**Complaints Policy**

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| Version | 4 |
| Purpose | To ensure any complaints made are processed and investigated in a timely and appropriate manner. To ensure there is a learning culture within the organisation that is open to changes to practice. |
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| Dissemination | Team Net |

Version History:

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| Version | Date | Reason for Change |
| 3 | 25/07/22 | Policy due for review and changes made to titles for investigation purposes. |
| 4 | 09/06/23 | Dissemination updated, feedback process updated and spelling error corrected. |

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**Policy Statement**

Great Oaks Hospice is committed to ensuring the highest standard of care is provided at all times by each department. Great Oaks Hospice recognises that anyone who accesses any of our services have the right to complain. A Complaint is a verbal or written communication of unsatisfactory standards of service. The purpose of this policy is to ensure that Great Oaks Hospice has a timely and robust response to all complaints received and to ensure that there is a system in place to learn from the complaint made which will reduce the risk of further incident. Complaints both verbal and non-verbal must be dealt with in a swift and effective manner which ensures fairness for all involved in the complaint. The policy provides instruction on how to manage a complaint from receipt through to resolution covering:

* Receipt of Verbal and Non Verbal Complaints
* Investigation of complaints
* Communication through the Complaint Procedure
* Resolution of the Complaint

**Scope**

The Complaints Policy refers to all aspects of Great Oaks including:

* Wellbeing Service
* Complementary Therapy
* Befriending
* Outreach
* Hospice Shops
* Fundraising Events
* Social Work
* Support Groups
* Bereavement Support
* Family Support Team
* Finance Team
* Estates
* Admin

The policy is designed to respond manage and resolve complaints effectively and within the policy timeframe. It ensures that the procedure is being followed correctly and confidentiality is being maintained.

Great Oaks generates feedback through an annual patient / carer survey and patients are also encouraged to give feedback through surveys once their care is complete. This is to help us learn and develop our services to ensure we are providing the best possible care.

**Receiving the Complaint**

Complaints may be initially made to front line staff or volunteer. Staff or volunteers should deal with this in a sensitive manner and contact a Senior Member of staff to report the complaint. Complaints may be made verbally or put in writing by the patient or their chosen representative. Details of how to complain are provided in the Patient Information leaflet ‘How to Comment, Compliment and complain’.

Staff who may deal with a verbal complaint should document this on a Hospice Incident Form and submit to their Line Manager.

All complaints must be classed as Formal. Confidentiality must be maintained at all times.

**Acknowledgment of Complaint**

All complaints will receive a written acknowledgment of their complaint within five working days. The letter will explain the Complaints Process, time frame and contain a Complaints leaflet. If a full investigation and written reply can be made within five working days an initial acknowledgment letter is not required.

An investigation should be started on receipt of the Complaint by the Registered Manager, the Chief Executive Officer or a member of the Senior Management Team in their absence.

Where appropriate, the complainant should be offered a personal interview as part of the investigation. Any communication with the complainant should be documented as part of the investigation.

**Resolution of the Complaint**

A full response should be sent to the complainant within 28 working days of receipt of the complaint detailing the findings of the investigation and the actions to be taken. If a longer time period is required, then a letter explaining the delay should be sent.

The subject of the complaint will be offered a resolution interview within ten working days of the investigation being completed.

A Post Incident Review meeting will be held by all Senior Management and those involved in the Complaint to establish Learning from the Complaint within one month of completion of the investigation. The findings of the complaint together with the action to be taken should be completed and held on the Clinical Drive.

If the Complainant is unhappy with the outcome of the complaint, they can complain to the Care Quality Commission or the Ombudsman however patients should try to resolve the complaint with the organisation in the first instance.

**Responsibility / Accountability**

* Chairman of the Board – To be aware of the complaint and ensure the complaint is resolved
* Registered Manager and Chief Executive Officer – To oversee the investigation, to liaise with the complainant, to ensure there is a resolution, to use the complaint as a learning process including implementation of any change in practice as a result
* Registered Manager – To inform the Chief Executive Officer and Chairman, to investigate the complaint

**Related Legislation / Reference**

* Care Quality Commission Receiving and acting on Complaints, Regulations 16 2014
* Health and Social Care Act 2008 (Regulated Activities)
* Local Government and Social Care Ombudsman

**Associated Paperwork**

* Complaints Leaflet
* Incident Form
* Complaints Form
* Investigation Form
* Resolution Report
* Initial acknowledgment letter
* Invitation to interview letter
* Delayed investigation letter
* Resolution letter

**Audit Plan**

Annually trail all complaints made to ensure adherence with the policy.

**Policy Review**

The policy will be reviewed every three years.

**Related Hospice policies/procedures:**

* Duty of Candour
* Whistleblowing Policy
* Confidentiality Policy
* Consent Policy
* Flow Diagram for Complaints
* Information Governance (Data Protection and GDPR)
* Equality and Diversity Policy

## Summary of NHS legal and mandatory documentation

NHS England. Complaints policy <https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf>

Department of Health and Social Care. NHS complaints guidance <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/how-do-i-give-feedback-or-make-a-complaint-about-an-nhs-service>