



Lindsey Lodge Hospice

**POLICY AND PROCEDURE FOR THE
MANAGEMENT OF COMPLAINTS,
CONCERNS, COMMENTS AND
COMPLIMENTS**

Contents

	<u>Chapter</u>	<u>page</u>
1.0	Introduction	<u>3</u>
2.0	Purpose	3
3.0	Area	4
4.0	Definitions	4
5.0	Complaints Management	5
6.0	Chief Executive	12
7.0	Monitoring compliance and Effectiveness	13
8.0	References	14
9.0	Consultation	14
10.0	Approval and Ratification	14
11.0	Review and Revision	15
12.0	Implementation and Training	15
13.0	Dissemination	15
14.0	Equality Act (2010)	15
	Appendix A Process for Complaints Handling	16
	Appendix B Action Plan following a complaint	17
	Appendix C - Flowchart outlining concern	18
	Appendix D - Guideline - Vexatious, Unreasonably Persistent Complainants	19
	Appendix E - 'Zero Tolerance' letter Complaints Procedure - Outstanding Request for Comments	21

1.0 Introduction

Lindsey Lodge Hospice welcomes complaints, concerns, comments and compliments (4 C's) and recognises that an effective Policy on Handling Complaints, Concerns, Comments and Compliments is essential to contribute to the highest standards of care for patients. Complaints, Concerns and Comments are valued as they provide an opportunity to examine and improve services. The Hospice is committed to listening to suggestions for improvements, to investigating and responding to complaints and concerns appropriately and to learning lessons. The Hospice, in responding to complaints and concerns will also observe the principles of "the speaking out policy" and "the Duty of Candour Policy"

2.0 Purpose

2.1 This policy and procedure is designed to ensure the timely, open and honest investigation and resolution of all complaints and concerns in accordance with the complainant's wishes. The complaints process will be managed in a climate where:

- Complainants receive, so far as reasonably practical, assistance to enable them to understand the procedure in relation to complaints and concerns or advice on where they can obtain assistance
- Complainants feel confident that their complaints, concerns and comments are listened to and acted upon
- Complainants do not feel inhibited by concerns that their care may be compromised or that they or their families may be treated differently because a complaint has been made
- Complainants are treated equally irrespective of their age, sex, ethnicity or religion
- Investigations are customer focused, open and accountable and result in fair and proportionate actions to remedy any wrong
- Complainants receive a timely and appropriate response promoting the Duty of Candour
- Complainants are advised of any remedial action to be taken and offered appropriate remedy
- Clear explanations are provided to patients who have concerns/complaints and apologies are given in regard to the statement of duty of candour
- Complainants are kept updated throughout the complaint process
- Staff are not defensive and respond positively when patients/their families/carers complain and ensure that the complaint does not adversely affect the way they treat the complainant
- Staff are provided with support at all stages of the complaints process and feedback is provided to staff involved

- Lessons are learned and outcomes shared, within the organisation to encourage continuous service improvement.
 - Training is provided to ensure that staff have an understanding of the philosophy underpinning the policy, the benefits to be gained from complaints and the role of all staff within the procedure
- 2.2 Staff grievances are not dealt with under this Complaints Procedure but in line with the Grievance Procedure as detailed in the staff handbook.
- 2.3 Complaints about private medical care are not covered by this Policy.

3.0 Area

This policy and procedure applies in all areas of / relating to Lindsey Lodge Hospice, and to all staff working within and on behalf of Lindsey Lodge Hospice.

4.0 Definitions

- 4.1 **Concerns.** A concern is a matter which an individual wishes to be considered on an informal basis. It is expected that the majority of concerns raised will be dealt with by the complaints process. All staff are expected, on a routine and daily basis, to deal with patients' concerns as presented to them. Wherever possible, staff are encouraged to achieve speedy resolution of the concern by either resolving it personally or establishing a dialogue between the complainant and the relevant personnel within operational areas. The objective will be a speedy, informal resolution of the concern without recourse to correspondence/formal procedure. If made to and dealt with by front line staff a record of the concern should then be recorded on an Incident Form and on the Incident Database. The nurse in charge/staff member should ensure this is undertaken and if needed be assisted by the Senior Nurse or Team leader.
- 4.2 **Complaints.** A complaint is a matter which the complainant wishes to be registered and investigated in accordance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009. A complaint may be written or oral and will be investigated by senior staff and a full response will be provided. Copies of the response should be checked by the Chief Executive or Deputy Chief Executive.
- 4.3 **Comments.** These are statements expressing a personal opinion or attitude, or can be a judgemental commentary. These will be forwarded to the relevant service area for action as appropriate. Suggestions implemented may be included in the 'You said, we did' boards.
- 4.4 **Compliments.** These are verbal or written expressions of praise, admiration or congratulation sent of a person's own volition and will be circulated to the appropriate staff and management teams and recorded on compliments record spreadsheet on the L-drive to be included in reports .Thank you cards or gifts received by individuals or departments, responses to surveys, or praise contained in response to comments will not be classed as compliments for recording purposes.

4.5 Local Resolution. Local Resolution refers to any action taken within the Hospice to resolve concerns and complaints leading up to, but excluding, a request for the Parliamentary and Health Service Ombudsman to review a complaint. The aim of Local Resolution is to provide the fullest possible opportunity for the investigation and resolution of a concern or complaint, as quickly as possible, aiming to satisfy the complainant whilst being scrupulously fair to staff and ensuring that any necessary lessons are learned. If complainants are not satisfied with a complaint response or outcome, an independent review can form part of the local resolution. The independent review would be concluded by a senior manager or trustee from another Hospice who will review the complaint and provide feedback and recommendations to the Hospice Board/ complainant.

4.6 The purpose of investigating a concern or complaint is not to apportion blame but to enable an appropriate response to the complainant and to provide the opportunity to identify any necessary improvements in service and to take the necessary action.

5.0 Complaints Management / Processes and Actions-Please also see Appendices

5.1 Publicity

Patients have the right to complain. The Hospice will ensure that information about the complaints procedure is widely available.

Publicity will include:

- How to get assistance
- Who to complain to
- How to complain
- What will happen when a complaint has been received
- When to expect answers
- Advice on advocacy support
- Contact information for Parliamentary and Health Service Ombudsman and Care Quality Commission
- Patient information, such as:
 - Booklet - information on your right to complain.
 - Internet - The Policy and Procedure for the Management of Complaints, Concerns, Comments and Compliments will be available on the Internet and will be made available to any member of the public on request.

5.2 Who May Complain

Any person who is or has been a patient within the Hospice is eligible to make a complaint. Also any person who is affected by or is likely to be affected by the action, omission or decision of the Hospice:

- If the person concerned has asked someone to represent them, is unable to act on their own behalf, lacks physical/mental capacity or has died, the complaint may be accepted from a relative, a friend, a suitable representative or a body or individual (e.g. parent, Member of Parliament, solicitor or an independent advocacy service). Where appropriate, consent to liaise with a third party must be obtained
- If the complainant is acting on behalf of a relative or friend over the age of 18, it is necessary to ensure that the patient consents to the investigation
- The Hospice CEO/Registered Manager may exercise discretion in receiving complaints on behalf of a patient but, if the representative is deemed to be unsuitable, that person must be notified in writing and given reasons for this decision
- The issue of consent must not be used to avoid investigating a situation which is clearly warranted but communication of the outcome may be restricted if patient confidentiality may be compromised
- Complainants should not be made to feel inhibited by concerns that their care may be compromised or that they or their families may be treated differently because a complaint has been made

5.3 Joint Agency Complaints

The Hospice will comply fully with the duty to co-operate with other NHS providers and Local Authorities in order that a comprehensive response may be provided to a complainant who raises issues about more than one organisation.

5.4 Confidentiality

There are certain circumstances where confidentiality cannot be guaranteed and the person raising a complaint should be advised that information in the following categories will be passed on:

- Where issues raised are such that a patient carer or colleague will be endangered if action is not taken
- When not to do so would be breaking the law i.e. safeguarding children/adult issues and certain serious criminal offences

When using a patient's personal information for the purpose of investigating a complaint it is not necessary to obtain the patient's express consent. However, care must be taken throughout the process to ensure that patient confidentiality is maintained (particularly when a complaint is made on behalf of another/when contributing to a response lead by another organisation) and any information disclosed is confined to that which is relevant to the investigation and only disclosed to those who have a demonstrable need to know for the purpose of the investigation.

Complaint investigations must be conducted with appropriate consideration of the confidentiality due to staff involved in the complaint.

Staff involved in complaints must be aware that documents generated may be requested under the Data Protection Act and are discoverable in any subsequent legal claim.

5.5 Timescales for Concerns

The Hospice will aim to ensure that on the spot help is provided to negotiate immediate solutions to concerns wherever possible. Otherwise, a speedy resolution via the appropriate Operational/Service area will be sought so the concerns do not escalate. Concerns should not be open for more than 5 working days unless agreed by the complainant.

5.6 Timescales for Investigation / Dealing with Complaints

A complaint should be made within:

- twelve months of the date on which the matter being complained about occurred
- twelve months of the date the issue came to the notice of the complainant

Where a complaint is made outside the time limit, the CEO/Registered Manager has discretion to agree to an investigation e.g. if the complainant had good reason for not making the complaint within that period and it is still possible to investigate the complaint effectively and efficiently.

A complaint must be acknowledged within 3 working days. On receipt, complaints must therefore be forwarded immediately to the CEO/Registered Manager.

A complaint response must be provided within a timescale agreed with the complainant and no longer than 6 months.

If it is not possible to respond within the agreed timescale the complainant will be notified in writing, the reasons explained and an extension will be agreed for the response to be sent as soon as reasonably practicable.

If a response is not provided within 6 months the complainant will be notified that they may refer this to the PHSO.

The triaging of complaints is based on the estimated level of investigation required, with each level of categorisation having a defined timescale for response which reflects the complexity of the complaint. Complaints will fall into the following 3 categories when triaged

- Category 1 - single issue or single service issue. Final response / meeting completed within 30 working days
- Category 2 - multiple issues. Final response / meeting within 45 working days.
- Category 3 - multiple issues that cross service areas. Final response / meeting within 60 working days.

5.7 Form of Communication

The form of communication will be agreed with the complainant and may be verbal (by telephone or face to face meetings) or written (including email). Documents sent electronically are deemed to be signed by the authorised person typing their name.

Where a complaint is made orally, a written record will be made and a copy sent to the complainant for agreement of the issues

If a complainant advises that they are taping the telephone conversation, they must be advised that this is not permitted.

5.8 Meetings, Mediation and Conciliation

Complaints will be managed taking into account the complainant's wishes. It is expected that in many cases there will be a high level of contact with the complainant and that in some cases the complainant will choose a response which involves a meeting with staff.

Meetings to resolve the complaint can take place at any stage of the Local Resolution process with the agreement of the complainant.

Meetings may involve senior clinical / non clinical staff, as appropriate.

Meetings may take place on Hospice premises (with care taken to ensure appropriate access/facilities for attendees with any disability) or at the complainant's home. Staff members' safety and the complainant's right to privacy will be considered.

Complainants choosing to meet staff will be advised that they may be accompanied by a friend, relative or representative of an independent advocacy service, but not anyone acting in a legal capacity.

A written record of the meeting will be made. Actions agreed by those present will be documented and a copy of the written record will be sent to the complainant unless otherwise agreed.

In some cases it may be appropriate to consider the use of an external mediator/conciliator.

5.9 Response

The Hospice response will be in line with the requirements of the Local Authority Social Services and NHS Complaints (England) Regulations 2009. and the PHSO' Principles of Good Complaints Handling and in accordance with Appendix A.

In line with the PHSO Principles for Remedy, suitable and proportionate remedies will be considered where a complaint is upheld and there has been injustice or hardship resulting from poor administration or poor service. The aim is to, where possible, return the person affected to the position they would have been but for the maladministration/poor service. This may include non-financial and financial remedies.

Non-financial remedies:

- These include e.g. apologies, remedial action in the form of reviewing or changing a decision on service provided to an individual

Financial remedies:

- In some circumstances clinical/non-clinical areas may wish to make ex gratia payments
- Complainants' requests for reimbursement for e.g. lost belongings etc. are subject to investigation and discussion with CEO/Registered manager as appropriate.
- If a complainant requests remedy in the form of compensation for personal injury, the matter must be referred to the Finance Manager/Chief Executive at the Hospice.

5.10 Reopening of Complaints - Criteria

The criteria for classifying a complaint as a re-opened is as follows:

- If the complainant is dissatisfied with the final response and has requested further clarity or discussion.
- If the complainant requests a further meeting from receiving a response to seek resolution
- If the complainant requires more clarity or further questions are raised from the response.

The criteria for classifying if the original complaint should become a new complaint would be as follows:

- New issues raised that were not previously documented or discussed prior to the response provided.
- If the complainant / patient has had a new admission.

5.11 Closing the Loop - Learning the Lessons from Concerns and Complaints

Identifying remedial action is an integral part of the complaint management process and all complaints and concerns will be reviewed to ensure that lessons are learnt. This is ongoing from receipt of the complaint/concern as immediate action may be required. All complaints/concerns will be reviewed on completion of Local Resolution. Where remedial action is identified, an action plan, which records timescales and responsibilities, will be prepared in draft by the Senior Manager/Team Leader for consideration by the relevant department on the closure of a concern or no later than 3 months after closure of the complaint and will be monitored regularly by the department/service area until fully implemented.

Proposed remedial action involving other organisations will be explored with relevant personnel and implemented, as appropriate.

The same Learning Lessons/review process will be followed further to any review carried out by the Parliamentary and Health Service Ombudsman.

Reports of remedial action will be shared within the Hospice and with the Hospice Board to facilitate wider learning.

Reports on complaints and concerns that will include statistical analysis of the types of complaints received, the specialties involved, and examples of remedial action taken will be prepared quarterly. These reports will routinely be submitted to the Quality Assurance sub group of the Hospice Board and escalated to the Hospice Board via the subgroup.

Complaints and concerns data will also be included in aggregated analysis reports on incidents, complaints, concerns and claims. The reports will be both qualitative and quantitative and will identify trends/themes and any subsequent remedial action/changes in practice that result from the investigation of complaints.

Where particular issues are identified from aggregated analysis, action plans will be developed for addressing the issues identified and for ensuring learning and changes as required.

Operational teams/service areas will be responsible for developing strategies for improvement and audit of action taken to address lessons learned.

Learning from complaints will be shared as widely as possible within the Hospice, as appropriate, via team meetings, the Quality Assurance subgroup, and also through Staff Newsletters, and forums.

Any changes in service provision made as a result of a concern/complaint/comment, where appropriate, will be fed back to patients, carers, members of the public, by the use of 'you said we did boards'.

5.12 Vexatious and / or Unreasonably Persistent Complainants (Please see Appendix D)

The Hospice is committed to addressing complaints in an open, honest, fair and impartial manner, making all reasonable efforts to achieve a satisfactory resolution. This guidance is designed to assist staff dealing with complainants who are considered to be vexatious or unreasonably persistent and allows contact with the complainant (about the subject of the specific complaint) to be specified and limited or to cease entirely.) Where complainants are violent, or aggressive, staff should refer to the Hospice Violence and Aggression Policy.

5.13 Litigation

Whenever there is a suggestion or possibility of litigation associated with a complaint or where clarification is required on a legal issue, advice will be obtained from the Hospice's legal advisors via the Chief Executive.

Complaints may be made on behalf of a patient by their solicitor. An investigation and response, containing apologies, if required, should be provided but with due regard to ensure that any future litigation is not prejudiced. Advice should also be taken from the Hospices legal advisors via the Chief Executive.

5.14 Disciplinary Matters

The Complaints and Disciplinary procedures are different and separate but they may run concurrently. However, if a complaint at any stage is also the subject of a disciplinary investigation or regulatory body enquiry, advice should be sought from the CEO/Registered Manager in order to ensure that neither process is compromised.

Where a complaint includes issues that relate to possible professional misconduct on the part of clinicians, consideration should be given to obtaining a view from the Director of Nursing and Patient Services /or Medical Director to determine whether the complaint falls outside the Complaints Procedure and should, more appropriately, be dealt with through the Disciplinary Procedure.

For other members of staff, the relevant Team Leader must be involved.

The Chief Executive should be informed in the first instance if a complaint indicates the need for referral to:

- investigation under the Hospice's disciplinary procedure
- one of the professional regulatory bodies
- Man investigation of a criminal offence
- the Health and Safety Executive
- the National Patient Safety Agency

5.15 Involving External Agencies

If it appears that a criminal offence may have been committed, the matter should be reported immediately to the CEO/ Registered who will decide what action should be taken. The Police should be notified promptly if their assistance is required.

If the issue relates to health and safety and the Facilities Co-ordinator has not already been informed, this should be done so that consideration may be given to reporting to the Health and Safety Executive or National Patient Safety Agency.

When investigating a complaint care must be taken not to prejudice enquiries by external agencies (including the Coroner) or court proceedings. This does not mean that investigation of related matters which are not prejudicial to such enquiries or court proceedings should be suspended.

Necessary remedial action should not await the outcome of enquiries by external agencies or possible court proceedings. Any member of staff against whom allegations are made or who is involved in these external enquiries must be advised by their Senior Manager to seek the assistance of their professional association/trade union before commenting on such allegations.

If the external agency decides not to institute proceedings, the CEO / registered manager must consider whether further investigation/action is needed e.g. whether disciplinary action is required.

5.16 The Role of the Parliamentary and Health Service Ombudsman (PHSO)

On conclusion of local resolution, the complainant will be advised of their right to refer their complaint to the PHSO.

The PHSO is independent of the NHS and of government. Any complaint accepted by the PHSO must have already been considered at local resolution.

If an investigation takes place the PHSO may uphold the complaint in full or in part and will provide a report of the reasons for the decisions. The PHSO may make recommendations e.g. an apology, an explanation, improvement in practices and/or systems and, if appropriate, financial redress. The Hospice will respond appropriately to contact from the PHSO and monitor and audit compliance with any recommendations.

5.17 Care Quality Commission (CQC)

In the case where a complainant chooses to raise a concern / complaint direct to the CQC, it is advised that the CQC cannot investigate an individual circumstance complaint, only look at the hospice as a whole.

5.18 Judicial Review

The complainant has the right to make a claim for judicial review if they consider that they have been directly affected by an unlawful act or decision of the hospice. Any indication of an application for judicial review should be reported to Chief Executive.

5.19 Support Offered to Staff

When a complaint is registered the healthcare professionals involved in the patient care may also need emotional support and advice. To support healthcare staff involved in complaints the following arrangements are in place with the Hospice:

- The Hospice has a 'fair blame' culture that discourages the attribution of blame and focuses on 'what went wrong not who went wrong' (as per Risk Strategy).
- Support and any necessary guidance will be available from their line manager/ HR advisor.

Counselling and support services are also available via Occupational health commissioned by the Hospice at Scunthorpe General Hospital. Referral via line manager/team leader.

6.0 Chief Executive

The Chief Executive is the person responsible for ensuring compliance with the NHS Complaint Regulations. The Chief Executive will sign complaint responses unless, exceptionally, otherwise agreed with the complainant. In the Chief Executive's absence the Deputy Chief Executive will sign responses.

Additionally he/she will ensure that the information from complaints is used to identify non-compliance or any risk of non-compliance with the Care Quality Commission Regulations on complaints., He/she is responsible for developing the

Hospice's Complaints Policy, ensuring compliance with and the effectiveness of this policy, reporting to the Hospice Board and external stakeholders as appropriate.

6.1 Quality Assurance Subgroup of the Hospice Board

The Quality Assurance Subgroup of the Hospice Board will monitor all aspects of the Hospice's performance in the management of complaints

6.2 Team Leaders / Senior Managers

Although the management of complaints is centralised it is the responsibility of the relevant team leader to ensure that relevant staff are identified and are responsible for identifying remedial action and monitoring implementation.

Any difficulties encountered in obtaining information for the complaint investigation will be escalated to the Team leaders/Senior Manager who will be responsible for ensuring the required information is obtained.

6.3 All Staff

Any member of staff may be involved in dealing with a concern or complaint. They must co-operate with any investigation in an open and honest manner and, as far as their involvement is concerned, not allow the understanding that a complaint/concern has been made to adversely affect their treatment/response to the patient.

7.0 Monitoring Compliance and Effectiveness

Monitoring will take place in the following ways.

Quarterly reports comprising:

- The numbers of complaints and concerns received, the subject matter and outcome, whether the response was provided within the agreed timescale or any amendment to that period, remedial actions and complaints referred to the PHSO and:
 - An annual aggregated analysis of complaints, concerns, claims and incidents will be prepared
 - Reports of remedial action will be shared within the Hospice and with relevant stakeholders to facilitate wider learning

The reports will be provided to the:

- Quality Assurance subgroup of the Hospice Board
- Hospice Board
- Complaints which have been reviewed by the Parliamentary and Health Service Ombudsman and upheld will be reported to the relevant CCG and the Care Quality Commission

7.1 General:

- Any PHSO recommendations which the Hospice implements will be monitored by the CEO/Registered Manager and any shortfalls identified will be addressed with the relevant clinical/non clinical area
- Completed complaint files will be reviewed in order to ensure that the complaint has been considered for remedial action and an action plan prepared and implemented. Documentary evidence of implementation will be required and implementation of proposed remedial action will be audited

8.0 References

The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

Lindsey Lodge Hospice 'speaking out policy '

PHSO - Principles of Good complaints handling.

PHSO - Principles of Good Administration.

PHSO - Principles for Remedy.

Lindsey Lodge Hospice Duty of Candour policy.

Care Quality Commission Criterion for assessing Core Standards 2008/2009.

Grievance procedure as per Staff Handbook

NPSA (2005) Being Open Communicating Patient Safety Incidents with Patients and their Carers Great Britain (1998) the Data Protection Act.

Lindsey Lodge Hospice Violence and Aggression Policy

Policy and Procedure for the management of Complaints, Concerns, Comments and Compliments

9.0 Consultation

Consultation has taken place with Team Leaders/Senior Managers.

10.0 Approval and Ratification

The Policy and Procedure for the Management of Complaints, Concerns, Comments and Compliments has been approved by the Quality Assurance Subgroup of the Hospice Board.

11.0 Review and Revision

The Policy and Procedure for the Management of Complaints, Concerns, Comments and Compliments will be reviewed on a three yearly basis or earlier, in the event of changes to the national policy. It will be subject to the Document control process in place in the Hospice.

12.0 Implementation and Training

Training will be provided by the Clinical Trainer at the hospice. The hospice approach to effective complaint management training and staff responsibilities is included in the hospice induction training. Ad hoc training sessions will also be provided in response to developments/ identified needs and specific requests.

13.0 Dissemination

This document will be kept in electronic form on the L - Drive Policies for the hospice and the 1- Drive for retail. It is also available on the Internet and will be given to members of the public on request.

14.0 Equality Act (2010)

In accordance with the Equality Act (2010), the Hospice will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The Hospice will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.

The Hospice will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the Hospice's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).

REFERENCES: See Section 8				
Lead Author of Policy: Karen Griffiths Responsible Sub-group Quality Assurance RATIFICATION DATE BY TRUSTEES Review interval 3 year				
TO BE REVIEWED	REVIEW COMPLETED	BY	APPROVED BY	CIRCULATION

PROCESS FOR HOSPICE COMPLAINTS HANDLING

Complaint enters the Hospice.

Receiving Team Leader or Senior Manager sends to Chief Executive for awareness

Chief Executive Officer allocates complaints handling to relevant manager and agrees timescale for response. Incident form is raised by person allocated to handle complaint

- Allocated Category 1 (30 working days) single issue
- Allocated Category 2 (45 working days) multiple issue
- Allocated Category 3 (60 working days) multiple issue crossing services

CEO's PA registers the complaint on the database, including timescales and who is leading

Team leader/Senior Manager leading response reviews complaint/requests notes and checks if consent is required.

CEO sends acknowledgement letter to complainant within 3 working days

Meeting requested

Written response requested

Ask for availability

Team leader/Senior Manager sends complaint out to staff requesting statements (20 working days given)

Arrange meeting

Compile information/statements received back from staff

Type and send meeting notes

Draft response letter

Follow up with outstanding actions

Send letter for checking to the contributors (5 working days)

Write written response

Send to Chief Executive Officer for checking

Update incident database with every contact for audit purposes and most up to date position

Signed by Chief Executive Officer

Sent to Complainant (days within category 1/2/3)

Close on Incident Database by Handler and Chief Executive

Action Plan Following Formal Complaint

Confidential

NAME:

REFERENCE NO:

	Problem	ACTION	Action Assigned to (name)	Date Assigned	Date Action Completed & Supportive Evidence Submitted	OUTCOME

IT IS ESSENTIAL TO ATTACH EVIDENCE OF COMPLETED ACTIONS e.g. RELEVANT MINUTES OF MEETINGS/EMAILS OR MEMOS TO STAFF etc.

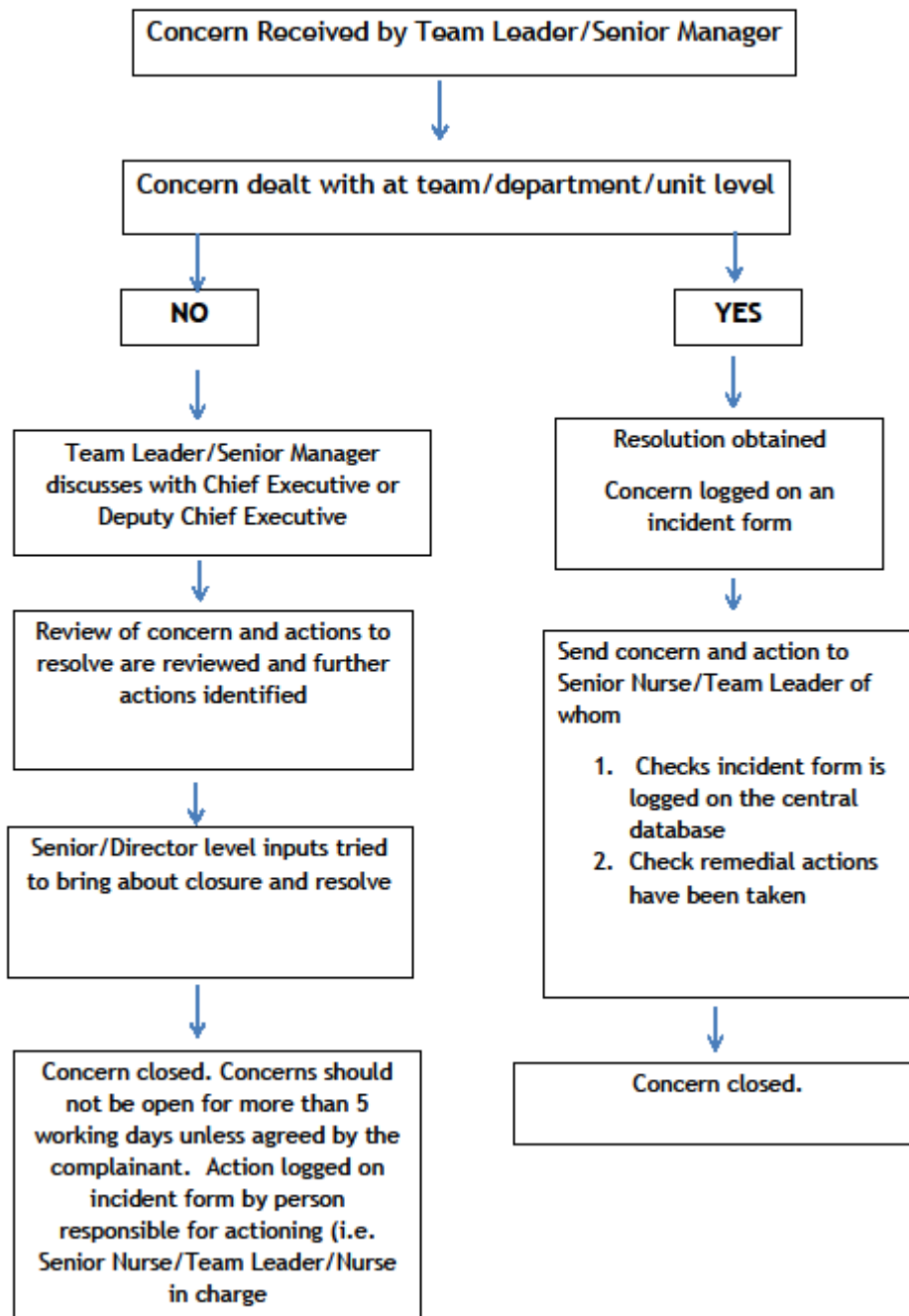
Signature

Print name:

Designation:

Date

FLOW CHART OUTLINING CONCERN



Guideline - Vexatious, Unreasonably Persistent Complainants

The Hospice is committed to addressing complaints in an open, honest, fair and impartial manner, making all reasonable efforts to achieve a satisfactory resolution. It is recognised that the nature of some complaints means that the complainant's behaviour is influenced by grief, anger, despair and may be challenging for staff. This guideline is designed to provide guidance for staff dealing with complainants who are considered to be persistent or vexatious and allows contact with the complainant (about the subject of the specific complaint) to be specified and limited or to cease entirely. Where complainants are violent or aggressive, staff should refer to the Hospice's Violence and Aggression Policy.

Threatening and abusive behaviour is readily identifiable but it is recognised that persistent or vexatious behaviour may be more difficult to identify. There is inevitably a degree of subjectivity in identifying such behaviour and the examples offered here are intended as a guide only. Each circumstance must be considered carefully.

It is emphasised that it is expected that this guideline will only be used as a last resort and when all reasonable measures have been taken, for example, local resolution, involvement of senior managers and mediation.

Implementation of the guideline can be made with regard to one complaint only. Any new matter must be considered on its merits.

Examples of vexatious, unreasonably persistent behaviour

The individual(s) involved:

- Persist in pursuing a complaint where the Hospice's complaints procedure has been fully and properly implemented and exhausted
- Change the substance of a complaint or continually raise new issues, or seek to prolong contact by continually raising further concerns or questions upon receipt of a response. Care must be taken not to disregard new issues which are significantly different from the original complaint
- Are unwilling to accept documented evidence of treatment given as being factual, or deny receipt of an adequate response in spite of correspondence specifically responding to their queries, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed
- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of the Hospice staff, or other body to try and assist them specify their concerns and/or where the concerns identified are not within the remit of the Hospice to investigate
- Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point
- Have excessive contact and/or inappropriate contact with the Hospice, placing unreasonable demands on its staff

- Are known to have recorded meetings of face to face/telephone without the prior knowledge and consent of the parties involved
- Display unreasonable demands or expectations and fail to accept that these may be unreasonable
- Conduct complex, parallel communication (MP, DoH, Media)

Before looking to implement this procedure, the complainant should be warned that the behaviour is considered to be unacceptable and asked to change or desist.

If the behaviour does not change and the Senior Manager/Team Leader seeks to implement this guideline, they should refer an account, with documentary evidence where available, of why it is thought to apply, to the Chief Executive. The Director of Performance Assurance may offer further advice about how to manage

If it is accepted that the complainant's behaviour fulfils the relevant criteria, a record should be made of why a complainant has been classified as habitual or vexatious. These records should be placed in the complaint file.

If the behaviour is not deemed to be unacceptable, the Hospice Trustees may be involved to suggest further means of managing the situation.

Once it has been determined that a complainant meets one or more of the above criteria they should be informed in writing by the Chief Executive that they have been classified as a vexatious or an unreasonably persistent complainant.

The Hospice may apply the following measures:

- Decline contact with the complainant in person, by telephone, fax, letter, e-mail or any combination of these provided one form of contact is maintained or alternatively restrict contact to liaison through a third party
- Notify the complainant in writing that the Hospice has responded fully to the points raised and considers that all methods of resolving the complaint have been exhausted and either there is nothing more to add or continuing contact on the matter will serve no useful purpose. Further, explaining that correspondence is at an end and that any further letters etc on the specific or closely related matter that are received will be acknowledged but not responded to
- Inform the complainant that in extreme circumstances the Hospice reserves the right to pass on unreasonable or vexatious complaint files to its solicitors; or that it will temporarily suspend all contact with the complainant, or investigation of a complaint, whilst it seeks legal advice or guidance from some other relevant agency

Where contact with the complainant continues, the status of being vexatious/unreasonably persistent must be reviewed by the Quality Assurance subgroup of the Board at regular intervals and in the light of the complainant's ongoing behaviour and should the complainant demonstrate a more reasonable approach, the status may be withdrawn.

Any new complaint received must be processed via the Hospice Complaints Procedure and not be influenced by the complainant's previous behaviour.

'Zero Tolerance' letter

Dear

Complaints Procedure - Outstanding Request for Comments:

I have been informed that, despite repeated requests, you have not provided a response to the above complaint.

As you will be aware, participation in the Hospice's complaints processes is a contractual requirement. [*For doctors:* It is also a GMC requirement that you "co-operate fully with any formal inquiry in to the treatment of a patient and with any complaints procedure that applies to work". Further, to act "promptly and professionally" to ensure that "patients who make a complaint receive a prompt, open, constructive and honest response".]

Non-compliance with the above requirements places you at risk of disciplinary action. Information on non-compliance could also be used to inform the annual appraisal process.

I should be grateful if you would give this matter your urgent attention and look forward to receipt of your comments by return. These should be sent to your line manager, with a copy to me.

If for any reasons you foresee a problem complying with this request, I also need to know by return.

Thank you.

Yours sincerely

**Karen Griffiths
Chief Executive**