



# **COMPLAINTS MANAGEMENT POLICY CL033 (V5)**

APPROVED

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## 1. INTRODUCTION

This policy is designed to outline the process for handling complaints generated by individuals and aims to set out clear guidelines for staff, managers and complainants around how complaints will be managed.

Willow Burn recognises complaints as being a valuable tool for improving the quality of services. Careful handling of complaints is an essential requirement for Willow Burn. We recognise that being involved in a complaint can be both challenging and stressful. The process should run as smoothly as possible and should not be undertaken in an adversarial manner. The emphasis should always be on resolution.

Improvements to services that have been made as a result of complaints will be shared and publicised and this is a mandatory requirement of the Annual Complaints Report.

The complaints policy will be reviewed on a regular basis or wherever there is a need to adapt to the changing regulatory environment or in response to our ongoing internal complaints review.

### 1.1 Scope

This policy applies to all services provided by Willow Burn.

The complaints procedure provides for complaints to be initially dealt with through local resolution.

If a complainant is unhappy with the way in which Willow Burn has tried to resolve their complaint, they may contact the Care Quality Commission to request a review of their complaint if it relates to patient care. For fundraising, the Fundraising Standards Board can be contacted and for trading, the Trading Standards Authority should be contacted.

In addition, Independent Complaints Advocacy (ICA) is an organisation, which is free, independent of the NHS and confidential. They provide practical support to people who want to make a complaint.

Healthwatch County Durham helps people get the best out of health and social care services in County Durham.

## 2. GENERAL POLICY STATEMENT

Willow Burn welcomes comments, concerns, compliments and complaints about the services it provides. It is very useful to have people's views so that these can be taken into account when planning, delivering and improving services. Any complaint will be seen as an opportunity to learn lessons and to continuously improve the quality of services.

Complaints whether made verbally or in writing will be taken seriously, handled appropriately and sensitively. Staff will, wherever possible, deal with individual 'complaints' at the point of service delivery, with the support of the Head of Clinical Services for complaints related to clinical care and the appropriate Lead for all other areas of hospice business before entering the complaints procedure.

When a complaint is received, steps will be taken to ensure that discussion with the complainant takes place and appropriate action is undertaken to obtain resolution to the satisfaction of the complainant.

The primary objective of local resolution is to provide the fullest possible opportunity for investigation and resolution of the complaint, expediently and appropriate to the circumstances. The aim will be to resolve complaints, as they arise, where this is not possible the complainant will be advised that they can pursue their concerns through the complaints procedure.

Willow Burn will acknowledge complaints within three working days of receipt. The Head of Clinical Services/Senior Manager will contact the complainant by telephone if possible, to confirm the issues raised, desired outcome and advise an appropriate timescale for investigation and response, in line with national legislation.

Occasionally, it may not be possible to complete an investigation within the advised timescale, in which case the Head of Clinical Services/Senior Manager will contact the complainant to re-negotiate an extension of the timescales. Investigation of all complaints will include consideration of what, if any, action may justifiably be taken, or changes made to policies or procedures to avoid a repeat of the complaint.

Responses to complainants will include an explanation of this consideration and any resulting action.

If a complainant needs support to complain then they can be put in touch with ICA tel: 0808 802 3000 [ica@carersfederation.co.uk](mailto:ica@carersfederation.co.uk) or Healthwatch County Durham tel:01325 375960 [info@healthwatchcountydurham.co.uk](mailto:info@healthwatchcountydurham.co.uk) If they remain dissatisfied with the way in which Willow Burn has tried to resolve their complaint, they can contact the Care Quality Commission for patient care and the Fundraising Standards Board for fundraising and Trading Standards Authority for retail to request a review of their complaint.

### 2.1 General Principles

The following general principles will apply to the handling of all complaints:

- Individuals' complaints will be handled in accordance with this policy

- Complaints will be resolved, wherever possible, to the satisfaction of the complainant and lessons learned so that services to patients can be improved
- An approach that is honest and thorough will be promoted with the prime aim of satisfying the concerns of the complainant, ensuring that staff issues are thoroughly and fairly considered
- Encourage individuals to complain without the fear that their current or future service will be compromised
- Observe strict patient confidentiality at all times and ensure information is shared on a need to know basis only
- The model of good practice as developed by the Care Quality Commission (CQC) will be followed in the handling of all patient care complaints
- This policy is not concerned with investigating disciplinary matters or apportioning blame amongst staff. Should matters arise which indicate the need for disciplinary action, these matters will be investigated separately, in accordance with policy.

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### 3. DEFINITION

The following sets out to define the issues that may be pursued through the complaints procedure.

A complaint is defined as an expression of dissatisfaction (written or verbal) about a function, decision or contracted service that requires a response. Examples of complaints include concerns about the quality of service provided, the following of procedures and good practice, and the behaviour of a member of staff and the accuracy or appropriateness of records.

Clearly this is a wide definition and it is not intended that every minor concern should warrant a full-scale complaints investigation. The emphasis is that front-line staff are empowered to resolve minor problems immediately and on the spot resolution.

Willow Burn will seek to distinguish the difference between requests for assistance in resolving a concern and an actual complaint. Concerns will be handled by the service and complaints will be dealt with strictly in accordance with the complaints policy.

The final decision as to whether a matter is handled as a concern or a complaint should be the individuals or their representative's decision, based on information about all possible options, provided by staff. For example, if a patient wished to complain about the food that they had been served, if a staff member spoke to them and was able to offer an alternative choice of menu and the patient was then satisfied, this can be viewed as a locally resolved concern. If on the other hand the patient wished to pursue the complaint because they remained dissatisfied even after an alternative choice had been offered then this is when the complaints procedure may be used.

Members of staff are accustomed to dealing with enquiries from individuals, clients and carers regarding services and care provided to individuals. Most of these enquires will be dealt with by staff and line managers who normally handle issues on a day-to-day basis. However, sometimes staff may find it difficult to determine when a query, comment or concern should be dealt with as a complaint.

In general, a matter should be considered a complaint when:

- The person raising the issue has expressly stated that they want to make a complaint
- The Head of Clinical Services/Senior Manager considers that serious issues have been brought to his/her attention
- The Head of Clinical Services/Senior Manager considers that he/she is unable to investigate the matter adequately or independently
- The Head of Clinical Services/Senior Manager considers that he/she cannot give the assurances being sought by the individual

## **4 DUTIES AND RESPONSIBILITIES**

### **Chair/DOO/ Head of Clinical Services/ Senior representative**

The Chair/DoO/ Head of Clinical Services/Senior Manager will establish the underlying causes of complaints and ensure that these are properly understood, lessons are learned and where appropriate, improvements to patient care are implemented.

The Head of Clinical Services/Senior Manager is also responsible for ensuring that any actions arising from complaints are implemented and the outcome is fed back to the DOO/Chair.

### **All other staff**

All staff are responsible for co-operating with the implementation of this policy as part of their normal duties and responsibilities. This will include ensuring that any concerns raised directly with them are handled effectively, including on the spot resolution and referring complaints to the Chair/DOO/Head of Clinical Services/Senior Manager, as appropriate. All staff must follow the incident reporting procedure where locally resolved concerns are applicable and all incidents are logged and reported through the Quality & Compliance Sub-committee.

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## 5. RISK MANAGEMENT

One of the key aims of this policy and procedure is to minimise risk to individual safety and enhance the quality of care provided to patients. This policy therefore is a crucial part of the overall strategy and approach to the management and minimisation of risks identified or arising from complaints.

Specific risks related to the application of this policy and procedure are:

- Failing to identify risk or patient safety issues and address or reduce them
- Not responding appropriately to complaints in accordance with Willow Burns policy, leaving the organisation open to potential action by the Care Quality Commission, Trading Standards or the Fundraising Standards Board
- Not addressing concerns raised by complainants resulting in loss of public confidence

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## **6. COMPLAINTS PROCEDURE AND PROCESS**

### **6.1 Who can complain?**

Individuals themselves or a representative e.g. family member, friend, MP or other agency on behalf of the patient, can raise complaints and concerns. It is important that the representative is acting with the knowledge and consent of the patient who will be asked to sign a consent form (Appendix 3)

A person may act on behalf of a patient who has died, or is a child, or a patient who is unable by reason of physical or mental incapacity to make the complaint himself/herself

In the case of a patient who has died or who is incapable, their representative must be a relative or other suitable responsible person who had or has a “sufficient interest” in his/her welfare (Appendix 4).

### **6.2 Time limits for Complaints**

**6.2.1** There is a time limit of 12 months after the incident that caused the complaint to be made, or 12 months from the date on which the matter came to the notice of the complainant. However, the time limit should not be presented as an obstacle to the investigation of a complaint. The time limit can and should be waived if it is still practical and possible to investigate the complaint (the records still exist and the individuals concerned are still available to be questioned), and the complainant can show reasonable cause for the delay in making the complaint. The DOO will decide if the time limits can be set aside.

**6.2.2** When a complaint is made outside these limits and the time limits are not waived, the DOO will advise the complainant of their rights to request that the Care Quality Commission consider their case.

### **6.3 Process for handling complaints – local resolution**

Complaints, comments or concerns, whether made verbally or in writing will be taken seriously and handled appropriately and sensitively. Staff will, wherever possible, deal with individual concerns informally at the point of service delivery before entering the complaints procedure.

Staff will ensure a speedy, efficient and satisfactory response to verbal concerns using a positive, non-confrontational manner and applying a fact/common sense approach.

Complainants should be encouraged to speak openly and freely about their concerns and be reassured that whatever they say will be treated with appropriate discretion and sensitivity.

It should be agreed with complainants whether they wish their concerns to be handled informally or through Willow Burns complaints procedure.

If a complainant chooses to pursue their complaint through the informal process, they should be reassured that at any time during this process they can refer this into the complaints process.

The person receiving a verbal complaint should seek to understand the nature of the complaint and if they feel that they, a colleague or line manager, are able to respond to the complaint immediately and resolve them in discussion with the complainant, they should attempt to do so.

Staff should always communicate details of all locally resolved complaints and any actions they have agreed to their line manager and the Head of Clinical Services/Senior Manager, using a locally resolved complaint form/incident reporting form (Appendix 5).

It is important that all staff take ownership of any complaints or issues that are brought to their attention. The individual or complainant should not be expected to have to contact several departments in order to obtain a solution to their complaint or issues. Failure to take ownership can and does result in individuals preferring to use the formal complaints procedure as they feel their issues have not been taken seriously.

Where staff feel unable to resolve the complaint or are unable to give the assurances the complainant is looking for, the complaint should be immediately referred to the Head of Clinical Services/Senior Manager for advice and further action.

Likewise, if the complainant is not satisfied, staff must advise the complainant of their right to make a complaint under the procedure.

Some verbal complaints made to front line staff may raise serious matters that require an investigation and response and should be brought to the attention of their Head of Clinical Services/Senior Manager as a matter of urgency.

It is therefore important that staff record the details of all verbal complaints onto a locally resolved complaints form and immediately forward to the Head of Clinical Services/Senior Manager to be recorded, considered further and any additional action taken.

Any complaint raised in relation to the death of or serious harm to a patient should be reported immediately to the DOO.

If the complainant prefers to make their complaint to someone who has not been directly involved in their care, staff will advise them to contact ICA/HEALTHWATCH who will work closely with Willow Burn to ensure a seamless approach to resolving concerns.

At all times, individuals, carers and their representatives will be treated politely and with respect. However, staff safety is paramount and violence, racial, sexual or verbal harassment will not be tolerated; nor will staff be expected to tolerate language that is of an aggressive, abusive or threatening nature.

#### **6.4 Process for written complaints**

Most written complaints will come directly to the Head of Clinical Services or to the DOO. However, if a member of staff receives a written complaint, they have a duty to send it **immediately** to the Head of Clinical Services, who will decide how best to resolve the issue. This may be through the use of conciliation or through a complaints investigation, depending upon nature of the complaint. Care must be taken by the member of staff receiving the complaint not to share the content of the information included in the letter as it must be treated confidentially in case an investigation is required. Failure to do so may result in disciplinary action being taken.

#### **6.5 Process for formal complaints**

The Head of Clinical Services/Senior Manager will contact the complainant where a telephone number is available to clarify the issues from the outset, seek to determine their preferred outcome, offer a face to face meeting and negotiate a timescale for investigation and response. This will help focus the investigation and avoid a complainant's sense of grievance from escalating.

Regular contact will be maintained with the complainant by the Head of Clinical Services/Senior Manager to ensure that they are kept informed at all times of the ongoing investigation and to re-negotiate any extension of timescales where necessary.

If a complainant prefers to make a complaint orally, the Head of Clinical Services/Senior Manager will make a written record of the complaint ensuring all salient points and their desired outcome, which have been agreed with the complainant, are recorded.

This will be sent to the complainant to confirm accuracy or to make amendments, if required, for signature and returned to the Head of Clinical Services/Senior Manager. The investigation will not begin until receipt of the signed document.

### **6.6 Acknowledging formal complaints**

The Head of Clinical Services/Senior Manager will ensure that a written acknowledgement is sent to the complainant within 3 working days stating the issues raised and the desired outcome.

### **6.7 Investigation of complaints**

The Head of Clinical Services/ Senior manager will assess the complaint for wider governance issues, such as patient safety issues, potential poor performance concerns in conjunction with the appropriate staff. The complaint will be risk rated to determine the level of risk and level of investigation required.

The Head of Clinical Services/Senior Manager need to ensure that the complaint is discussed with the appropriate members of staff, within 24 hours of receipt to identify if there are any major causes for concern.

The Head of Clinical Services/Senior Manager will commence an investigation, using root cause analysis techniques where appropriate, and following the Investigation Response Flowchart (Appendix 2).

As part of the investigation, action plans will be developed to ensure actions from lessons learned are implemented. The action plan will be drawn up by the investigating officer.

It is important that staff named in a complaint are involved with the investigation and that the process is open and fair (Appendix 8). Staff will be informed that they are the subject of a complaint as soon as possible and will be kept informed about the progress of the complaint but must not share preliminary findings until the investigation is concluded and only then, with the permission of the DOO.

The line manager or investigating officer will advise staff of the outcome of the investigation as soon as it is complete, and they will receive a copy of the response letter.

### **6.8 Written response**

The Head of Clinical Services/Senior Manager will prepare a draft written response to the complainant. The response will be as conciliatory as possible, including apologies where appropriate, the nature and substance of the complaint will be summarised and contain details of the investigation and how it was undertaken.

The DOO (or nominated deputy) will sign the complaint response when satisfied that the complaint has been addressed, all possible lessons learned have been identified and improvements identified to prevent a re-occurrence.

The response must be sent to the complainant within the timescale. The Head of Clinical Services/Senior Manager will be in regular contact with the complainant to keep them informed of progress and if necessary, request an extension of the agreed timescale

### **6.9 Local Resolution Meetings**

If the Complainant remains dissatisfied with the response to their complaint, the Head of Clinical Services/Senior Manager can offer a face to face meeting, or a conciliation/mediation meeting can be arranged. If the Complainant remains dissatisfied, a meeting with the DOO/Chair can be arranged.

### **6.10 Final Stage – Care Quality Commission**

When all possible options to resolve the complaint locally have been exhausted, including face-to-face meetings or conciliation/mediation, the complainant will be informed of their right to request the Care Quality Commission/Fundraising Standards/Trading Standards to review their complaint.

Willow Burn will co-operate with the Care Quality Commission/Fundraising Standards, Trading Standards review of cases, in forwarding complaints files and records as requested, and within the timescales identified.

### **6.11 Providing support through the complaints procedure**

When a person raises concerns or makes a complaint it is difficult and stressful for all concerned. Appropriate access to support is available for all involved as follows:

- **Support for complainants**

Complainants will be offered independent support when making a complaint, through the Independent Complaints Advocacy Service (ICAS) and, where appropriate, specialist advocacy services. Complainants will be given support to overcome any communication or other difficulties to enable them to make a complaint, for example the provision of interpreters

### **6.12 Conciliation**

The Head of Clinical Services/Senior Manager may with the agreement of the complainant, make arrangements for conciliation, mediation or other assistance for the purposes of resolving the complaint. Conciliation is a method of involving a third party to facilitate dialogue to resolve an issue.

### **6.13 Disciplinary procedures**

A complaint investigation can run concurrently with a disciplinary investigation providing this does not compromise the process; however, the two processes will remain separate. The organisation should have regard to good practice around restrictions in providing confidential/Managerial information to the complainant.

If a complaint occurs and a member of staff is suspended pending an investigation, the DOO will appoint a point of contact within the organisation's structure to provide a point of contact and ensure as far as is possible that the welfare of the staff member is being considered as part of Willow Burn's duty of care for its staff.

### **6.14 Relationship between complaints and serious untoward incidents (SUI's)**

The procedure for investigation of SUI's including all Safeguarding Adults/Children matters is separate from the complaints procedure. If during the course of an investigation it becomes clear that it is a Safeguarding matter, then please refer to the Safeguarding Adults/Children

Procedure. If whilst investigating a SUI, a complaint is also received, the incident procedure should take preference in terms of an investigation. If on the other hand the investigation of a complaint reveals the need to take action under the SUI procedure, e.g. the setting up of an internal review, the incident procedure should take preference in terms of investigation. Information gained from a SUI investigation may be used to provide a response to the complaint.

In these circumstances the appropriate response to the complaint would be to tell the complainant about the review and keep them informed of the progress and the outcome. However, throughout the SUI investigation, it should be remembered that the issues raised in the complaint will not always be exactly the same as those raised in the SUI investigation. A separate and full response to the complaint will generally be required.

### **6.15 Withdrawal of a complaint**

If a complainant withdraws a complaint at any stage in the procedure, the complained against will be informed immediately and advised whether an investigation will take place and be placed on their personnel file.

### **6.16 Learning from complaints**

Willow Burn's philosophy to complaints is recognising the positive value of complaints and the effective monitoring of complaints. Through applying these principles and sharing the learning it is possible to effect change.

The Head of Clinical Services/Senior Manager will use the issues raised in individual complaints to explore and initiate service improvements. Issues arising from complaints and other user feedback are a standard item for discussion at team meetings.

The Head of Clinical Services/Senior Manager will ensure that where appropriate action plans are completed for each complaint and these will be recorded and shared with the Quality & Compliance sub committee, who will seek assurance that action plans have been implemented and lessons learned have been shared across all services.

Willow Burn will produce regular complaints reports as part of governance and performance reporting. The report will identify any trends and patterns of complaints and any subsequent action taken as a result of lessons learned from complaints as well as adherence to national standards for handling complaints.

### **6.17 Confidentiality/consent**

Care must be taken at all times throughout the complaints procedure to ensure that any information disclosed about the individual/service user is confined to that which is relevant to the investigation of the complaint. Information will only be disclosed to people who have a demonstrable need to know it for the purpose of investigating the complaint or ensuring that the complaints process is followed.

Any person wishing to make a complaint on behalf of an adult patient/service user must have written consent to do so (Appendix 3) from the patient/service user. In some cases it may be appropriate to obtain consent from a child if the child is considered to be capable of understanding the situation and can give informed consent.

If the patient or service user has died or is not capable of providing consent (Mental Capacity Act policy) the Head of Clinical Services/Senior Manager will determine whether the complainant has sufficient interest in the patients welfare, for example, is the patients next of kin or Power of Attorney. If they do not consider this to be the case, then they will notify that

person in writing stating the rationale behind their decision. The consent form must be used to seek written permission from the complainant (Appendix 4) to proceed with any investigation.

The complaints records should not be filed within the clinical record but held within a separate complaints file (Appendix 8).

### **6.18 Dealing with media interest**

Willow Burn's media handling policy should be referred to. Confidentiality must remain a top priority in dealing with the media. All media enquiries should be directed to the DOO.

### **6.19 Sharing information**

In transferring complaints between agencies, it is particularly important to ensure that confidentiality is maintained at all times.

Every effort should be made to obtain the patient/service user (or their representative's) consent before sharing confidential information with another body or organisation. In the case where third-party information needs to be shared authorisation in writing must be obtained prior to the sharing of such information.

### **6.20 Process for dealing with anonymous complaints**

All anonymous complaints will be investigated if there is enough information to carry out such an investigation. The Head of Clinical Services/Senior Manager will make appropriate recommendations based on the allegations raised.

### **6.21 Process for dealing with complaints received out of office hours**

Complaints can be received by staff at any time. If a complaint is received out of office hours, staff should refer it to the most senior member of staff on duty. The DOO/Head of Clinical Services should be informed within 24 hours.

## **6.22 LEGAL ISSUES**

### **6.22.1 Complaints and litigation**

A complaint investigation can run concurrently as long as discussion has taken place with the relevant authority to determine whether progress with the complaint could prejudice subsequent legal or judicial action. If it is deemed inappropriate to investigate the DOO will advise the complainant. Paperwork relating to the complaints investigation can be used in a court of law.

### **6.22.2 Access to health records**

Where clinical records are used in a complaint investigation, investigating officers must comply with regulations within the procedure for sharing of information across services or external agencies.

### **6.22.3 Retention of complaint records**

Complaint files relating to complaints investigations will be retained by Willow Burn for a minimum of 10 years.

## **7. TRAINING**

Willow Burn complaints procedures awareness training is included in induction programmes for all new members of staff. There will be regular updates for all staff on a general basis and higher-level training for investigating officers and the Executive Team including root cause analysis techniques.

## **Appendix 1 PATHWAY FOR COMPLAINTS**

### **Steps Actions**

#### **Step 1**

Complaint received into service or departments

Contact Head of Clinical Services/Senior Manager for advice and inform them of any contact telephone number for complainant as soon as received.

#### **Step 2**

Assessment and triage process led by Head of Clinical Services/Senior Manager in partnership with relevant staff

- a) Liaise with staff to identify time required to fully investigate
- b) Assessment of handling arrangements against menu of options, including mediation/conciliation, local resolution meetings with service staff; full/robust internal investigation; final feedback meetings; response letters or combinations of the above (this is not an exhaustive list, nor in order of how a complaint may be dealt with)
- c) Risk assessment of complaint
- d) Range of options identified by Head of Clinical Services/Senior Manager and communicated to complainant

#### **Step 3**

- a) Head of Clinical Services/Senior Manager to contact complainant if telephone number available.
- b) If no telephone number available Head of Clinical Services/Senior Manager to identify issues and develop draft plan of action for complainant's approval
  - Identify the issues for investigation
  - Identify desired outcome
  - Discuss the options available
  - Negotiate a timescale for investigation
  - Discuss consent if necessary

#### **Step 4**

Acknowledgement and plan of action to be communicated to complainant Head of Clinical Services/Senior Manager to compose acknowledgement letter with consent form if required and plan of action to be sent to complainant within three working days

#### **Step 5**

Head of Clinical Services/Senior Manager to share plan of action and investigation report with the DOO.

#### **Step 6**

Commencement of investigation

- a) Head of Clinical Services/Senior Manager to regularly communicate any delays encountered
- b) Head of Clinical Services/Senior Manager to communicate with complainant any delays and re-negotiate any time extension

#### **Step 7**

Report from complaint investigation is produced. All learning from the complaint is captured at this stage. Recommendations taken forward based on outcome of investigation

#### **Step 8**

Response to complainant is formulated highlighting outcomes, recommendations and learning from process. It will also identify any actions to be taken forward by the service.

Details will be shared with complainant in their preferred method of communication at the earliest opportunity or within agreed timescale

- a) In writing via formal letter
- b) During a meeting
- c) Via email

#### **Step 9**

Feedback from complainant

- a) If complainant remains dissatisfied the DOO/Chair will offer a local resolution meeting or conciliation/mediation.
- b) If new issues arise at this stage, consideration will be given as to the most appropriate way to handle i.e. ICA/HEALTHWATCH or complaints process.
- c) Complainant to be advised of their right to refer their complaint to the DOO/Chair
- d) Complainant to be advised of their right to refer their complaint to the Care Quality Commission/Fundraising Standards/Trading Standards if they wish to take further action

#### **Step 10**

Lessons learnt and service improvements

Investigating officer to provide date of implementation and evidence to support actions undertaken

#### **Step 11**

Evaluation from complainant to be sent out one month after closure of complaint

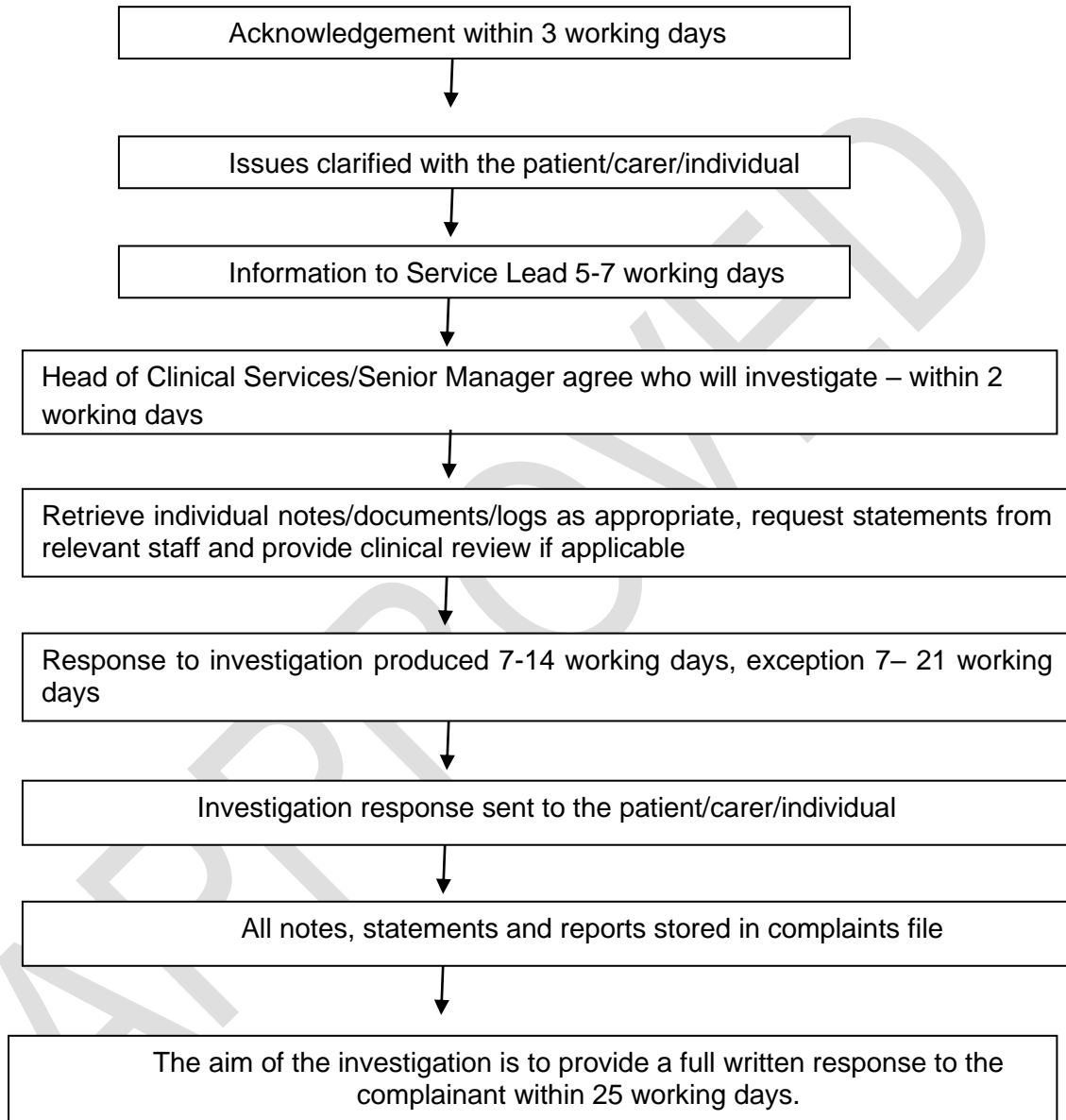
#### **Step 12**

Reporting processes

Information extracted from report for discussion at Quality & Compliance/Corporate Governance/Income Generation Sub-committees/Board of Trustees meetings



## Appendix 2 Investigation Response Time Scales



**Appendix 3  
Consent Form**

To be completed if you are making a complaint on behalf of someone else.

**Individual's name:** .....

**Address:** .....  
.....  
.....

**Date of Birth:** .....

I confirm that the above-named person is able to act as my representative and take forward the concerns on my behalf. I give my permission for Willow Burn to review/investigate this complaint and where necessary obtain disclosure of relevant personal and confidential information, including any clinical notes.

Willow Burn may reply to my representative and that any such action will not constitute a breach of confidentiality concerning the medical history of myself or the subject of the complaint. I confirm that the information set out above is true and accurate.

**Signature of Complainant:** .....

**Date:** .....

**Full Name of complainant:** .....

**Address:**.....  
.....  
.....

**Relationship to individual:** .....

**Please send completed form (envelope provided) to:**

***Head of Clinical Services/Senior Manager (delete as applicable)  
Willow Burn Hospice  
Maiden Law Hospital  
Lanchester  
Co Durham  
DH7 0QS***

**Appendix 4  
Consent Form**

To be completed if you are the complainant and the next of kin of the deceased.

**Full Name of complainant:** .....

**Address:** .....

**Relationship to patient:** .....

**Patient's name:** .....

**Address:** .....

**Date of Birth:** .....

**Date of Death:** .....

I confirm that the information set out above is true and accurate.

I give my permission for Willow Burn to review/investigate this complaint and where necessary obtain disclosure of relevant personal and confidential information relating to ..... (Patient's name), including any clinical notes.

I understand that Willow Burn will use any information gathered to assist in the review/investigation of my complaint.

**Signature of Complainant:** .....

**Date:** .....

**Please send completed form (envelope provided) to:**

**Head of Clinical Services/Senior Manager  
Willow Burn Hospice  
Maiden Law Hospital  
Lanchester  
Co Durham  
DH7 0QS**

**Appendix 5  
LOCALLY RESOLVED COMPLAINT RECORD**

**This form must be completed upon receipt of all complaints received by telephone or in person and a copy must be forwarded to your line manager and Head of Clinical Services/Senior Manager. If the complaint relates to a death of or serious harm to a patient, please inform the DOO without delay.**

Date received: .....

Time: .....

Contact Tel No: .....

Complaint received in person or by phone? .....

Complainant's name: .....

Address: .....

.....

Postcode: .....

Telephone Number: .....

Complainant's status: Relative / Other (please specify) .....

*If the complainant is the patient's representative, patient authorisation is required using appendix 3 unless they are deceased in which case appendix 4 must be completed)*

Name of individual receiving the complaint:

Base:

Telephone Number:

Complained against (name and contact details):

Which service does the complaint relate to?

Does the complaint relate to a specific date and time?

If so, please state brief description of the complaint:

Action taken:

Complaint resolved Yes/ No

Would you say the complaint was (*please tick*):

Justified

Partially justified

Not justified

Have you identified any areas for service improvement? Please outline:

Date, time and nature of further action/contact agreed with complainant:

Please forward a copy of completed form to Head of Clinical Services in order that the complaint can be logged. Complaints will be analysed with a view to identifying and sharing good/best practice

**Appendix 6  
COMPLAINT ACTION PLAN FORM**

Reference: .....

Service area/department: .....

Date complaint received: .....

Complaint issues/ changes required to improve service/practice: .....

.....

Remedial action taken lead timescale/completion date: .....

I have undertaken the investigation into the complaint and will ensure that the above action plan will be implemented.

Signed.....

(Investigating officer)

Date: .....

PLAN OF ACTION

Complainant's name:

Address:

Contact Details:

Preferred method and time of contact:

Patient's name and details if different from above:

Has consent been obtained?

Name of staff member who contacted the complainant:

Date of contact:

Summary of discussion:

Following discussion, you highlighted the following issues:

Expected outcome (i.e. apology, explanation):

Timescale for response:

Method of feedback:

**APPENDIX 7**  
**Investigation report**

**Name of complainant/individual:**

**Address**

**Date of Birth**

**Date Received**

**Report due date**

**Investigating Officer**

**Job Title**

**Professional Qualifications**

**Staff name and job title of those identified as being involved in complaint or providing information:**

**Methodology**

*Please explain the method used to undertake this investigation, e.g. reviewed records, interviewed staff involved:*

**Issue to be investigated**



**All relevant facts**

**Conclusion**

**Lesson learnt:**

*Please list all lessons learnt with implementation dates*

**Recommendation**

**Manager responsible**

**Timescale**

**Any other relevant information**

*e.g. is there an incident relating to this complaint*

**Evidence required** Witness statements, section of healthcare records relating to period of care mentioned in complaint, copy of policies referred to and evidence-based guidance/protocol/procedures.

## **Appendix 8**

### **What should you do if an individual makes a complaint?**

#### **Firstly, don't panic!**

It is very useful to have individual's views so that these can be taken into account when planning, delivering and improving services.

All complaints will be seen as an opportunity to learn lessons, to continuously improve the quality of services.

If an individual or their representative complains directly to you about you or the care you have provided, try and resolve it yourself, there and then. Most problems can be sorted out quickly through a common-sense approach. If however, you do not feel able to do so or, if the concern is about someone else or something beyond your control, arrange for them to talk to your line manager. It is important that every attempt is made to try to resolve the issues informally and as soon as possible.

If attempts to resolve the complaint at this stage fail, the complainant should be advised to put their complaint in writing to the Head of Clinical Services/Senior Manager.

At this stage, the matter will usually become a formal complaint and will be acknowledged, investigated and responded to in line with Willow Burn's Complaints Procedure.

#### **What happens next?**

The Head of Clinical Services/Senior Manager will investigate the complaint. They will consider the concerns raised and will talk to you and any other members of staff who may be involved; you may also be asked for a signed statement.

The manager will prepare a report, which will outline the findings and conclusions of the investigation and any recommendations/action plans arising from the complaint to ensure that the incident does not happen again.

The Head of Clinical Services/Senior Manager will then draft a letter to the complainant on behalf of Willow Burn.

Your line manager will receive a copy of the signed response, which will be shared with you and any other staff involved.

#### **How long will this take?**

The aim of the investigation is to be quick, fair and thorough and to provide a full written response to the complainant within 25 working days. If the complainant remains unhappy after they have received a response, they may be invited to meet with the DOO/Chair. Mediation/conciliation can also be arranged to help resolve the complaint.

If a complainant remains dissatisfied, they have the right to ask the Chair / Care Quality Commission/Fundraising Standards Board/Trading Standards to independently review their complaint.

If this happens, your line manager will inform you and you will be kept informed of the progress of the review.

The Care Quality Commission can make one of three decisions:

1. To reject the request as there could be no added value from further investigation
2. To return the complaint back to the DOO for further Local Resolution

3. To investigate the complaint and hold an Independent Review.

**Who can help?**

Staff named in complaints can experience high levels of anxiety and individual support is available from your line manager. They will also be able to advise you of the process and procedure and answer any queries you may have.

The staff assistance programme offers support to staff.

**All staff involved in a complaint will be fully supported and kept informed of progress.**

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## Appendix 9

### Management of complaint files

#### 1. Introduction

It is important to keep a comprehensive and well-maintained record of a complaint that has been received, investigated and responded to.

A complaint file has the same status as any other created by a healthcare organisation. It is a public record; its contents are confidential and an individual is responsible for making sure that it is maintained to an appropriate standard.

#### 2. Creating a file

Once a complaint has been received the Head of Clinical Services/Senior Manager will create a file and mark it with the name of the complainant and the date the complaint was made.

#### 3. Contents of the file

The file will include all important and relevant information in a legible form so that it can be read easily and reproduced if required.

The file should include:

- A summary sheet recording significant events in the management of the complaint (for example summary of all contacts such as telephone calls with complainant/investigating office)
- A full and legible copy of the **relevant sections** of the clinical records.
- A copy of any earlier clinical record that may be relevant to the complaint
- All written correspondence between Willow Burn and the complainant, and any other Manager or organisation about matters relating to the complaint.
- The report of the investigation into the complaint
- Notes from any meeting concerning the complaint.
- A copy of the response sent to the complainant by the Head of Clinical Services/Senior Manager
- A summary of any action taken in response to the complaint and/or evidence of changes made as a direct consequence of the complaint.
- A record of any follow up communications with the complainant describing the effect of any changes made as a result of the complaint.

#### 4. Storage and retrieval of complaints file

The file should be:

- Kept in a secure environment (locked filing cabinet, password protected electronic files)
- Accessible only to those directly responsible for investigating and responding to the complaint
- Kept up to date
- Shared between those who need to use them, rather than copied and so increase the risk of compromising confidentiality

#### 5. Disposal of files

The minimum recommended period for retaining a complaint file is 10 years from the date on which action was completed. Files must be disposed of under confidential conditions.

## **Appendix 10**

### **Guidance on writing a statement**

In the event of an enquiry, complaint, incident or litigation, staff may be required to make a statement regarding their involvement with a particular patient or relative.

**These guidelines should be used when preparing a statement. Seek advice from your line manager if you have any difficulties writing the statement.**

1. Write your full name, address, job title, contact details and service area. In the case of litigation, professional qualifications should be given.
2. Remind yourself of the situation through a careful reading of the relevant notes.
3. State your role in relation to the event, detailing day, dates on which events took place (and, ideally, times). If you were under supervision, state by whom.
4. Establish the sequence of events (dates should be set out in full, e.g. 11.02.2008) and write a narrative of precisely what you recall of the events.
5. Comment on every point in the situation concerning your involvement. Keep to the facts.
6. Where there is any disagreement between your recollection of events and other accounts – please specify this.
7. If a decision was made then this should be set out in the statement, noting what action was agreed. Write reasons for your actions and also record anything that you omitted to do and your reasons for the omission.
8. List facts only – the content should be objective. Do not include hearsay or any Managerial feelings/opinions about the event or matters outside your expertise.
9. Identify staff involved. Give full details of their involvement. This should be on the basis of what you saw and heard, recording what they did or did not do. State their job titles.
10. If patient records/notes and other documents are relevant then it may be helpful to refer to these in the statement. If hand-written notes are being referred to or any notes are being referred to, then it is usually helpful to have a transcript of those notes incorporated into the statement.
11. If any shorthand notes or abbreviations are being referred to these should be explained fully.
12. If you discover any inaccuracies in the notes then explain these as part of the statement and prepare an amendment note for the patient's notes, which must be signed and dated. Under no circumstances alter notes after the event.
13. Where possible, the statement should be typed. A handwritten statement should be legible and written in a pen that will allow photocopying (i.e. black ink).
14. Sign and date the statement when you are happy with it. Ask a senior colleague to read it through and approve it.
15. Keep a copy of the statement.
16. Do not store the statement in the patient's notes.

**Please note: If the matter is taken further through a legal route, any information contained in this statement may need to be disclosed.**