

ST LUKE'S COMPLAINTS POLICY

Recording, managing and responding to complaints

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1. Overview

The recording, managing and handling of complaints at St Luke's is a significant aspect of our work across all fields of activity. Whilst there is a general requirement and expectation for all organisations to respond to complaints in a professional way as part of good customer service, St Luke's - as a registered charity regulated by the Charity Commission, as a healthcare provider regulated by the Care Quality Commission, as a fundraising organisation regulated by the Fundraising Regulator, and as an organisation subject to regulation by a wider group of statutory regulatory bodies - also has a legal duty to handle complaints according to the requirements of each body relevant to each complaint.

This policy document provides overarching policy guidance on minimum standards expected by our organisation in respect of complaints received. It does not cover specific regulations which may be relevant to each individual regulator, and so it is important that complaints handling is conducted not only in accordance with this policy, but where necessary that the requirements of each relevant regulator are applied 'over and above' this policy where they apply to each complaint in question.

Each Directorate will have their own processes for handling complaints which respond specifically to the regulator which oversees their activities; these processes are separate from this policy but must adhere to the minimum standards laid down in it.

2. Background

The management of complaints is a vital component in the delivery of quality services, meeting regulatory requirements, providing safe and effective services, and meeting the expectations of service users, supporters and the general public.

The policy is intended to ensure that all complaints are handled fairly, consistently and wherever possible to the complainant's satisfaction.

With particular regard to the Care Quality Commission which regulates St Luke's healthcare services, 'by law, all health and social care services must have a procedure for dealing efficiently with complaints.' This requirement is reflected in the rules of other regulators.

3. Definitions

St Luke's receives 'feedback' from any number of sources, internal and external, for many reasons, and in many formats (eg written, verbal, from surveys etc). This feedback includes compliments, concerns, information, opinions, comments, suggestions, and complaints. These are distinct from matters raised by employees, such as grievances and whistleblowing. St Luke's has systems for receiving and managing each of these types of feedback, documented in supporting policies, procedures and guidelines applicable to each type and across different directorates.

For this purposes of this policy, a **complaint**:

- a) is defined as an **expression of dissatisfaction** regarding a service or product provided by the organisation, or about the conduct of an individual representing the organisation, or about the organisation itself or its conduct;
- b) must be **delivered** to St Luke's - in writing, in electronic form, or verbally – by the complainant or their representative. A 'representative' is someone legally recognised to speak on behalf of another person, who could be Next of Kin or an Executor in the case of a deceased person. In general, comments passed-on 'second-hand' will not be normally be treated as complaints;
- c) must be **attributable** to a specific complainant or group of complainants (i.e. not anonymous, and not simply a rumour or gossip). **It specifically excludes any matter raised by employees that are governed by employment law** (dealt with in accordance with policies laid down in St Luke's staff handbook);
- d) where a statutory regulator's explicit definition of a complaint overrides the definition laid down by 3 (a), (b) and (c) above, then the item must be dealt with as a complaint for the purposes of investigation for that statutory regulator.

Any item that meets the above criteria covered by 3(a)-3(c) or 3(d) above must be identified and managed as a complaint.

Whilst St Luke's may choose to apply the complaints process to other comments or concerns that do not meet the tests above, that is at the discretion of management and the item should not be recorded as a unique complaint for reporting purposes.

Where there is any doubt about the status of an issue as to whether it does constitute a formal complaint, legal opinion should be sought.

4. Incidents and complaints

In some circumstances a complaint may also be recorded as an **incident** (for example where the complaint identifies a harm or near-miss). In these circumstances the issue must be dealt with following both processes for reporting and management, although the

investigation may be conducted in common or in parallel. It is important that the process for both the complaint and the incident are fully completed.

Where a complaint raises a **serious incident**, which may be reportable under the definition of the relevant regulator, then the issue should be investigated in accordance with both St Luke's complaint and incident processes as well as the regulator's serious incident process. Note that sometimes an incident could lead to reporting as a serious incident to more than one regulator (for example, the Care Quality Commission and the Charity Commission, or as another example the Fundraising Regulator and the Office of the Information Commissioner).

It is vital that complaints which are also incidents are properly investigated as such, because the incident process can alert insurers to the issue (if necessary), and the learnings from incidents can be quickly escalated across the organisation.

5. Items not meeting the criteria defining a complaint

Because an item does not meet the definition of complaint under section 3 above, that does not mean that it is unimportant, or cannot be used for learning and improvement.

Concerns, opinions, comments and suggestions should be recorded and considered at a directorate level, and where necessary discussed by management and reported to relevant committees (in summary format according to importance and risk assessment), together with learnings and actions. In relation to service-users, such items form part of the service-user feedback systems.

Compliments are shared with teams and recorded on the central register. Sometimes a complaint or concern may also be accompanied by elements that are complimentary about services, and these should be recorded as compliments separate from the elements that are dealt with as a complaint or concern.

We are usually only able to respond to complaints that relate to circumstances that have arisen, or come to our attention, within 12 months of the occurrence, unless there are reasonable grounds for the delay and the complaint can still be reasonably investigated. In such circumstances we will take legal advice if necessary to determine how the complaint should be addressed, if at all.

6. Core principles relating to complaints

Certain **core principles** apply to St Luke's handling of all legitimate complaints, which should be followed as a minimum (and which may be enhanced should the situation or specific regulatory rules require):

Accessibility:

- a) **Anyone can complain to St Luke's** - we will treat complaints equally and objectively unless they are display discriminatory, unlawful or abusive sentiments.



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- b) **Our complaints processes are as accessible as possible, to allow access for all**, with mechanisms in place to overcome barriers to making complaints (eg language or disabilities).
- c) **A variety of channels are available for the submission of complaints** – eg in writing, via our website, or by direct contact – and each will be dealt with consistently, whatever the source.

In all cases the initial response must be sent by the relevant manager. This means that, for example, complaints being received on the website and first seen by the Comms team must be passed to the relevant manager immediately and the Comms team should not initiate their own response.

The means for making a complaint must be **clear and obvious** across all of St Luke's locations, for all members of the public and service-users, as well as on our website and other publicly accessible platforms.

For services regulated by the Care Quality Commission (CQC), the availability of the CQC's own complaints reporting service must be clearly advertised to service-users.

Handling process:

- d) **Complaints must be treated in confidence** where possible, **and must be forwarded without delay** to the agreed complaints lead for the area involved (for example the Head of Department / Senior Manager / Area Manager etc). Any complaint assessed to relate to high risk incident or issue must also be copied to the Executive responsible for the area. If there is any doubt, or if the relevant person is absent, the complaint should go to another Exec or the CEO for them to commence the process of acknowledgment and investigation.
Important: It is the responsibility of the person first fielding the complaint to ensure that the person to whom it has been forwarded receives it promptly, otherwise it must be sent to an alternative person and receipt confirmed.
- e) **All documentation (physical or electronic) related to the complaint must be maintained and date stamped where possible.** This include screen-scans of complaints received through web-forms, email chains, copies of letters together with envelopes etc, and all correspondence which must show date sent and the name of the sender / originator.
- f) **All correspondence with the complainant must be:**
 - Polite and courteous, thanking the complainant for making contact and raising the issue
 - Empathetic and understanding, especially in emotional cases reflecting issues of bereavement and grief
 - Clear and factual, with any opinions stated as such and substantiated



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- Open (whilst respecting necessary confidentiality)
- Objective
- Non-discriminatory, without bias or prejudice
- Where necessary and appropriate an apology should be included – however, if the complaint also represents an incident where litigation or damages may be actionable, it is vital that all correspondence is overseen with legal advisers, and whilst regrettable that might preclude certain forms of words relating to apology that could prejudice St Luke's legal position.

The nature of correspondence, by whatever means, is vital to ensure that the complaint can be handled in a systematic and progressive way, rather than in an emotional and potentially antagonistic atmosphere where blame and anger can become inflamed.

Where a complaint is, or becomes, aggressive or vexatious in nature, special care must be taken and escalation for consultation with a more senior person or external legal adviser should be considered; this might also include reference to a professional body for guidance and the protection of staff.

- g) **All complaints must be acknowledged to the complainant by the receiving manager/head/executive within 5 working days** – whether accepted or rejected. The acknowledgement will include explanation of how the complaint will be investigated, by whom, and confirming a date by which further communication will be sent (which will be no later than 20 days after the date of acknowledgement – see below).

If a complaint falls under the jurisdiction of a particular regulatory body that requires shorter deadlines than those noted above, we follow the regulatory body requirements.

Note that in sending the acknowledgement the complainant should be invited to advise on their preferred method of correspondence, which should be used in all later correspondence. In the absence of any guidance by the complainant then the most reliable means must be used and proof retained (eg 'signed for' postage, email with confirmation of receipt, etc).

- h) The complaint process must be limited to the fewest necessary number of people during investigation to **protect confidentiality**, and unless the issue requires immediate action and escalation to a wider audience should not be the subject of chat or other general social comment. *In this context 'confidentiality' means that the identity of the individual, and the personal details related to that individual, are known only to those people who need to know for the purpose of dealing with the complaint, otherwise details must be anonymised.*
- i) The complaint must be assessed to determine if it also constitutes a **reportable incident** (including 'near miss'), and whether it represents a **serious incident**. In such cases the incident process must be commenced in parallel to the complaint process.

- j) Where a complaint is deemed to be of a nature and importance meriting **escalation** by the lead manager/head, the complaint and actions to be followed must be escalated to more senior managers, executive and (at the discretion of the CEO or lead executive) to trustees. Matters involving safety of patients, clients, staff, volunteers or members of the public must always be escalated to executive level as a minimum, as must be any that constitute serious incidents or those requiring report to a statutory body. The means of escalation can be direct (phone, in person) or by electronic means but must be recorded and confirmed.

Where in doubt of how to proceed the presumption must be to escalate at the earliest opportunity and certainly before any formal response to the complainant other than the initial acknowledgement.

- k) Following or during investigation a first response must be formally sent to the complainant dated **no longer than 14 days following the date of the acknowledgement**. In most cases this will be ample time to have investigated the complaint and to allow a determination as to whether it is upheld, denied or the outcome clarified in another way (see 6(m) below). If, however, more time is required then a letter updating the complainant on the process and the expected extended timeframe must be sent, again to be no more than 14 days following the date of the acknowledgement. Should a further time extension be required then this must be notified to the complainant no later than the date referred to in the previous correspondence.
- l) **The investigation must be conducted comprehensively to address the complaint and its nature**. In some cases or areas it will be helpful to 'grade' the complaint so as to determine the exact nature of the process of investigation to be followed – for example in clinical complaint handling. If applied this should be against a risk matrix appropriate to the relevant service. If applied, the level of investigation and action will be proportionate to the risk assessment, with high risk complaints involving a very comprehensive process whilst very low risk complaints of a more trivial nature may require a simple response with little follow-up.

Clear and comprehensive records of the investigation, the outcome and actions must be maintained to the conclusion of the complaint, and action completion must be followed-up and documented.

- m) Depending on the nature of the complaint, and following investigation, **a variety of different outcomes are possible** which include, but are not limited to:
- **Complaint not upheld**
 - **Compliant upheld**
 - **Complaint partially upheld** – this may, for example, include acknowledgement of issues that support the complaint or the perceptions of dissatisfaction by the complainant, but without substantiating the complaint as a whole – however learning would be taken from this.

The report back to the complainant must clearly explain the outcome, and the actions being followed as a result. In some cases it may be appropriate to invite the complainant to discuss the outcome of the investigation - the decision to do this will

sit with the relevant Executive Lead for that area. All correspondence should follow the guidance in 6(f) above regarding tone of voice and the appropriateness of an apology.

The complainant should be invited to acknowledge the response, which will be recorded.

In advising the outcome, the correspondence must also advise the complainant of any appeal process, and also must advise of escalation available to regulatory bodies relevant to the circumstances (for clinical complaints this will always include the Care Quality Commission's complaint service).

- n) In all but the most trivial cases, the complainant must be given the opportunity to **appeal** the outcome of the complaint process. Where such an appeal is received, the original complaint should be reopened so that the investigation can continue, unless it is determined that the appeal is frivolous or unfounded; it is up to the complainant to give clear reasons and/or evidence as to why they believe the original outcome to be unacceptable.

Any appeal must be escalated for consultation with senior colleagues, and in more serious cases legal advice should be sought to ensure that an appropriate response is given and process followed.

Where that appeal relates to the conduct of the complaint process, that process should be reviewed by an independent manager under the oversight of an executive member.

Where appropriate, independent mediation may be sought, or if more appropriate referral to regulatory ombudsman services or professional body conciliation services should be considered and sought, if agreed with the complainant.

Rules on correspondence with the complainant and the communication of the outcome follow those outlined in this section.

Reporting and publicity:

- o) **All complaints must be recorded on the complaints register**, managed by the Executive Support Team, and outcomes and actions must be recorded on each monthly update.
- p) **Complaints must be reported to regulatory bodies in accordance with their requirements.** In cases where the complaint also constitutes a serious incident there might be separate reporting requirements.
- q) **Complaints must be reported to St Luke's appropriate governance body, or bodies.** At the very least, aggregate complaints and their general breakdown and completion status should be reported as part of an annual report. However, based on the requirements of particular regulators, some complaints may be reported more frequently and in more detail to governance bodies for assurance to be gained that

they are being appropriately managed and that actions are being identified and implemented.

Whilst the requirements of individual regulators will take precedence, all serious incidents must be reported on an individual basis to relevant committees, and escalated for the attention of the full Board where requested by the committee. Note that any complaint individually reported to a regulator must be treated as serious incident.

- r) In cases of complaints that require a serious incident to be declared or raised, or where a complaint has come (or threatens to come) in to the public domain, or where threats or other malicious comments are received, then the complaint must be escalated to the executive lead for the area, and brought to the attention of the **Communications and Media Team** (including the Commercial Director leading that team) so that an appropriate public response can be prepared should this be needed. In these circumstances the Chief Executive and the Chair must be alerted, and should the public statement be required to be published the Executive, Trustees and – if required – the wider workforce must be briefed. If deemed necessary, legal advice should be sought, and in all cases the appropriate regulator should be alerted.

End of policy document