the exhaustion of the hospice complaints procedure.

4.29 Details of how to complain are provided below and in the ‘Comments, Concerns and Complaints leaflet’.

Referral to Fundraising Standards Board – Fundraising Complaints
4.29 If you are unhappy about the outcome or the way in which we have dealt with your complaint, you can contact the Fundraising Standards Board to progress it further. You should contact the FRSB within 2 months of receiving our response.

4.30 If you are still dissatisfied, you can ask the Board of Directors of the Fundraising Standards Board to look again at your complaint. Their decision will be made within 60 days and will be final. Ayrshire Hospice agrees to abide by decisions made by the FRSB Board.

Contact details

**Complaints Officer**
Ayrshire Hospice
35 Racecourse Road
Ayr
KA7 2TG

Tel: 01292 269200
www.ayrshirehospice.org

**Healthcare Improvement Scotland**
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Tel: 0131 623 4300
www.healthcareimprovementscotland.org

**COSCA**
16 Melville Terrace
Stirling
FC8 2NE

Tel 01786 475 140
www.cosca.org.uk

**Ayrshire Hospice Fundraising Department**
29 Miller Road
Ayr
Ayrshire
KA7 2AX

Tel: 01292 288488
www.ayrshirehospice.org

**Fundraising Standards Board**
FRSB Scotland & Ireland
1st Floor, Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

Tel: 0845 688 9894
www.frsb.org.uk

Where your concerns relate to:

- Dishonest handling of funds
- Misapplication of charitable funds
- Actions that contravene Ayrshire Hospice Articles of Association or charity law
- Actions that threaten to bring Ayrshire Hospice into disrepute

You should contact Office of the Scottish Charity Regulator (OSCR)

**Office of the Scottish Charity Regulator (OSCR)**
2nd Floor
5. Audit Plan

Adherence to the stated procedure is audited annually, following an audit trail of a random selection of complaints made in the course of the year to ensure adherence with the principles above.

6. Staff Training Requirements

Training is provided to all staff in the organisation on:

- What is a complaint, particularly informal complaints, which may arise as an aside within other communication?
- How to receive a complaint
- How to deal with someone making a complaint
- The complaints process, both verbal and written

7. References:

1) National Care Standards Commission hospice care Standard 21

2) NHS Complaints Procedure 1996
Ayrshire Hospice Complaint Template

Ref number [ ] Department [ ]

Date complaint received: ..................................  Verbal [  ]  Writing [  ]

Complaint received by: ........................................  Start date of investigation: ..................................

Complaint acknowledged in writing by: .................................  Date: .....................

Summary of Complaint:


Staff member(s)/Volunteer(s) interviewed (attach file note):

Findings from investigation:

Complaint upheld:  Yes [  ]  No [  ]

Details:

Complaint partially upheld:  Yes [  ]  No [  ]

Details:

Complaint not upheld:  [  ]

Details:
### Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>By whom</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Resolution of complaint:**

**Reported to:** Clinical Governance Committee [ ] or Organisational Governance Committee [ ]

Date of formal report to Governance Committee: ........................................

Date recorded on the complaints register: ................................................

Date complaint closed: .................................................................