

## Contents: Complaints Management Policy v5.0 (PC0424)

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|                                     |  |  |            |
|-------------------------------------|--|--|------------|
| <b>Policy &amp; Procedure Title</b> | <b>Complaints Management (PC0424)</b>  |  |            |
| <b>Originator / Reviewer</b>        | Director of Nursing, Governance & AHPs |  |            |
| <b>Approved By</b>                  | Chief Executive                        | <b>Date of original implementation</b> | Sept 2010  |
| <b>Reviewed</b>                     | March 2024                             | <b>Next Review</b>                     | March 2027 |

## 1. Policy Overview

St Catherine's Hospice (Hospice) offers a wide range of services to the local community and our aim is to provide the best possible quality of care and service. However, we do recognise the value compliments, comments and complaints have on the planning and 'fine tuning' of our service provision and as such we are always open to comments and suggestions as to how we may improve and develop Hospice services.

There may be times when our service users'<sup>1</sup> expectations have not been met and they will need to voice their feelings. Making a complaint is one way that people can make their views known when their expectations have not been met.

Complainants need to feel that their views have been acknowledged and that we will review those aspects of our service that have fallen short of their expectations.

This policy sets out the way in which all complaints (both verbal and written) received from any service user of our Hospice will be handled. This policy applies to all areas of the hospice, and it is designed to manage, to respond to and resolve complaints effectively.

This is achieved through a process:

- Which is available to complainants.
- Provides a simple system for making complaints about any aspect of the service provided.
- Is a rapid and open process with designated timescales and a commitment to keep the complainant informed on the progress of the investigation.
- Is fair to staff and complainant.
- Maintains the confidentiality of the patient, complainant, and staff member(s)
- Provides the opportunity to learn from the complaint to improve services.

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<sup>1</sup> Service Users includes patients, carers, visitors, supporters, fund raisers and customers.

This policy does not cover volunteer or staff concerns or grievance (Refer to s11, page 6).

## 2. Benefiting from Complaints

The aim of the hospice is to create a culture where complaints are used productively and those who make a complaint will feel:

- Confident and at ease in expressing their feelings.
- That their views are respected
- That their complaint will be acted upon without breach of confidentiality
- That their expression of dissatisfaction will bring a speedy response
- That the organisation will learn and develop

## 3. Definitions

|                            |   |
|----------------------------|---|
| <b>A Complaint is....</b>  | ...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.   |
| <b>A Concern Is....</b>    | ...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 formally. |
| <b>A Suggestion is....</b> | ...a comment proposing changes to the services, activities or any other aspect of the hospice.  |

## 4. Accountability and Responsibility

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

Each Director / Manager is responsible for keeping an overview of any complaints that are assigned to them and ensuring:

- that their team members know how to report a complaint.
- that all complaints are logged on the Vantage Complaint module and tracked.
- that investigations are conducted as required, appropriately, and within required timeframes.
- that reviews are conducted, themes identified, and learning disseminated.

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

## 5. Time Limits

- **Initiating Complaints** - It is helpful for a complaint to be made at the time the concern arises or shortly afterwards. Complaints made more than 3 months from an incident causing concern, or more than 3 months from the date of discovering the problem, are more difficult to investigate. However, it is accepted that in the case of bereaved people they may not feel able to make a complaint for a while due to the emotional distress associated with loss. Every effort will be made to conduct a reasonable investigation and address the concerns raised.

Complaints made 12 or more months following the event, or 12 or more months from the realisation of the event, will not be investigated. The complainant will however still receive a response explaining why an investigation is not possible.

- **Response Times** - Complainants will receive an acknowledgment of their complaint within **5** working days of the Hospice receiving it. A response will usually be made using the same method of communication in which a complaint was received if it is considered reasonable to do so, particularly on grounds of confidentiality.

Every effort will be made to complete the investigation and inform the complainant of the outcome within **30** working days. When this is not possible, e.g. key staff are away from work, the complainant will be kept informed of progress and the reasons for delays.

## 6. Incident Management (For Information Only)

Guidance relating to Incident Management processes are covered within the [Reporting of Accidents, Incidents and Near-miss Policy](#) or the [Data Security & Breach Management Policy](#).

A complaint may result from an incident. The information gathered during an incident investigation may form part of the complaint response process.

## 7. Potential Legal Claims

Where a complainant indicates or implies that legal action may be taken or compensation sought, the CEO will seek legal advice.

Suggestion of legal action will not prevent a full investigation, explanation, and appropriate apology being given; an apology (that must be appropriately worded as an apology only) is not an admission of liability.

## 8. Reporting of Complaints and Action Taken

- A record of complaints relating to non-clinical aspects of Hospice services will be reported to the relevant committees.
- A summary of clinically related complaints is reported to the Patient Care Committee.
- Each of the committees will report an overview of complaints to the full Board of Trustees.
- Clinical complaints will be reported to the local NHS commissioning representative (as required in any service level or grant agreement).

Consideration will be given to the CQC's Statutory Notification Guidance when clinical complaints are investigated

([http://www.cqc.org.uk/sites/default/files/20161101\\_100501\\_v7\\_guidance\\_on\\_statutory\\_notifications\\_ASC\\_IH\\_PDC\\_PA\\_Reg\\_Persons.pdf](http://www.cqc.org.uk/sites/default/files/20161101_100501_v7_guidance_on_statutory_notifications_ASC_IH_PDC_PA_Reg_Persons.pdf))

- Complaints will be reported to the Fundraising Regulator (as a component of the annual self-assessment process).
- Lottery complaints received &/or escalated to the Independent Betting Adjudication Service Ltd (IBAS) are recorded and reviewed by the Gambling Commission on a two-yearly basis.

### 8.1 Safeguarding

Where the complaint relates to a clinical safeguarding issue, it is the responsibility of either the CEO, Director of Nursing, Governance & AHPs or Medical Director to inform the Care Quality Commission via the nominated assessor / inspector<sup>2</sup>. In addition, such matters must be reported to the local Safeguarding Board.

If the investigation reveals a safeguarding concern, then follow the safeguarding process as in the [Safeguarding Policies](#).

Where we become aware of a safeguarding concern outside of the clinical environment, for example, in a hospice shop, then the safeguarding lead can provide guidance, but it will be the responsibility of the respective Director to report the matter to Lancashire County Council, if appropriate.

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<sup>2</sup> See Regulation 13 (part 3) and Regulation 18 (part 4). In particular, the reporters' attention is drawn to Regulation 18, subsection 5b.

## 9. Vexatious / Habitual Complaints

Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or vexatious where previous or current contact with them shows that they meet two or more of the following criteria:

- Persistence in pursuing a complaint when the Hospice Complaints Policy has been fully utilised and exhausted.
- Persistently changing the substance of a complaint or persistently raising new issues whilst a complaint is being investigated. (Care must be taken, however, not to disregard new issues which are significantly different from the original complaint as they need to be addressed as separate complaints.)
- Repeated unwillingness to accept documented evidence given as being factual or deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Repeatedly do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts to help them specify their concerns, and/or where the concerns identified are not within the remit of the Hospice to investigate.
- Have threatened or used physical violence, verbal abuse / aggression towards staff at any time - this will, in itself, cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be continued through written communication.

The CEO and relevant Director will discuss complaints considered in this category with the Hospice Chairperson. All relevant notes, minutes etc. will be kept within the Vantage Complaints chronology log.

For tips on how to deal with a habitual or vexatious complainant, refer to Appendix 2.

## 10. Anonymous Complaints

The CEO and appropriate Director will consider whether to investigate anonymous communications on an individual basis. Their decision will be recorded on the Vantage Complaints module within the relevant complaint' tab.

## 11. Complaints made by staff.

Concerns expressed by staff are beyond the boundaries of this Policy and are addressed by the Early Resolution & Grievance Policy or Freedom to Speak Up Policy.

## 12. PROCEDURES

### 12.1 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 X (formerly twitter - refer to s13)
- 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.

### 12.2 Management of Complaints (For all complaints)

The complainant should be contacted by a manager/ Director to:

- Check that we are clear about the exact focus of the complaint.
- Clarify whether a written or verbal response is required.
- Make them aware of the Complaints Policy and offer to provide a copy.

**It is good practice to offer a meeting to facilitate this conversation in the first instance as you may be able to satisfy the complainant's concerns at this point. If successful confirm the discussion by the complainant's preferred method of communication.**

**NOTE:** All complaints should be recorded and managed via the Vantage Complaints Module (Refer to Appendix 1).

### 12.3 Verbal Complaints

**Where you are unable to satisfy the complainant's concern, then the following process should be adhered to:**

- We aim to satisfy verbal complaints within 5 working days. This will be determined by the complexity of any investigation.
- Every effort should be made by any member of staff to attempt to resolve a complaint in the most sympathetic and effective way possible. If this cannot be achieved, then escalate it to a manager.
- If a verbal complaint cannot be resolved at the time it is made, or the complainant is not satisfied with the response, then it should be escalated to a manager.
  - If the manager is unable to resolve the situation, then it should be referred to a Director who can review the response.
  - If the complainant is still dissatisfied with the managers response, then it should be referred to the CEO.
- The resolution of such a complaint might require the member of staff to discuss the complaint with others who may have had some involvement with or knowledge of the complaint, and to gather other relevant information. To maintain confidentiality, the complaint should not be discussed with staff that are not involved in the incident.
- The first responsibility of the recipient of a complaint is to ensure, before doing anything else, that any remedial action, attention to health care needs, or change in procedures is dealt with immediately. This may require urgent action before any matters relating to the complaint are tackled.
- If the staff member receiving the complaint does not have access to the Vantage Complaints module, they must inform a manager / Director<sup>3</sup> who should log it on the Vantage Complaints module as soon as possible.

**Please refer to the following action sheet** which provides guidance and advice for staff on the management, and potentially the local resolution, of verbal complaints.

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<sup>3</sup> Inform the relevant Director if a manager is absent.

## 12.3.1 A verbal complaint in a face-to-face situation - staff action sheet

### **If you receive a complaint:**

**Find out the name, telephone number / email address and address of the person to whom you are speaking.**

Listen carefully and actively to the details of the complaint paying attention to:

- What exactly is the complaint about, be courteous and understanding.
- Consider whether you can immediately resolve the complaint.
- If you can resolve the complaint, ensure that the complainant is happy with the outcome.
- If you are unable to deal with the complaint, refer it to your manager but let the complainant know that but ensure they also know to whom you are going to pass their concerns on to.
- In the case of a telephone call, establish if the caller is a patient. If not, establish their relationship with the patient, taking care not to breach patient confidentiality, where applicable.
- Does anything need to be done immediately to ensure health, or the safety needs of the patient are met? (where applicable)
- Ensure that the complaint is dealt with in a timely manner.
- Log the complaint onto the Vantage Complaints module. This will ensure that the complaint is reported to your manager even if you have been able to resolve the problem.
- Complaints are confidential. Please do not discuss the complaint with anyone other than your manager except in so far as it is necessary to resolve the complaint.

### **If the complaint cannot be resolved immediately:**

- The complainant must be given a copy of the Hospice information leaflet 'Compliments, Comments and Complaints'
- The complainant must be offered any possible assistance to help them make their complaints, for example, an interpreter.
- The complainant must be advised of their right to obtain independent advice, for example, from the Citizen's Advice Bureau
- The complainant must be advised of their right to complain to the relevant regulatory body if their complaint cannot be satisfied by the Hospice (refer to s14).
- The Chief Executive / Relevant Director must be informed of the complaint immediately.
- Any requests for information received from the media must be referred to the Chief Executive / relevant Director. No comments whatsoever should be made.

## 12.4 Written Complaints

- All written complaints must be passed immediately to a manager / Director who **MUST** log the complaint on the Vantage Complaint module<sup>4</sup>. Here they will assign an investigator (as required).

**NOTE:** If possible, it is advised that you attempt to contact the complainant to discuss the complaint. You may be able to satisfy the concerns at this point. If successful confirm the discussion by the complainant's preferred method of communication.

If not, the manager in receipt of the complaint will:

- Ensure that a letter of acknowledgement of receipt of the complaint is sent to the complainant within 5 working days in the appropriate Director's name. This will:
  - Outline the complaints process and timeframe for a response.

If there are any delays in the investigatory process, the complainant must be informed.

- Ensure an investigation carried out (either by themselves or by the person they appoint as investigator) and the chronology log on the Vantage Complaints module is completed as appropriate.

### 12.4.1 Carrying out an investigation

- The investigation will be carried out by the assigned complaint investigator, or by the person nominated by them.
- Investigations should be both proportionate and sufficiently thorough with all details recorded on the Vantage Complaints chronology log, ensuring that the record provides a complete audit trail of the steps taken, discussions/meetings held, and decisions made.
- 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.
- A discussion with the relevant director should be held so that the directorate can fully understand what has arisen, why and whether any trends or wider insights can be drawn from the wider leadership of the Hospice.

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<sup>4</sup> Ensure appropriate Team Leader, Director logged into Vantage Complaints module. This will trigger notification email.

#### 12.4.2 Following completion of investigation:

- Issue a response (written or verbal, as requested by the complainant) within 30 days of receipt of the complaint unless the complainant expresses a wish for no further contact on this matter.
- If a written response is requested, the letter will be drafted by a manager / Director.
- All responses (whether written or verbal) should address all the points raised by the complainant, and communicate how we will respond to these points, and/or what actions the Hospice has already taken as a result.
- All responses should include an apology to the complainant for the fact that they felt the need to make a complaint; additionally, and where appropriate, specific apologies must be given for any errors, omissions or shortcomings on the part of the hospice that were identified by the investigation.
- All response letters to be reviewed by the appropriate Director before sending.
- A copy of any written response must be uploaded to the Vantage Complaints chronology log to form part of the complaint record; if a verbal response is provided to the complainant a summary of this must also be added.
- Occasionally it may not be possible to conclude an investigation and respond within 30 days. In these circumstances a manager / Director will send a holding letter, informing the complainant of the reasons for the delay and the new expected response date.
- Whilst maintaining confidentiality, summarise the complaint and subsequent actions, as applicable, to the:
  - Relevant committee (via a quarterly report)
  - Local NHS Commissioners (Via service level agreement review meetings)
  - Relevant regulatory body e.g. Fundraising Regulator, Gambling Commission, etc.

**REMEMBER:** Copies of all documentation (including the response letter and any other correspondence including emails with the complainant and notes from any meetings) must be uploaded to the Vantage Complaints chronology log by the investigator(s).

#### 12.4.3 Staff Support

Investigation may include collecting staff / volunteer statements, interviewing staff / volunteers, conciliation meetings. It is considered good practice to involve all relevant members of staff / volunteers to achieve a fair and balanced account of events; this may include medical, admin / clerical, nursing staff.

Staff can become negatively affected by complaints and support will be made available from their manager during the period of investigation.

**Final Responses** will be from the Director and their nominated officer. The response will be factually correct and include:

- Details of the methodology of the investigation.
- Consideration of each of the points raised by the complainant with a full explanation or reason(s) why it is not possible to comment on a particular matter.
- An explanation and where appropriate, an apology.
- Details of any action taken, or lessons learned resulting from the complaint and / or its investigation.
- Contact details of the director / CEO for further discussion/queries.
- Complainants will be assured that their complaint and the response will be anonymous and reported to relevant committees e.g. the Patient Care Committee and the Board of Trustees.

### 13. Complaints made via social media.

With complaints made via social media platforms which are regularly and frequently monitored (such as Facebook and X (formerly twitter), an acknowledgement of the complaint will be posted on the relevant platform within 48 hours (72 hours for bank holidays) by the Communications Team. Any complaints or concerns will be dealt with in line with hospice complaints procedures as noted above.

This acknowledgement will include a request to contact the hospice offline to discuss how the complainant would like to proceed.

The Communications Team will then forward the complaint to the relevant Manager / Director and the normal process for handling complaints will then be followed.

If the complaint is posted out of hours and is of a serious nature or could lead to significant reputational damage the Communications Team should also alert the on-call Director as soon as practicable.

Refer to the '[Social Media Policy](#)' which includes a '[Flowchart for Negative Comments relating to Social Media](#)'.

### 14. Dissatisfied Complainants

If a complainant is dissatisfied with the response, a Director's or Chief Executive's review may be requested in writing within **30** working days of receiving the written reply at the end of the internal investigation. The complainant must be advised of this right.

The purpose of the director / CEOs review will be to establish whether the complaint has been properly investigated and the process properly followed and answered, with a view to conciliation.

If a complainant remains unhappy with the outcome of the director's / CEOs review, they must be informed of their rights to contact the appropriate regulatory body (details follow in points 14.1-14.6).

#### 14.1 Parliamentary and Health Services' Ombudsman

Complainants will be advised of their right to refer concerns to the Parliamentary and Health Services' Ombudsman, click here: [Making a complaint | Parliamentary and Health Service Ombudsman \(PHSO\)](#)

#### 14.2 Care Quality Commission

The Care Quality Commission is not a complaints agency, nor do they have statutory powers to investigate complaints. However, where necessary they will use their inspection powers to undertake enquiries to determine whether a provider's complying with the Private and Voluntary Health Care (England) Regulations, 2001.

Contact the **CQC National Customer Service Centre** by:

T: 03000 616161 or Online Contact Form ([Contacting our Newcastle office | Care Quality Commission \(cqc.org.uk\)](#))

Where it is felt that a complaint has not been resolved then the complainant can contact the Parliamentary & Health Service Ombudsman (PHSO) [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

#### 14.3 Fundraising Regulator

The Fundraising Regulator is the independent regulator of charitable fundraising who were established following the cross-party review of fundraising self-regulation (2015) to strengthen the system of charity regulation and restore public trust in fundraising.

Their role as regulator is to:

- Help protect donors and encourage best practice in fundraising.
- Investigate complaints about poor fundraising practice and the Fundraising Preference Service allows you to control what you receive from fundraisers.

Their address is:

2nd floor, CAN Mezzanine Building, 49-51 East Road, London, N16AH

Fundraising Regulator staff are available to assist and advise members of the public, Charities and fundraising organisations.

**T: 0300 999 3407**

E: [admin@fundraisingregulator.org.uk](mailto:admin@fundraisingregulator.org.uk)

#### 14.4 The Independent Betting Adjudication Service Ltd (IBAS)

For any lottery dispute that cannot be resolved click here: <http://www.ibas-uk.com>  
Their address is:

PO Box 62639 London EC3P 3AS  
Tel. 020 7347 5883  
email [adjudication@ibas-uk.co.uk](mailto:adjudication@ibas-uk.co.uk)

#### 14.5 Trading Standards

Contact the Citizens Advice Lancashire West (Leyland & Chorley), Civic Centre, West Paddock, Leyland, PR25 1DH if you need more help with a consumer problem  
Citizens Advice consumer helpline: **0808 278 7880** or Citizens Advice Preston, Town Hall Annexe, Birley Street, Preston, PR1 2QE. **Tel: 0300 330 1172.**  
[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

Lines are open Monday to Friday, 9am to 5pm. Lines are closed on bank holidays.

#### 14.6 Food Standards Agency

[Homepage | Food Standards Agency](#)

### 15. Policy Review

In order to ensure that the Complaints Management policy and procedures continue to meet the Hospice's aims and complies with the objectives, the policy will be monitored and reviewed on a three yearly basis or earlier if there is a change in primary or secondary legislation, substantial / national guidance or significant occurrence.

### 16. Training and Monitoring

#### 16.1 Training

Team leaders and members of the senior management team are available to provide guidance and support to staff in relation to the handling of complaints.

All staff receive training on complaint management in their generic mandatory training.

How to access a copy of the Hospice Complaints policy and procedure is available on the St Catherine's Hospice website within the Privacy Statement.

## 17. Complaints Monitoring and Lessons Learned

Complaints are monitored and reported, as appropriate, to the relevant Committee (Refer to s8).

To ensure that we learn from the complaints we receive and use them to identify and implement improvements, the following will happen:

- The investigator will record all learning outcomes on the Vantage Complaint chronology log, including any actions already taken and any further actions required to implement improvements. They will be shared across the hospice, and where relevant, with external stakeholders. This will be done in a way that protects confidentiality.
- Reports of lessons-learned and actions taken can be extracted from Vantage.

## 18. References (other useful organisations and documentation)

- Being Open – communicating patient safety incidents with patients and their carers, 2009, (National Patient Safety Agency)
- Independent Complaints Advocacy Service, [North West 0300 456 8350](tel:03004568350)
- Listening, improving, responding: a guide to better customer care, 2009, (Department of Health)
- Handbook to the NHS Constitution (last updated Feb 21), (Department of Health)
- NHS Litigation Authority (NHSLA) guidance about complaints
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- The Principles of Good Complaint Handling, 2008, (Parliamentary and Health Service Ombudsman)
- The Gambling Commission Gambling Act 2005  
<http://www.gamblingcommission.gov.uk/Home.aspx>
- Trading Standards Institute (Retail outlets)  
<http://www.tradingstandards.gov.uk/>
- Food Standards Agency via the Food Safety Team  
<http://www.food.gov.uk/>

- Environmental Health, South Ribble Borough Council, Civic Centre, West Paddock, Leyland, PR25 1DH
- Safeguarding Adults & Safeguarding Children Policies
- [www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/](http://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/)
- [www.ombudsman.org.uk](http://www.ombudsman.org.uk) (PHSO)

## 19. Appendices

Appendix 1: Vantage Complaints Module Screenshots and Guidance for Use.

Appendix 2: Tips on how *to deal with habitual or vexatious complaints*.

## 20. Appendix 1: Vantage Recording and managing complaints and concerns.

The following provides guidance about registering and managing all aspects of a complaint or a concern. This may be read in conjunction with the complaints' policy. Complaints may come in a variety of mediums e.g. verbally, written or in an email to staff member, manager or director.

Occasionally, a member of the public may raise an issue but not want it to be considered a complaint. Also, there may be times when a manager or director becomes aware of a matter and decides to make a record of it. In this situation, the manager or director may also decide to explore the matter further. This can help identify themes or issues enabling lessons to be learned and changes to practice at an early stage. In these cases, registering the issue as a concern rather than a complaint will be appropriate.

A concern is managed in a similar manner to complaints. This will become obvious when using Vantage to log a concern.

Once a complaint is brought to the attention of a manager, it is their responsibility to ensure it is logged and brought to the attention of the relevant director. The following screenshot provides an example this.

## 21. Appendix 2: Tips on how to deal with habitual or vexatious complaints.

A person dealing with the complainant may decide to deal with habitual or vexatious complaints in one or more of the following ways:

- In letter, setting out a code of commitment and responsibilities for the parties involved if St Catherine's Hospice is to continue processing the complaint. If these terms are contravened, consideration will then be given to implementing other action as indicated below.
- Decline contact with the complainant, either in person, by telephone, by letter, by e-mail or any combination of these, provided that one form of contact is maintained. This may also mean that only one named officer will be nominated to maintain contact (and a named deputy in their absence). The complainant will be notified of this person.
- Notify the complainant, in writing that the hospice has responded fully to the points raised and has tried to resolve the complaint but that there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant will also be notified that the correspondence is at an end, advising the complainant that they are being treated as a persistent or vexatious complainant and as such the hospice does not intend to engage in further correspondence dealing with the complaint.
- Inform the complainant that in extreme circumstances the hospice reserves the right to seek legal advice on unreasonable or vexatious complaints.
- Temporarily suspend all contact with the complainant, in connection with the issues relating to the complaint being considered habitual and/or vexatious, while seeking advice or guidance from a solicitor or other relevant agencies, as applicable.

Once a complainant has been determined to be habitual and/or vexatious, their status will be kept under review and monitored by the Senior Management Team. If a complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal Complaints Procedure would appear appropriate their status will be reviewed.

As was the case in originally identifying a complaint as habitual or vexatious, staff will use the same discretion in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the relevant Director / CEO and subject to their approval, normal contact with the complainant will then be resumed. The nominated person will advise the complainant in writing of the change of status.

## Appendix 1: Vantage Complaints Module Screenshots & Guidance for use.

Complaints/Concerns/Compliments

Open CCC ID Links Clear Search Advanced Search Print Set Remir

CCC ID

Complaint, Concern or Compliment **Complaint**

Complaint \ Compliment \ Concern Detail

Date Received 22/02/2024

Received via Email

Area - 1 **Clinical**

Area - 2 **IPU**

Name of Complainant \ person expressing concern John Doe

Contact details of complainant \ person expressing concern **X** Mr Doe's email expresses concern that his mother is not receiving adequate care. He has requested that only a senior person contacts him by return email or telephone call

Complainants \ person expressing concern relationship Carer

If linked to an Incident please add the INC Number here

Search to add links

Supporting Documents **XX**

Drop files here or Choose File Add Free Text as File

Just Culture.pdf  
Uploaded on 22/02/2024

**XXX** Allocated Director Tracy Earley -  
Please Allocate the Director for the team associated with this record

In this example, the manager / admin staff member has completed the basic details (X) and copied and inserted the email of complaint (XX) (this could be a letter or summary) in the 'Supporting Documents' section. They have nominated Tracy (XXX) as the director to review and allocate investigation. The director will automatically receive an email via Vantage to inform her of this; however, it should also be discussed with her.

Directors Section

|                                 |  |
|---------------------------------|--|
| Allocated Investigator          | Emma Grzelczyk - IPU Business Manager  |
| Date of Review                  | 26/02/2024  |
| Time of Review                  | 12:00  |
| Category of Complaint \ Concern | Written (formal)   |
| Notes                           | Emma - please contact Mr Doe today to explore and document his concerns.                       |

In this stage [Directors' Section], the director has nominated Emma as the investigator and asked her to contact the complaint on the same day. Tracy has also chosen the category of 'written complaint'. The investigator will receive an automated email via Vantage informing them that they is the nominated investigator.

| + Add Chronology  |  |
|---|--|
| Investigators Section                                     |  |
| X Investigation Plan                                      | Interview staff nurses Y and Z<br>Interview NA B<br>Review Care plans, ward dairy, risk assessment for pressure are care |
| XX Is Consent Required?                                   | Yes  |
| Date of Contact   | 22/02/2024                              |
| XXX Consent Received?                                     | Yes  |
| Consent Withheld, Please state decision to proceed or not |  |

In this stage [Investigators' section], the investigator has made clear the investigation plan (X). Because the complaint has been made by a third party about the care of a living subject, it is necessary to either seek the subject's consent, or, answer the complaint in very general terms without making reference to the persons care, treatment etc. **Of course, this is only necessary in a small number of situations.** In this example, the investigator has considered this (XX), sought the subject's consent and recorded the outcome (XXX)

**+Add Chronology** X Hide Details

| Chronology ID   | Date       | Communication Type   | From \ By    | To            |
|---|------------|----------------------|--------------|---------------|
| <span style="color: red; font-weight: bold;">X</span> | 22/02/2024 | Other (please state) | Ms Grzelczyk | Staff nurse X |

  

Chronology ID

Date

Time

Communication Type

Other Communication Type

From \ By

To

Comment

XX Documents

As the investigation gets underway, the investigator will record activity using the chronology (X). A strong, chronological account of activity is essential and could be called upon should the management of the complaint be appealed, contested, or required in legal situations or by a regulatory body such as the Parliamentary and Health Services Ombudsman.

Files should be added where indicated (XX) e.g. statements, summaries of meetings etc. The chronology section should be used to record contacts (it may not always be necessary to add documents. For example, a quick update via telephone could be recorded and a note made in the comment's box. This could include failed attempts to contact a complainant or other.

|   |   |
|---|---|
| Response Letter                             | Drop files here or <input type="button" value="Choose File"/> <input type="button" value="Add Free Text as File"/> <input type="button" value="View"/>  |
| Date of Full Response                       | <input type="text" value="27/02/2024"/> <input type="button" value="Calendar"/>   |
| Themes of Concerns \ Finding                | <input type="text" value="Service did not meet expectations"/> <input type="text" value="Uncoordinated care"/>  |
| Lessons Learned & Evidence of Dissemination | <p>Documentation re occurrence of pressure ulcer was unclear. Three members of staff gave different accounts to Mr Doe re treatment.</p> <p>These matter were discussed with individuals and anonymously at the team meeting. Staff have proactively improved written communication to ensure consistency and are nor recorded when conversations have taken place with relatives (only with patients' consent)</p> |

Upon completion of the investigation, and when feedback had been provided to the complainant, the investigator has chosen the most appropriate themes and summarised the lessons learned and how they were shared.

## 22. DOCUMENT CONTROL

| <b>Title</b>                               | <b>Complaints Management</b>                    |
|--|---|
| Version                                    | V5.0  |
| Owner / Originator                         | Chief Executive                                 |
| Author                                     | Director of Nursing, Governance & AHPs          |
| Date of current version                    | April 2021                                      |
| Status                                     | Final   |
| Date of publication                        | September 2010                                  |
| Documents rendered obsolete by publication | Complaints Management policy & procedures v4.1. |
| Review frequency                           | 3 Yearly  |
| Date of next review                        | February 2027                                   |

## 23. POLICY APPROVAL

This policy was approved as follows:

| <b>Name</b>         | <b>Role</b>   | <b>Date</b> | <b>Signature / Sign Off</b> |
|---------------------|---|-------------|-----------------------------|
| Lynn Kelly          | Chief Executive                                       | 20/03/2024  | Email                       |
| Jimmy Brash         | Director of Nursing, Governance & AHPs                | 20/03/2024  | Email                       |
| Tracy Earley        | Director of Nursing, Governance & AHPs (in designate) | 20/03/2024  | Email                       |
| Andrew Fletcher     | Medical Director                                      | 14/03/2024  | Email                       |
| Kate Overend        | Director of People & Organisational Development       | 17/03/2024  | Email                       |
| David Winstanley    | Director of Finance & Business                        |             |                             |
| Nicky Hodgkiss-Cook | Director of Marketing & Engagement                    | 15/03/2024  | Email                       |

## 24. REVISION HISTORY

| <b>Date</b> | <b>Version</b> | <b>Author</b> | <b>Description</b>  |
|-------------|----------------|---------------|---|
| 05/02/15    | v1.1           | YW            | Revised complaints management to cater for whole Hospice and new format.                                  |
| 11/02/15    | v1.2           | S Kennard     | Reference to the Hospice Lotteries Association as guided by the Gambling Commission (pages 4, 7, 9 & 12). |

|            |      |                        |   |
|------------|------|------------------------|---|
| 11/02/15   | v1.2 | YW                     | Amended CQC outcome to reflect revised Regulation number (page 5, reference 3).   |
| 11/02/15   | v1.2 | S Clemson              | Add Trading Standards complaint relating to retail outlets, Food Standards Agency via the Food Safety Team, Environmental Health, South Ribble Borough Council if complaint about standards of hygiene, food poisoning at the Hospice or Mill to Reference section (pages 9 & 12).  |
| 18/03/15   | V1.3 | S Greenhalgh           | Trustee Review replaced with CEOs review (Pg6), complaints management to be controlled by individual directors not CEO (pgs 5-6)  |
| 05/04/17   | V2.1 | J Brash                | Removed bullet 3 under written complaints (pg6). Removed "complaints will be reposted to the CQC (as a component of the annual self-assessment)" - no longer required.<br>Added "Consideration will be given to the CQC's Statutory Notification Guidance when complaints are investigated". Response letter template amended.  |
| 03/05/17   | V2.2 | J Brash / S Greenhalgh | Added 'Insurance Reporting Guidelines' and reference to it on page 4.   |
| 13/09/17   | V2.3 | Y Waterfield           | All reference to FRSB removed and Fundraising Regulator details added (pages 7 & 8)   |
| 08/03/18   | V2.4 | Y Waterfield           | Amended approver details.   |
| 22/08/18   | V3.1 | J Brash                | Page 4. Added a bullet point re advising complaints of their right to contact the Ombudsman<br>Page 6. Changed the acknowledgment time to five days. And added a sentence about using the chronology log.<br>Page 11. Removed reference to the report of a verbal complaint form.<br>Page 12. Added a sentence to the flow about using the chronology log. Removed the reference to summary log.<br>Added the chronology log form as appendix 2 |
| 20/04/21   | V3.2 | YW/AF                  | Reviewed. Removed references to Day Therapy & complaints log appendix 2.  |
| 28/07/21   | V4.1 | JB                     | Amended para 3 of 3.6 'Written Complaints' on page 3.   |
| 14/02/2024 | V4.2 | YW / JB                | Full review of policy + addition of Use of Vantage Complaint Module instructions.   |
| 04/03/24   | V4.3 | KO                     | Clarity regarding complaints relating to safeguarding events (pg 5) & vexatious complaints (s9) incl. Appendix 2.   |