

Complaints Policy and Standard Operating Procedure

Approved by:	Senior Leadership Team
Date of approval:	November 2024
Date of review	November 2027
Originator	Chief Executive Officer
Title	Complaints Policy and Standard Operating Procedure
Description of document	This policy describes the process for responding to a complaint about any person or function of Tapping House
Scope	All Tapping House (TH) Staff & Volunteers
Author and designation	Chief Executive Officer
Equality impact assessment (EIA)	Reviewed November 2024 with no negative impact
Associated documents	Incident Policy Risk Management Policy
Supporting references	NHS England Feedback and Complaints Procedure Caldicott Report 1997 Equality Act 2010 Freedom of Information Act 2000 Human Rights Act 1998
Consultation or development process	SLT and Care and Clinical Governance Committee
Training implications	All staff are made aware of the policy at induction
Dissemination	This policy is kept in the S/drive of the Hospice server and a paper copy is held with the Governance and Executive Assistant. It is disseminated via team brief and team leads
Approval Process	Senior Leadership Team (SLT)
Ratification process	Board of Trustees and SLT
Archiving arrangements	This document will be archived on the shared drive under old policies when a new version is approved or this policy is no longer needed
Review arrangements	3 years from date of publication or sooner should changes to legislation or guidance require it
Date of issue	Date of 1st issue 2015

Version History Log

Version	Date Published	Details of key changes	Name
2	1/4/18	EIA, table of definitions, change process to report complaints on the incident for and incident log	L Carter
3	20/4/21	Minor changes	L Carter
4	7/6/24	Minor updates	N Ellis

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Policy Statement

Tapping House (TH) aspires to provide a high standard of care to all its patients and clients and to maintain high standards in all its relationships. However, it recognises that there may be times when that standard is not met and that complaints may be received. This Policy addresses the method in which complaints are dealt with by the organisation and ensures that complaints are dealt with in a swift and effective manner that ensures fairness to both staff and complainant.

The complaints procedure is responsive and flexible, enabling issues raised by the complainant to be addressed appropriately.

Complaints are used to improve services, reduce incidents and as part of a culture of openness and quality improvement.

Purpose

The Complaints policy refers to both clinical and non-clinical complaints.

It is designed to direct teams on how 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 provided
- Responds to verbal and written complaints whether made in a formal or informal manner
- Is a rapid and open system with designated time-scales and a commitment to keeping the complainant informed as to the progress of the investigation
- Is fair to staff and complainant
- Maintains the confidentiality of the patient, complainant and staff members
- Provides the opportunity to learn from the complaint how to improve services.

Scope

This policy is for all staff and volunteers of TH.

Definitions

A complaint is...	...A clear expression of dissatisfaction about the Hospice: about services or activities, or about behaviour or events witnessed, whether justified or not. A complaint can be made verbally or in writing, and can be made by anyone about any aspect of the Hospice.
A concern is...	..Feedback or a remark from a service user or other stakeholder which appears to express unease or unhappiness about the Hospice or any of its services or activities. Clarification should be sought as to whether the person raising the concern wishes to receive a response, and if they would like their concern to be registered as a complaint.
A suggestion is...	..A comment proposing changes to the services, activities or any other aspect of the Hospice.

Responsibility/Accountability

The Chief Executive (CEO) is accountable for the implementation of this policy and is the owner of this policy. The CEO will act as the complaints administrator, keeping an overview and ensuring that all complaints are logged and tracked; and that reviews are conducted, themes identified and learning disseminated.

All managers are responsible for:

- Managing any complaints that are assigned to them, for ensuring that investigations are conducted appropriately and within required timeframes.
- Ensuring that action and learning from complaints are taken forward as required.
- Ensuring that their team members know how to report a complaint.

All staff are responsible for recognising and promptly reporting complaints so that they can be managed appropriately.

Complaints – Standard Operating Procedure

(See Appendices 1 - 2 for flowcharts and further guidance)

Making a complaint

People can make a complaint in any way they choose, including: in writing by letter, e- mail, via our website or via social media platforms (such as Facebook or twitter) verbally by telephone or in person to any member of staff.

Should a complaint be received by a volunteer, it is their responsibility to seek an appropriate member of staff who will implement the complaints procedure in full. Throughout all of the Hospice facilities leaflets are displayed to direct people on how to compliment or complain. Our Website highlights the compliments and complaints process.

We ask that the complainant give us their name, address, email address and contact telephone number so that we can get in touch with them.

We will acknowledge all complaints within 5 working days and will respond within 14 days. We will contact the complainant again if it is going to take longer than this to address the issue.

Verbal complaints

- The staff member receiving the complaint must log it using the incident reporting process as soon as possible but within no more than 72 hours of receiving it.
- The person receiving the complaint will apologise on behalf of Tapping House for not meeting expectations, and reassure the complainant that a senior member of staff will investigate their complaint and contact them to explain the outcome.
- All complainants should be offered a copy of this policy as soon as possible after making a complaint.
- If appropriate and based on the information received from the complainant, immediate remedial action should be taken.
- The staff member receiving the complaint will - inform the relevant manager who will then become the handler of the complaint (i.e. the person responsible for ensuring the complaint is investigated and managed to closure). The manager will ensure that the complaint is logged with the PA to the CEO.
- The manager assigned as complaint handler will ensure an investigation is carried out (either by themselves or by the person they appoint as investigator) and the complaint record and incident updated as appropriate.
- Following the completion of investigation, a written response must be sent (within 4 weeks of receipt of the complaint) - unless the complainant expresses a wish for no further contact on this matter. The letter to be drafted and sent by the manager appointed as complaint handler. The CEO must be aware of the complaint and see the response before it is sent to the complainant. In the absence of the CEO, the Governance and Executive Assistant will assign to the Directors who will agree who is best placed to respond on the CEO's behalf.
- A copy of the response letter must be uploaded to the Vantage Incidents Database to form part of the complaint record.
- It should also be uploaded onto Raisers Edge where the complainant is a supporter.

- The manager investigating may recommend that any process be modified to prevent further complaints. Any changes in procedure will be approved by the relevant SLT member and communicated to the relevant team.

Written Complaints

All written complaints received must be forwarded to the Chief Executive for logging as soon as they are received. The CEO will:

- Send a written acknowledgement to the complainant within 5 days outlining the complaints process and offering to provide a copy of this policy; In the absence of the CEO, the Governance and Executive Assistant will assign to the Directors who will agree who is best placed to respond on the CEO's behalf.
- Inform the relevant manager (via the incident policy procedure) and assign them as the handler of the complaint (i.e. the person responsible for ensuring the complaint is investigated and managed to closure);
- The manager assigned as complaint handler will ensure an investigation is carried out (either by themselves or by the person they appoint as investigator) and the complaint record on the Vantage Incidents Database.

Following the completion of investigation, a written response must be sent (within 4 weeks of receipt of the complaint). The letter to be drafted and sent by the manager appointed as complaint handler. Occasionally it may not be possible to conclude an investigation and respond within 4 weeks. In these circumstances the handler will send a holding letter, informing the complainant of the reasons for the delay and the expected response date. Copies of all documentation (including the response letter and any other correspondence with the complainant and notes from any meetings) must be uploaded to the Vantage Incidents Database by the complaint handler.

Complaints made via social media

With complaints made via social media platforms which are regularly and frequently monitored (such as Facebook, X and Instagram), an acknowledgement of the complaint will be posted on the relevant platform within 24 hours by the Marketing Department. This acknowledgement will include a request to contact the Hospice offline to discuss how the complainant would like to proceed. The Marketing Team will then forward the complaint to the CEO and the normal process for handling complaints will then be followed.

If the above steps do not bring resolution, the following steps will be taken:

If the complainant is not satisfied, the complaint will be directed to the Chair of Trustees, Ombudsman, the Integrated Care Board (ICB) or Care Quality Commission (CQC), whichever is appropriate.

Complaints involving more than one organisation

Where TH receives the complaint:

Where a complaint received by TH cites one or more other organisations, TH will, in effect, be the lead organisation, coordinating the investigation and response, ensuring that the complainant receives a written acknowledgement and full response within the normal agreed timeframe.

The manager assigned as complaint handler will inform all other cited organisations of the complaint within 5 days and request their response to the relevant aspects of the complaint.

Where TH is referenced in a complaint received by another organisation:

All complaints to be forwarded to the PA to the CEO for logging as soon as they are received and then sent to the CEO to delegate to an appropriate manager to investigate.

The CEO will:

- Send a written acknowledgement to the 'lead organisation' within 5 days.
- Inform the relevant manager and assign them as the handler of the complaint (i.e. the person responsible for ensuring the complaint is investigated and managed to closure).
- The handler will ensure an appropriate investigation is carried out (either by themselves or by an appropriate person they have appointed as investigator) and will draft a full, written response to be sent to the lead organisation within 4 weeks of receipt of the complaint. Occasionally it may not be possible to conclude an investigation and respond within 4 week. In these circumstances the handler will send a holding letter, informing the lead organisation of the reasons for the delay and the expected response date.
- Copies of all documentation (including correspondence with any relevant organisation and notes from any meetings) must be uploaded to the Vantage Incidents Database by the manager assigned as complaint handler and the PA to the CEO.

Complaints made via surveys or questionnaires

Service user feedback mechanisms, like surveys or questionnaires, can provide useful information about how well TH meets the needs and expectations of those people who use our services.

Some people may choose this method alone to express their unhappiness or concerns with TH; it is therefore important that TH recognises these expressions of dissatisfaction and uses them to identify if and how we can improve our services:

- Any negative (or potentially negative) comments made by service users in surveys or questionnaires returned to TH must be sent to the relevant manager and the PA to the CEO to log.
- Where the survey/questionnaire response is anonymous, the comments should be analysed and any potential learning and required action identified.
- Where respondent's contact details are available, the CEO will delegate to the relevant manager who will follow up with the respondent and offer the option of taking the matter through the complaints procedure.

Carrying out an investigation

The investigation will be carried out by the manager assigned as complaints handler, or by the person nominated by them.

Investigations should be both proportionate and sufficiently thorough with all details recorded on the Vantage Incidents Log, ensuring that the record provides a complete audit trail of the steps taken, discussions/meetings held and decisions made.

An offer to meet or have a telephone conversation with the complainant should be made so the complainant has the opportunity to discuss the nature of their complaint, provide further details and indicate what sort of resolution they are looking for. Which staff should attend this meeting will be decided following discussion with the relevant manager.

The investigation should aim to provide a clear factual account of what happened, and cover all the issues the complainant raised. The investigation will focus on issues and solutions, not personalities or emotions. Interviews with all relevant staff should be conducted and a written report of each made.

In the case of serious or complex complaint cases it may also be necessary to ask staff to provide written statements. The investigator should ensure that staff are aware of and have access to Appendix 3 - guidelines for staff on preparation of statements.

The manager assigned as the complaint handler will draft and send a letter to the complainant that addresses all the points raised by complainant, and communicates whether/how TH will respond to these points, and/or what actions the Hospice has already taken as a result. The CEO must see the response before it is sent to the complainant. In the absence of the CEO, the Governance and Executive Assistant will assign to the Directors who will agree who is best placed to respond on the CEO's behalf.

Dissemination of this policy

- All staff and volunteers will be made aware of this policy during their induction. Staff will receive appropriate instruction on how to recognise a complaint or concern, and how to report it.
- All managers will receive training on complaints handling (including investigation) via their line manager at induction or when appropriate;
- A copy of the complaints policy and procedure will be available on the shared drive;
- Information for services users (and other stakeholders) on how to make a complaint will be posted on the Hospice website.

Monitoring and review

To ensure that TH learns from the complaints it receives and uses them to identify and implement improvements, the following will happen:

- The complaint handler will record all learning outcomes on the complaint record on the Vantage Incident Database including any actions already taken and any further actions required to implement improvements.
- All complaints are logged onto the Clinical Dashboard or Finance and Investment Dashboard and reported to the Board of Trustees quarterly.

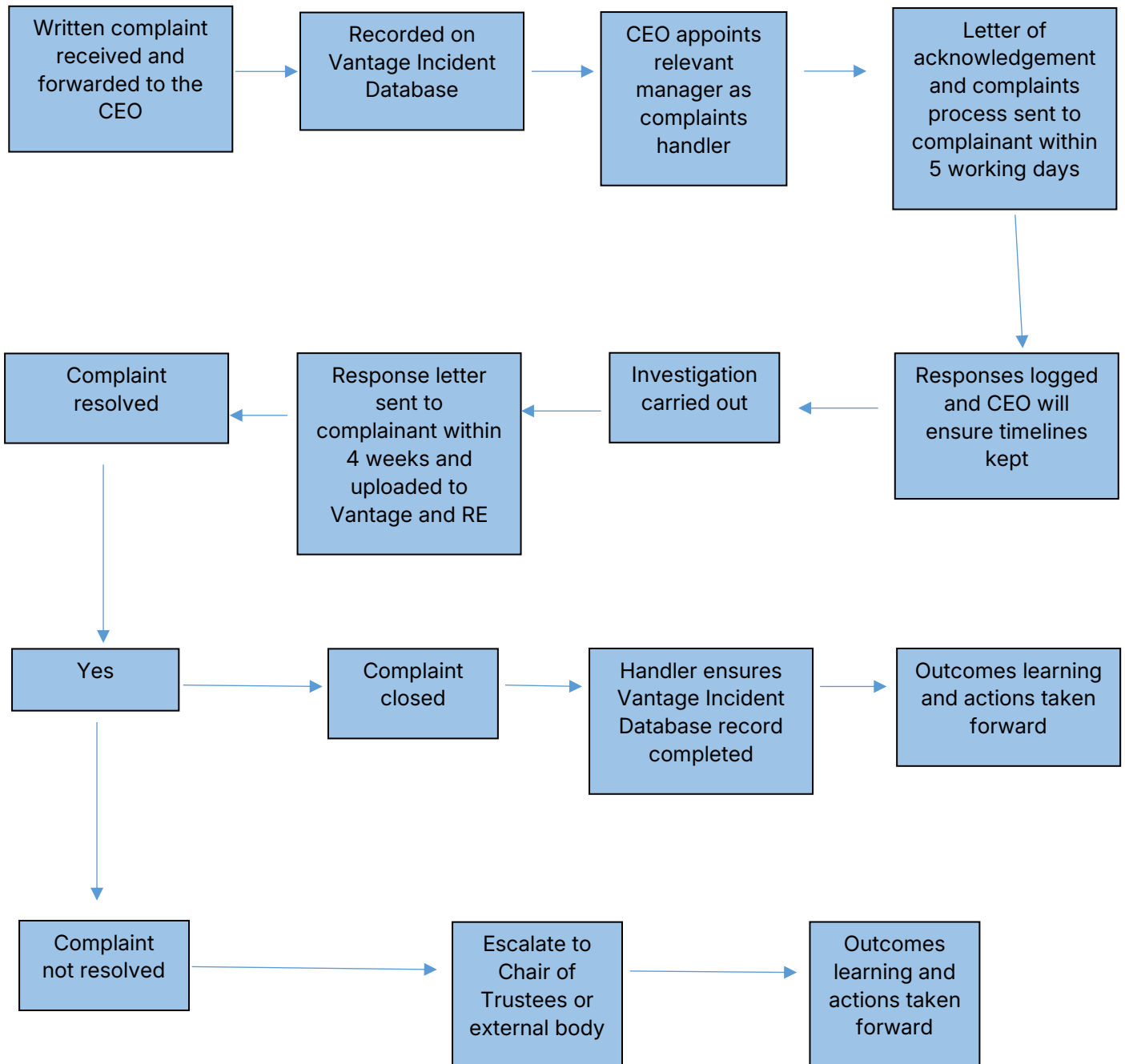
Referral to the Care Quality Commission

- If the complainant is dissatisfied with the outcome of the complaint s/he can complain to the CQC, the ICB, or ombudsman
- Details of how to complain are given in the Patient Information Leaflet on Complaints and Compliments;
- An independent review by the Board of Trustees may be undertaken if necessary.

References:

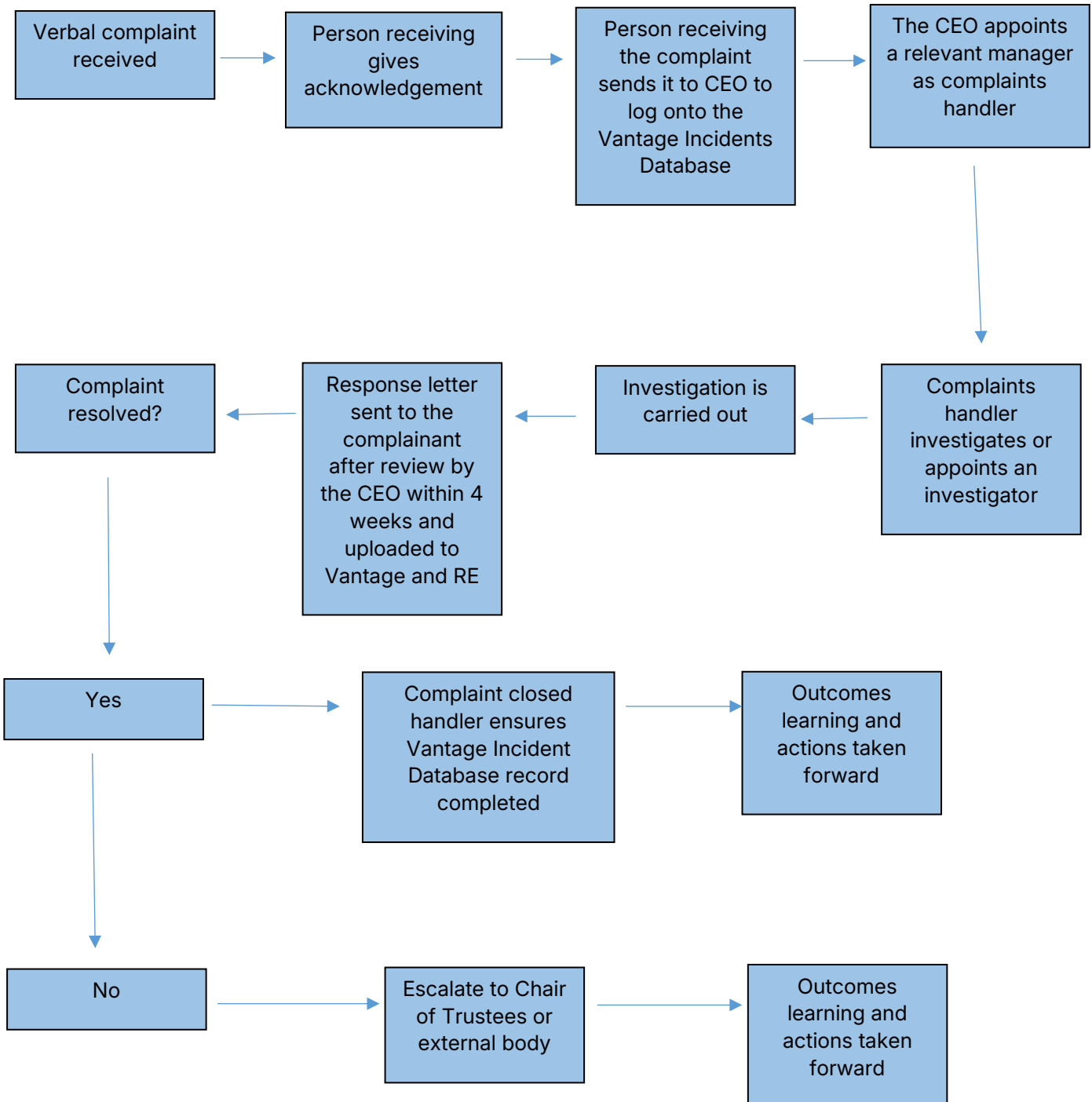
- Care Quality Commission Core Standard Complaints Management
<https://www.cqc.org.uk/about-us/fundamental-standards>
- Private and Voluntary Health Care (England) Regulations 2001 Part III – Conduct of Health
- Care Standards Act 2014:
<https://www.legislation.gov.uk/ukpga/2014/23/contents>

Appendix 1 Written Complaint Process



Appendix 2 Verbal Complaint

All actions completed in 4 weeks



Appendix 3 - Guidelines for Staff on Preparation of Statements

Use this checklist for good practice and recommendations of what you should and should not include in your statement.

- State your professional qualifications and the basis for the statement. State what is personal recollection and what can be corroborated as fact, e.g. reference to health care records, reports, clinical guidelines or standards.
- Relate the facts from the beginning, keep in strict chronological order, giving precise dates, and times (be consistent use am or pm or 24-hour clock). Be clear about the times you were on and off duty on the days in question and about what you saw and heard. Include your professional/service involvement, as appropriate, based on clinical records.
- Do not assume that the reader knows anything of the facts of the case, such as a patient's medical history, your environment or clinical routines and procedures. The statement will therefore be a factual 'story', which tells the reader the circumstances of an incident as you remember them.
- Explain clinical or health care procedures and avoid general statements such as 'routine observations were made'. If normal procedures were not followed, explain what is normal and then why there was a departure from the accepted procedure.
- Do not speculate, elaborate or exaggerate.
- Remember that you could be challenged on the content and details of your account, and your statement could be used in defending a legal claim.
- Expert witnesses have specialist knowledge in a particular field that qualifies them to give an informed opinion based on the facts of a case. If you are making a statement as an expert witness, never comment on matters outside your particular area of knowledge or expertise.
- It is acceptable to form a view based on your professional judgement. Document the facts or evidence on which you based your conclusion. Relate how this impacts on patient care or service levels.
- Avoid giving opinions or making judgements that you cannot support by factual evidence or corroboration. You can reflect on what you have observed to be usual practice or experience.
- Hearsay is second hand, rather than first hand, evidence. It can be admissible in certain legal proceedings, but it must be clear that it is hearsay evidence. Only relate what you were told (third party information) as you have no way of verifying the accuracy of others' accounts.
- Write your statement in simple terms and avoid jargon or official language, be as brief as possible while covering all the essential points.
- Avoid emotional language.
- Include references to documents, papers, books or notes, and where to find them, if relevant.
- Always sign your statement and give your full name and job title below your signature together with the date on which it was signed.
- General format
- All pages must be numbered.
- Write in the first person (i.e., I, me)

- Have your statement typed

Front page should include

- Your name
- Your occupation or job title
- Your professional address
- Subject of statement (e.g. patient/client X at what incident/location)

Equality Impact Assessment Appendix 4				
Name of Document		Complaints Policy and Standard Operating Procedure		
Date of assessment Nov 2024		Date or review Nov 2027		
Which area: Care/Finance/Retail			Senior Leadership Committee Approval	
	Positive Impact	Negative impact	No Impact	Comment
Does the document affect one protected characteristic less or more favourably than another on the basis of:				
Race			X	
Gender including transgender			X	
Religion or belief			X	
Sexual orientation, to include heterosexual, lesbian, gay and bisexual people			X	
Age			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	
Disability including learning disabilities, physical disabilities, sensory impairment and mental health issue's			X	
Does this document affect an individual's human rights? See list in EQA Guideline document				
Name which Human Right				
<p>If there is potential discrimination, are the exceptions valid, legal and/or justified? If yes, what is the action e.g.</p> <ul style="list-style-type: none"> • Adjust the policy to remove disadvantage identified or better promote equality • Continue the policy to demonstrate that such a disadvantage or advantage can be justified or is valid <p>If neither of the above possible, submit to SLT for review</p>				
Name of assessor	N Ellis	Date	Nov 2024	