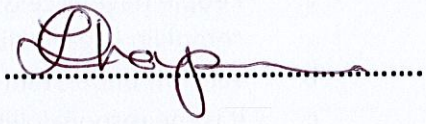
HM0004 Complaints Policy and Procedure

Approved and ratified by: Chair of Information Governance, Policies and People Committee **Originator: Chief Executive Officer** **Date of approval: 18th July 2023**	**Signature:** 

1. Introduction

Primrose Hospice and Family Support Centre strives to ensure that all our services are delivered to a consistently high standard. However, there may be occasions when the users of our services or other stakeholders' expectations are not met. Making a complaint is one way that people can make their views known when our services fall short of their expectations.

As well as providing resolution for individuals, complaints offer us valuable learning opportunities:

- they provide vital information about whether our services are performing for the people they are designed to serve.
- they hold the potential to act as an early warning system that can help prevent further problems.
- they are vital in supporting the improvement of standards and services.

2. Purpose of Policy

This policy sets out the way in which all complaints received at Primrose Hospice and Family Support Centre will be handled and applies to all areas of the organisation.

Primrose Hospice and Family Support Centre is committed to providing a service that is safe, effective, caring, responsive and well-led. We welcome all feedback, recognising that it allows us to see the Hospice as others see us. We will actively listen and respond to all complaints, concerns and suggestions, and learn from them. In the best interests of the organisation, our patients, clients and stakeholders, complaints will be managed promptly, professionally and a resolution secured as quickly as possible.

Aims of the Policy

1. *Making a complaint is as straightforward as possible:*
   a. People have access to clear, up to date, consistent information on how to complain (clearly displayed in all settings, including on our website).
   b. All staff understand that everyone has the right to complain.
   c. It is the responsibility of Primrose Hospice and Family Support Centre staff, and not the complainant, to ensure the complaint is directed to the right person to get it resolved.
   d. Verbal and written complaints are treated with equal seriousness.

2. *A timely and compassionate response is provided to everyone who makes a complaint:*
   a. All complaints will receive an acknowledgment and an appropriate response, within the agreed timeline.
   b. All communications acknowledge the person's experience and outline what they can expect from the hospice complaints procedure.
   c. All communications use plain language to aid communication and understanding.
   d. Whenever it is appropriate, people making a complaint will receive an apology.
   e. All staff know how to handle complaints and are equipped to respond or act upon complaints and concerns appropriately (this may mean ensuring it is escalated to the right person).
   f. People making a complaint feel they have been heard and are confident that their complaint will be managed compassionately and professionally, and that they will not be discriminated against as a result of raising a complaint.

3. *Complaints are used to identify and implement improvements*
   a. In every case, the root cause of the complaint is identified, and remedial action taken where appropriate.
   b. Themes are identified and addressed within the organisation as appropriate.
   c. Summary details of complaints received, and actions taken are disseminated throughout the organisation.

3. Roles and Responsibilities

The **Chief Executive Officer** is accountable for the implementation of this policy.

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.

4. Process/Procedure/Method

4.1 Making a complaint

People can make a complaint in any way that they choose, including:

- In writing by letter, email, via our website or via social media platforms.
- 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.

4.2 Verbal Complaints

- The staff member receiving the complaint must give a clear acknowledgement to the complainant – at the point, the complaint is received – that their expectations of our service have not been met and, wherever appropriate, offer an apology.
- The staff member should record preferred contact details for the complainant, as well as an agreed account of the nature of their complaint.
- The staff member must inform their line manager immediately- in the event that the manager may be able to act promptly to resolve the complaint they should do so without delay.

- The Chief Executive Officer should be informed as soon as possible, always following up with an email containing a summary, no more than 24 hours after receiving the complaint.
- Should the complainant express a wish not to be contacted, the staff member must still report the complaint.
- The Chief Executive Officer may assign a manager to investigate and resolve the complaint.
- Following completion of an investigation a response (written or verbal) must be provided within 20 working days of receipt of the complainant – unless the complainant expresses a wish for no further contact on the matter.
- Any written response must be approved by the Chief Executive Officer ior Chief Operating Officer.

4.3 Written Complaints

All written complaints received by Primrose Hospice must be forwarded immediately to the Chief Executive Officer who will:

- Contact the complainant within 5 working days with a resolution, if straightforward.
- Contact the complainant within 5 working days to outline the process and enclose a copy of this policy, if not straightforward.
- Assign a manager to investigate the complaint and manage until closure.

- Following completion of the investigation, a written response must be sent within 20 working days of receipt of the complaint. The letter/email will address all the points raised by the complainant and communicate whether/how Primrose Hospice will respond to the points, and/or what actions have or will be taken as a result.
- Occasionally it may not be possible to conclude an investigation and respond within 20 working days. In these circumstances the investigating manager will send a holding letter/email, informing the complainant of the reasons for the delay and the expected response date.
- Copies of all documentation must be passed to the Chief Executive Officer.

4.4 Complaints Made Via Social Media

- With complaints made via social media platforms, an acknowledgement of the complaint will be posted on the relevant platform as soon as possible by the Communications Officer. This acknowledgement will include a request to contact the hospice offline to discuss how the complainant would like to proceed. The team will forward the complaint to the Chief Executive Officer or a deputy from within Senior Leadership Team in CEO's absence, and the normal process for handling complaints will then be followed.

4.5 Escalation

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

- If the complainant is not satisfied that all aspects of their complaint have been addressed and wishes to escalate it, the complainant should be directed to the Chief Executive Officer directly.
- If the Chief Executive Officer was the respondent to the original complaint, the complainant should be directed to the Chair of Trustees.
- Escalated events will be dealt with within 20 working days to give the organisation time to seek appropriate advice.

4.6 Complaints made via evaluation forms

Patient and client feedback mechanisms can provide useful information about how well Primrose Hospice meets the needs and expectations of those who use our services. Some people may choose this method alone to express their unhappiness or concerns. It is therefore important that Primrose Hospice recognises these expressions of dissatisfaction and uses them to identify if and how we can improve our services.

- Any (potentially) negative comments made by patients or clients in evaluation forms must be passed to the Chief Executive Officer; it is the responsibility of the relevant service manager to ensure this is done.
- Where the response is anonymous, the comments should be analysed and any potential learning and required action identified; then shared with the relevant service manager.
- Where the respondent's details are available the Chief Executive Officer (who may allocate a manager) will follow up with the respondent and offer the option of taking the matter through the complaints procedure.

5. Carrying out an investigation

a. The investigation will be carried out either by the Chief Executive Officer, or by the person nominated by them.

b. Investigations should be both proportionate and sufficiently thorough, with all details recorded, providing a complete audit trail of the steps taken, discussions/meetings held, and decisions made.

c. 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.

d. The investigation should aim to provide a clear factual account of what happened and cover all the issues the complainant raised.

e. The investigation will focus on issues and solutions, not personalities or emotions.

f. Where necessary, any interviews with relevant staff should be conducted and a written report of each made.

g. 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 1 – guidelines for staff on preparation of statements.*

6. Vexatious Complainants

The processes for managing habitual or vexatious complainants is outlined in Appendix 3.

7. Review

To ensure that Primrose Hospice learns from the complaints we receive and uses them to identify and implement improvements, the Senior Leadership Team will discuss complaints and monitor the outcomes of improvements/actions and will report to the relevant Board sub-committees.

Policy to be reviewed every 3 years or sooner if legislation requires.

8. Staff Training Requirements

- All staff and volunteers will be made aware of the Complaints Policy and Procedure as part of their induction.
- Information for patients and clients on how to make a complaint will be included on key information leaflets and on our website.

Appendix 1 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

- Begin with your name, job title and the subject of the statement (e.g. Patient/client X at location/incident)
- State what is personal recollection and what can be corroborated as fact, e.g. Reference to healthcare records, reports, Primrose procedures or standards.
- Relate the facts from the beginning and keep in chronological order, giving precise dates and times. Be clear about the times you were on and off duty on the days in question and about what you saw and heard.
- Do not speculate, exaggerate, or elaborate.
- Write your statement in simple terms and avoid jargon or official language and be as brief as possible while covering all essential points.
- Avoid emotional language.
- Always sign your statement and give your full name and job title below your signature, together with the date on which it was signed.

primrose hospice
Care Compassion Community

Appendix 2 Comments, Complaints and Compliments Log

Date received		**By whom**	
Format (verbal, written, email, phone call etc.)		**Nature of issue - adverse comment, complaint, compliment etc.**	
Date of first acknowledgement		**Date resolved (if complaint)**	
Team/ Department		**Person responsible for investigating (if complaint)**	
Issues raised in complaint or reason for compliment (continue on separate sheet if necessary)			
Actions taken with dates (if complaint) (continue on separate sheet if necessary)			
Complaint upheld or not?		**Signed and dated as seen and closed by team manager**	

Please refer to the Complaints Policy and Procedure HM0004

Appendix 3: Procedure for dealing with habitually demanding or vexatious complainants and/or habitually demanding or vexatious behaviour.

Introduction

Habitually demanding or vexatious complainants, and/or people who exhibit habitually demanding or vexatious behaviour are an occasional challenge for the Hospice. Handling such people or complainants can place a strain on time and resources and cause unacceptable stress for staff, who may need support in difficult situations It is to be stressed that the vast majority of people who come into contact with staff employed by the Hospice do not display such behaviour and this procedure is for the very small minority who do. Execution of the following procedures will only take place in exceptional circumstances, as a last resort and after all reasonable measures have been taken to try and resolve issues via the Hospice's complaints procedure. Judgement and discretion must be used in applying the criteria to identify such behaviour and in deciding the action to be taken in each case. The procedure will only be implemented following careful consideration by, and with the authorisation of, the Chief Executive Officer or Chief Operating Officer.

1.Definition

- It is accepted that complainants or others coming into contact with the Hospice may act out of character. They may show signs of vexatious behaviour for several reasons and may be unaware that their attitude/behaviour is causing unnecessary distress to others. Unacceptable behaviour that continues through several contacts, however, should be considered against this procedure.
- One definition of vexatious behaviour is to harass, distress, annoy, tease, cause trouble, agitate, disturb, or pursue issues excessively
- Behaviour exhibited by a person (and/or anyone acting on their behalf) may be deemed to be habitually demanding or vexatious where previous or current contact with them shows that they meet any of the following criteria:
    - i. Persisting in pursuing a complaint where the Hospice complaints procedure has been fully and properly implemented and exhausted
    - ii. Seeking to prolong contact by continually raising further concerns or questions upon receipt of a response (care must be taken not to discard a new issue, which is significantly different from the original issue. This might need to be addressed as a separate issue)

iii. Unwilling to accept documented evidence as being factual or denying receipt of an adequate response in spite of correspondence specifically answering their question, or does not accept that facts can sometimes be difficult to verify when a long period of time has elapsed

iv. Does not clearly identify the precise problem, despite reasonable efforts of Hospice staff to help them specify their concerns, or where the concerns are not within the remit of the Hospice to investigate

v. Focuses on a matter to an extent which is out of proportion to its significance and continues to focus on this point

vi. Has threatened or used actual physical violence towards staff or their families or associates. This will, of itself, cause personal contact with the person and/or their representatives to be discontinued and the issue will, thereafter, only be pursued through written communication. Criminal or violent behaviour will be reported to the police

vii. Has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their issues or their families or associates. However, staff must recognise that people may sometimes act out of character at times of stress, anxiety, loss, or illness and should make reasonable allowances for this

viii. Has had, in the course of addressing an issue, an excessive number of contacts with the Hospice, placing unreasonable demands on staff time or resources. (A contact may be in person or by telephone, letter, or email). Judgement must be used in determining what constitutes an 'excessive number' of contacts and this will be based on the specific circumstances of each individual case.

ix. Has electronically recorded meetings or face to face/telephone conversations without the prior knowledge or consent of the other parties involved

x. Displays unreasonable demands or expectations and fails to accept that these may be unreasonable (e.g. insists on responses to enquiries being provided more urgently than is reasonable or normally recognized practice)

2. Options for dealing with habitually demanding or vexatious complainants and/or habitually demanding or vexatious behaviour

1. Where people have been identified as exhibiting 'habitual or vexatious' behaviour in accordance with the above criteria, the Chief Executive Officer will decide what action to take. The Chief Executive Officer will then implement the action and will notify complainants in writing of the action that has been taken and the reasons for it.

2. If appropriate, notifications under this policy may be copied for the information of others already involved e.g. GPs, and Members of Parliament.

3. Once classified as 'habitual or vexatious,' people will be dealt with as follows:

Stage 1:

Once it is clear that an individual meets the criteria above, it may be appropriate to inform them, in writing, that their conduct is unacceptable and that, if it continues, they **may be** classified as 'habitual or vexatious.' The letter will be issued by the Chief Executive Officer and will state clearly which elements of their behaviour are causing problems and be accompanied by a copy of this policy.

Stage 2:

It may be appropriate to try to resolve matters by drawing up a signed agreement with the person, which sets out a code of behaviour for the parties involved, if the Hospice is to continue communication or to process a complaint. If these terms are contravened consideration will be given to implementing Stage 3 of the procedure.

A code of behaviour could include the following:

- An agreement relating to appropriate behaviour or conduct. Any such agreement should normally not extend beyond 6 months
- Restricting contact to one or two individuals at the Hospice
- Restricting the method of contact (e.g. by letter only, not telephone/email)
- Offering a meeting to attempt to resolve outstanding issues

Stage 3:

Where the Hospice has responded fully to the points raised by the person and has tried to resolve the issues, without success, and continuing contact on the matter would serve no useful purpose, the individual will be notified by the Chief Executive Officer that the contact is at an end and that further contact will be acknowledged, but not answered.

In extreme cases or where the safety of staff is at risk, the individual will be informed that the Hospice reserves the right to pass habitually unreasonable or vexatious behaviour to their solicitors. All contact with the person and/or investigation of the complaint will be suspended whilst seeking legal advice.

Any further complaints received from a person who has been designated as habitually demanding or vexatious, under this policy, will be subject to a reasonable investigation as deemed necessary by the Chief Executive Officer in conjunction with advice received from staff dealing with complaints.

The Chief Executive Officer in conjunction with the Chair of Trustees, may, at their discretion, choose to omit one or two of the above stages.

4. Withdrawing habitual or vexatious status

When individuals have been classified as habitual or vexatious, the status will continue to apply for 6 months, at the end of which period habitual or vexatious status will automatically be withdrawn, unless the behaviour has continued. In exceptional circumstances, the Hospice will consider withdrawing the status earlier, if, for example, the person subsequently demonstrates a more reasonable approach. The status of habitual or vexatious will only apply to specific issues, not general. If a new issue comes to light, an individual may not be deemed habitual or vexatious unless their behaviour demonstrated this relating to the new issue. Where it appears to be appropriate to withdraw 'habitually demanding or vexatious' behaviour status, the approval of the Chief Executive Officer will be required. Subject to this approval, normal contact with the person will be resumed.