



# Family Nursing & Home Care

## **Policy for the Management of Complaints**

**November 2020**

### Document Profile

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### Version control / changes made

| Date       | Version | Summary of changes made   | Author      |
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|            |         |   |             |

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## **1. INTRODUCTION**

The report into the failings at Mid Staffordshire NHS Foundation Trust was published in February 2013 and placed heavy emphasis on the need, for health care provider's organisations to recognise the importance of patient complaints.

Family Nursing & Home Care (FNHC) is committed to ensuring there are opportunities for everyone who uses our services to raise concerns or make a complaint by providing an effective, timely and open system for dealing with concerns and complaints. Patients or their family and carers need to know how to do this, also feel confident that we will listen to their concerns, they will be taken seriously and any care we provide will not be compromised. FNHC welcomes feedback from patients and this is valued as a source of learning for the organisation.

### **1.1 Rationale**

This policy is designed to ensure the patient /client remains at the center of the process for dealing with complaints concerns and comments

The policy will outline the process for handling complaints generated by service users and aims to set out clear guidelines for staff, managers and complainants around how complaints will be managed.

It is our aim that all service users will not be treated differently as a result of making a complaint. This will be achieved by ensuring that complaints are handled fairly and openly. It is clearly not always possible for the complainant to receive the outcome they hoped for, but if they feel that their complaint has been handled appropriately and that they have had a fair hearing.

FNHC is very keen to ensure that complaints are used as learning opportunities from any issues raised and that trends are analysed and reported on. It is also essential that information we gain from complaints is used to improve the quality and safety of the services we provide.

### **1.2 Scope**

This policy describes the systems in place to effectively manage all complaints received by the organisation. It outlines the responsibilities and processes for receiving, handling, investigating and resolving complaints concerns and comments relating to the actions of the organisation, its staff and services.

### **1.3 Role and Responsibilities**

#### **The Chief Executive**

Has overall responsibility for ensuring that FNHC Complaints Policy meets requirements as set out in Service Level Agreements, Approved Provider Framework, Jersey Care Regulations and reflects the States of Jersey complaints process

### **The Director of Governance Regulation and Care**

- Approves and signs complaints received directly by patients / clients
- Is responsible for ensuring that the Complaints Policy is developed, agreed and implemented throughout the organisation and monitored effectively.
- Ensures an effective organisational wide system for complaints management is in place and is underpinned by good governance to enable organisation learning.
- Liaises with the CEO and Head of Communication to highlight any risk of media attention

### **Head of Quality Governance and Care**

- Has delegated responsibility from the Director of Governance Regulation and Care to approve and sign final responses to Complaints
- Liaises with the Director of Governance Regulation and Care to highlight any risk of media attention
- Manages the complaints function, ensuring complaints are managed in accordance with this policy
- Risk Assess complaints received as per risk assessment tool.
- Seek advice on any issues highlighted in complaints relating to vulnerable adults and children from the organisational Safeguarding Lead
- Ensures a thorough investigation into the complaint and prepares a response on the findings with the inclusion of any recommendations and attends local resolution meetings, where necessary.
- Monitors compliance with the policy and ensure complaints information and data is monitored in the appropriate forums.
- Ensure staff have appropriate training relevant to their role in complaints management.

### **Divisional / Service Senior Manager (Director of Finance / Operational Leads / Head of Communication & Fundraising / Head of Information Governance & Systems/ HR manager)**

- Ensure divisional structures for complaints management facilitate effective reporting, investigation and responses are in place.
- Ensure this policy is implemented effectively across the division and opportunities for service improvement are identified and implemented.
- Receive sufficient support and training to make certain they are competent to respond to patients / clients, their representatives, carers and visitors.
- Inform Head of Quality Governance and Care of all complaints, concerns and comments received within their division
- Liaise with Head of Quality Governance and Care to confirm process / seek advice /support to deal with any complaint concern or comment.
- Deal with any verbal complaint , concern or comment they receive locally where practical
- All verbal complaints concerns comments should be documented on the verbal concerns form and sent to the Head of Quality Governance and Care
- In the event of a formal complaint allocate an investigating Lead who will ensure the complaint investigation meets the required standard and are completed within agreed timescales
- Liaises with the Head of Quality Governance and Care to highlight any risk of media attention

- Seek advice on any issues highlighted in complaints relating to vulnerable adults and children from the organisational Safeguarding Lead
- Nominate an Investigating Lead if appropriate to ensure a response is provided.
- Seek advice from Human Resources on any concerns which identify potential conduct issues.
- Ensure required improvements following complaints are implemented and are effective.
- Provide an update to the Head of Quality Governance and Care on the progress of the investigation and timescales of their response if appropriate

### **Team Leaders /Managers**

Are responsible for the execution of this policy at team level.

This includes ensuring:

- That staff within their departments/teams read and understand this policy
- Staff receive sufficient support and training to make certain they are competent to respond to patients / clients, their representatives, carers and visitors feedback appropriate to their level of involvement.
- Deal with any verbal complaint, concern or comment where practical and skilled to do so. Advice and guidance should be sought from the line manager
- All verbal complaints concerns comments should be documented on the verbal complaints and concerns form and sent to the Head of Quality Governance and Care
- Seek advice on any issues highlighted in complaints relating to vulnerable adults and children from the organisational Safeguarding Lead

### **All members of staff**

All staff should ensure that

- Service users have access or are signposted to information regarding how to complain
- Send all formal complaints to their line manager as soon as they are received
- Receive sufficient support and training to make certain they are competent to respond to patient and carer feedback appropriate to their level of involvement.
- All staff are encouraged to deal with any verbal complaint, concern or comment where practical and skilled to do so. Advice /guidance should be sought from the staff members line manager
- Every member of staff is expected to cooperate fully as required in the reporting, handling and investigation of complaints if requested to do so. This may include attendance at meetings and provision of statements and will not delay the completion of the investigation and response.

## **2. POLICY**

This policy describes the systems in place to effectively manage complaints and concerns received by the organisation. It outlines the responsibilities and processes for receiving, handling, investigating and resolving complaints relating to the actions of the organisation, its staff and services.

## **2.1 Raising a complaint or concern**

Service users need to feel confident to be able to speak up. Any complaint or concern can be raised with any employee of FNHC. Service users are encouraged to discuss concerns or complaints with the staff providing care or information who will whenever possible try to respond and resolve their concerns immediately.

Information on how to make complaints should be available to all service users and a concern or complaint may be made verbally, electronically or in writing. Information should be:

- Visible in all clinical /public areas such as clinics and reception areas
- Available on the FNHC website.
- Provided in information packs when service users first start to receive services

This enables complainants to have a choice in how they would like to make a complaint at any time which is convenient for them. The information makes clear that complaints are taken seriously and care is never compromised by making a complaint.

## **2.2 Exceptions to the Policy**

### **2.2.1 A claim for compensation relating to alleged negligence**

It should not be assumed that a complainant who has used a legal representative to make a complaint has decided to pursue litigation. If however any complaint suggests that FNHC has been negligent in any way that may lead to a claim for injury and /or property damage the insurance company must be informed via the Director of Governance Regulation and Care and the CEO must also be informed.

### **2.2.2 Staff raising issues of concern about colleagues**

Such concerns should be handled through normal management arrangements with reference to FNHC Grievance Policy.

### **2.2.3 Disciplinary matters**

The investigation of a complaint may highlight issues that indicate a need for a separate disciplinary investigation through the FNHC Disciplinary Policy and Procedure.

### **2.2.4 Other exceptions**

If a member of staff receives what appears to be a complaint that covers any one or more of the following issues

- A matter brought to the attention of the organisation by a professional regulatory body
- A public enquiry into a serious incident
- An investigation of a potential criminal offence

In such cases the person receiving the complaint must pass this on the Head of Quality and Care who will in turn discuss with the Director of Governance to make a decision about whether and when to initiate action outside of this policy.

### **3. PROCEDURE**

#### **3.1 Who can complain**

Anyone who is receiving, or has received, treatment or services or who is affected or is likely to be affected by an action, omission or decision by FNHC can complain.

If a patient does not wish to complain themselves then someone else, usually a relative, friend or other representative, can complain on their behalf in any case where the patient is:

- A child
- Has died
- Has physical or mental incapacity (within the meaning of the Mental Health (Jersey ) Law 2016
- Has given consent to a third party acting on their behalf which may include advocacy
- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs
- Is a Minister, acting on behalf of and by instruction from a constituent.

In these cases the organisation needs to be satisfied that the representative making the complaint on behalf has the authority to make the complaint and is acting in the person's best interest.

This will be considered by the Head of Quality Governance and Care who if it is decided not to accept a complaint because the complainant does not fall within any of the categories above, will write to the complainant to explain the decision and give reasons.

It will usually be necessary in the interests of confidentiality, to obtain the patient's written consent before a response can be made and this should be obtained where capacity is no in question (appendix 2).

If a complainant is the parent or guardian of a child under the age of 13 (to whom the complaint relates) the organisation must be satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child.

Where the child is aged 13 to 18, their written consent should be provided for a parent/guardian or other representation to act on their behalf with regard to the complaint.

If a patient is unable to act, for instance due to physical incapacity or lack of capacity within the meaning of the Capacity and Self Determination (Jersey) Law 2016



consent is not required. In such situations, a suitable representative may pursue the complaint on their behalf, however, evidence of their authority to act will be required.

If a complaint is raised concerning a patient who is deceased, this must be made by a suitable representative, for example an executor of the will or someone who has a claim on the deceased's estate. If the Head of Governance Quality and Care and/or the Director of Governance Regulation and Care do not consider that the complainant is a suitable representative, they may decline to deal with the complainant and recommend that another person acts on the deceased patient's behalf. Guidance from the Head of Information Governance & Systems may be obtained as required in relation to consent/authority to act.

### **3.2 Time Limits on Making a Complaint**

Complaints should be made within 12 months of the incident or of becoming aware of the incident that gives rise to the complaint. Where a complaint is made after the 12 month time limit, the Head of Quality Governance and Care in conjunction with the Divisional Senior Manager may use discretion to accept the complaint if satisfied that there is good reason for the time delay and that it is still possible to investigate the complaint fairly and effectively despite the delay. The complainant will be written to and a full explanation as to the reasons for declining will be explained.

## **4. PROCESS**

### **4.1 Verbal complaints and concerns management**

Verbal complaints and concerns can be received via face to face contact, email or by telephone. Wherever possible straightforward verbal complaints and concerns raised by service users should be dealt with by staff at source. This can usually be done by the person to whom the concern is directed or by their manager. Addressing problems as early as possible can often prevent them escalating into formal complaints and may be less stressful for the individuals concerned.

#### **4.1.1 Time scale**

Verbal complaints should be dealt with in a timely manner and take no longer than 3 working days unless agreed with the complainant.

#### **4.1.2 Contact with the complainant**

If in any doubt how a verbal complaint or concern should be managed or a staff member does not feel, they are confident or competent to respond to a service user, staff should take the details of the service user's complaint / concerns and refer immediately to their line manager, Operational Lead or Head of Quality Governance and Care.

When dealing with this type of complaint / concern staff should:

- Show empathy with the person and listen carefully to their concerns.
- Apologise for their experience and provide assurance that the matter will be taken seriously.
- Ask the person what they wish to see as an outcome to the concerns raised (if appropriate).
- If the matter cannot be resolved there and then, explain to the person that their concerns will be referred to their manager who will assist in resolving their concern/s.
- Explain that further contact will be made by their manager within 2 working days.
- Staff should record the details of the conversation on the FNHC verbal complaints / concerns form (appendix 4) including whether the concerns have been resolved or if further action is required. (The form can be found in central filing <L:\FNHC\Central Filing\Compliments & Complaints> )
- If the issues have been resolved the completed form should be forwarded to the Head of Quality Governance and Care.
- If further contact / action is required the form should be forwarded to the appropriate manager immediately.
- If, following further contact with the service user, they remain dissatisfied with the actions taken then an offer to commence a formal complaint investigation will be offered and agreed. At this point the complaint and all details will be forwarded to the Head of Quality Governance and Care to commence a formal investigation.
- A written response to a resolved verbal complaint /concern is not required unless requested by the service user.

## 4.2 Formal Complaints management

A formal complaint can be received via a letter or email. Upon receipt of a complaint the Head of Quality Governance and Care will assess the issues raised for wider governance issues, such as patient safety issues or potential poor performance concerns.

The complaint will be risk assessed using the table below (see appendix 3 for further detail) which provides guidance on grading the severity of the complaint. The outcome of this and any immediate action taken will be recorded on the complaint file and may trigger an escalation process according to the level of risk. Complaints with a risk score level **High Risk** will be escalated to CEO and Director of Governance Regulation and Care.

| Risk Category                     | Description   |
|-----------------------------------|---|
| <b>Negligible/not significant</b> | Unsatisfactory experience not affecting immediate care. No risk to safety and wellbeing. No injury or harm. Some damage to confidence in services. No real risk of litigation                                   |
| <b>Minor</b>                      | Unsatisfactory experience resolvable with no long term effect on patient care. No immediate harm to patient. No likely media interest. System failures in mainly non clinical areas. No real risk of litigation |

|                 |  |
|-----------------|--|
| <b>Moderate</b> | Service below expectations and/or significant contractual requirements resulting in actual or risk of harm or potential to impact on service provision. Mismanagement of patient care. Risk of local media interest and reputation damage. Some potential for litigation |
| <b>Major</b>    | Significant lapse of standards or professional conduct leading to potential or real harm. Failure to comply with clinical guidance. Failure to adhere to professional standards. Likelihood of media interest. Potential for litigation                                  |
| <b>Extreme</b>  | Significant harm or death of patient directly resulting from acts or omissions of provider. Illegal activity. High potential for national media interest. Probability of litigation is high  |

*Adapted from NHS Northamptonshire Clinical Commissioning Group Complaints Handling Policy*

Senior managers may wish to consider whether it is appropriate to move member(s) of staff when an alleged serious or complex allegation complaint has been made. Additionally, if a move was not originally considered necessary, subsequent findings may suggest a re-assessment of the original decision.

A complaint received regarding a member of the Senior Management Team will be acknowledged and investigated by the CEO.

#### **4.2.1 Timescale**

A written reply stating the outcome of the investigation should be sent to complainant within 20 working days. If however it is anticipated the investigation and response may require longer than the 20 working days to complete the Head of Quality Governance and Care will update the complainant accordingly, keeping them informed of the progress of the investigation.

#### **4.2.2 Contact with complainant**

Where possible, and within one working day, personal contact either in person or by telephone is made with the complainant by the Head of Quality Governance and Care or their representative. This is particularly important if the complaint is complex to:

- Facilitates a conciliatory approach
- Enables the complaint and desired outcomes to be more fully understood
- Identify the key issues which need to be investigated
- Agree how the complainant would like to be kept informed
- Negotiate a longer time scale
- Offer a local resolution meeting if appropriate.

The agreed plan and timescales for response will be confirmed in writing to the complainant.

If the complainant does not take up the offer of a discussion the Head of Quality Governance and Care should determine the response period and the complainant will be notified of this in writing.

#### **4.2.3 Acknowledgement of a complaint**

An acknowledgement letter will be sent to the complainant within 3 working days. This will outline how the organisation proposes to address the complaint (as agreed with the complainant if contact has been made), the timescale for response, provide a named contact and a copy of the complaints leaflet.

Any consent issues will be considered and if consent is required the relevant paperwork will be sent out and the time frame commenced on receipt of the signed form. The complainant will be made aware of this within the acknowledgment letter.

If the complainant fails to provide written consent they will be notified in writing of the elements of the complaint that are unable to be investigated and responded to.

#### **4.2.4 The Complaint Investigation**

The investigation of a complaint is a fact finding exercise and must be conducted in a timely, impartial and sensitive manner and proportionate to the complaint.

The Head of Quality Governance and Care will:

- Forward the complaint to the appropriate identified person for investigation, with details of the issues to be investigated and agreed with the complainant
- Keep the complainant up to date with the progress of the investigation.

#### **The Divisional / Service Senior Manager will**

- Appoint an appropriate investigator (if different to the senior manager) who will investigate the issues raised and provide a written response with supporting evidence within an agreed timescale

The investigating officer will:

- Establish what happened, what should have happened and who was involved.
- Draft a response addressing the issues raised by the complainant and comment on what action is being taken to prevent a recurrence in the future.

If there are valid reasons why an extended timescale is required by investigating officer, extensions should be negotiated at the earliest opportunity with the Head of Quality Governance and Care. The complainant will be informed by the Head of Quality Governance and Care of any changes to the date they can expect a response.

The response will be checked by the Senior Manager and once satisfied will be sent to the Head of Quality Governance and Care who will formulate a final response letter

#### **4.2.5 Staff involved in a complaint:**

- Will be made aware of the complaint and asked to be part of the complaints investigation as appropriate
- Support should be offered to any staff member involved in a complaint as required. If possible this should be through the line manager or the most senior person available.
- Staff are required to co-operate with the complaints procedure as part of their terms of employment.
- Where an employee refuses to give an interview or a written explanation without reasonable grounds may be considered a disciplinary offence.

#### **4.2.6 The Response**

The Head of Quality Governance and Care will assure themselves that the response is satisfactory and has:

- Addressed all the issues raised by the complainant
- Provided explanations and apologies, where appropriate.
- Indicated lessons learned from the complaint.
- Included what steps have been taken to prevent a recurrence if appropriate.
- Outlined what options are available if the complainant is not satisfied with the response

The response will be signed the Head of Quality Governance and Care and sent to the complainant via their preferred mode i.e. email or post.

#### **4.2.7 Re opened complaints**

If there is no further communication from the complainant within 15 working days it will be assumed that the complainant is satisfied with the response and the case will then be closed.

Sometimes an Initial response to a complaint may not always achieve resolution and the response letter will outline the options available if the complainant remains dissatisfied

If a complainant is dissatisfied with the response, every effort will be made to achieve a satisfactory outcome at local level by:

- Identifying outstanding issues
- Arranging a meeting if appropriate
- Providing a further written response within 25 working days

If following all attempts to resolve the complaint locally and the complainant remain dissatisfied they will be notified that local resolution is at an end and that they can appeal the decision by requesting the case is reviewed by the Advisory Panel.

### 4.3 Meeting with complainants

Listening to complainants concerns and expectations is fundamental to good complaints handling. A face to face meeting will enable the clarification of all issues from the complainant's point of view and identify what outcome they are wanting.

In order to reach a satisfactory resolution there may need to be an offer of a face to face meeting as appropriate.

Attendance at meetings by complainants is entirely voluntary and it is their right to decline an invitation. However, FNHC must clearly identify to the complainant that, should a meeting be absolutely declined, that written responses cannot be provided indefinitely and that local resolution will have to be drawn to a close.

FNHC will ensure that complainant meetings are conducted in a supportive and open manner for both complainants and staff. See Good practice for Complaints Meetings Guidance, Patients Association 2013 (appendix 5).

### 4.4 Convening an Advisory Panel

Complainants who remain dissatisfied with the response of FNHC as a result of the local resolution process can request the case is reviewed by the Advisory Panel. This request should be made within 15 working days from receiving the local resolution decision.

These requests must be passed to the CEO/ Director of Governance Regulation and Care via the Head of Quality and Care clearly identified as a request for Advisory Panel Review.

The Head of Quality Governance and Care must obtain in writing from the complainant the reasons why they remain unsatisfied, stating their remaining grievances.

The right for an Advisory Panel should not be automatic and will be decided by the CEO/Chairman/Vice Chairman.

When deciding whether to convene an Advisory Panel the following areas should be considered:

- Can Family Nursing and Home Care take further action before convening the panel to satisfy the complainant
- Has Family Nursing and Home Care already taken all reasonable and practical action and the panel would have nothing further to add
- A risk assessment may be required at this stage.

An Advisory Panel will be appointed from four members of Family Nursing and Home Care Committee, one of which will be the CEO.

When a complaint relates in part or whole to clinical judgment the obtaining of appropriate clinical advice will be required.

The complainant and those complained about must be informed in writing if an Advisory Panel is to be convened.

The Advisory Panel will investigate all the aspects of the complaint and report in writing its own findings and conclusions. To assist the panel:

- All records and information will be available to them
- The complainant and those complained about will be given an opportunity to express their views.
- Both should have the facility to be accompanied by a person of their choosing who could speak for them. However this will not include the right to legal representation.

Should the complainant still remain dissatisfied they can escalate their concerns outside of the organization to The Jersey Care Commission, Jersey Charity Commission, Jersey Financial Services Commission or Health and Community Services Commissioner (see *point 11.1*).

#### **4.5 Learning and making improvements**

A data base of all complaints and any learning that has been identified is held by the Head of Quality Governance and Care. If findings from issues raised or investigation outcomes indicate that learning has been identified and or changes are necessary this will be initiated at local level.

#### **4.6 Unreasonable habitual complainants**

FNHC is committed to treating all service users equitably and recognises it is the right of every individual to pursue a complaint about the service. On occasion, FNHC may find the behaviour and/or expectations of the service user to be unreasonable or habitual. We recognise the threshold of a service user's behaviour or expectations is subjective and acknowledge a service user may be contacting FNHC at a difficult and distressing time; every effort will be made to engage effectively with the service user in order to facilitate their right to complaint to seek local resolution.

#### **4.7 Concerns raised about Safeguarding**

On occasions, members of the public may use the complaints process to raise concerns about procedures followed to safeguard children or adults. These could include concerns about the investigations undertaken to rule out child abuse, circumstances relating to the death of or serious injury to a child and the approach by staff involved in the investigation of suspected abuse cases. In these circumstances the Safeguarding Lead for FNHC must be contacted and involved in any decision making regarding how a response will be made and the formation of the response.

## **4.8 Legal advice and procedure for complaints involving litigation**

FNHC will inform the organisations insurers on particular aspects of a complaint if there is the possibility of litigation ensuing. The complaint process will halt upon instruction from the insurers a Coroner, Police or Regulatory Body (i.e. General Medical Council, General Dental Council, and the Nursing and Midwifery Council). An investigation will only be recommence on specific instruction from any of the professional bodies listed above.

## **5. REPORTING AND MONITORING COMPLAINTS**

FNHC maintains an electronic database of all concerns, compliments and complaints and this data may be interrogated for a number of purposes

- Monthly report to Performance Board - volume of complaints, categorisation of complaints and subject
- Quarterly report to Committee - volume of complaints, categorisation of complaints, subject and outcome, emerging themes and trends and recommendations,
- Quarterly report to Governance Subcommittee - volume of complaints, categorisation of complaints, subject and outcome, emerging themes and trends and recommendations,
- Annual report - summary report, including significant themes and trends

## **6. RECORD KEEPING AND CONFIDENTIALITY**

Complaints will be handled and retained in the strictest confidence in accordance with FNHC Records Retention and Destruction Policy and Confidentiality Policy .The complaint record must be separate from health records, subject only to the need to record information which is strictly relevant to the service user's ongoing health needs and will only be disclosed to those who have a demonstrable need to have access to it. A single copy of a complaint record will be held by the organisation's Governance Team.

Confidentiality will be maintained in such a way that only managers and staff who are involved in the complaint and investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in this may be dealt with under the disciplinary procedures.

## **7. TRAINING**

All staff will be expected to have a working knowledge of the complaints procedure and have attended training on complaints management. It is expected that the Investigating Officer will be sufficiently trained and competent to undertake the investigation.



## 8. CONSULTATION PROCESS

| Name             | Title                                    | Date       |
|------------------|--|------------|
| Clare Stewart    | Operational Lead                         | 16/10/2020 |
| Tracey McLeod    | Human Resources                          | 16/10/2020 |
| Claire White     | Head of Quality, Governance and Care     | 16/10/2020 |
| Tia Hall         | Operational Lead                         | 16/10/2020 |
| Michelle Cumming | Operational Lead                         | 16/10/2020 |
| Justine bell     | Education                                | 16/10/2020 |
| Elsbeth Snowie   | Clinical Effectiveness Facilitator       | 16/10/2020 |
| Claire Whelan    | Head of Information Governance & Systems | 16/10/2020 |
| Jane Salt        | Finance                                  | 16/10/2020 |
| Jenny Querns     | Safeguarding                             | 16/10/2020 |

## 9. IMPLEMENTATION PLAN

| Action   | Responsible Person                                      | Planned timeline                        |
|--|---|---|
| Email to all staff                                     | Education   | Within two weeks following ratification |
| Complaints Management training sessions to be arranged | Education<br>Director of Governance Regulation and Care | TBC                                     |
| Policy to be placed on FNHC Central Files              | Education   | Within two weeks following ratification |
| Staff to sign up to documents if relevant              | Operational Leads                                       | Within two weeks following ratification |

## 10. EQUALITY IMPACT STATEMENT

A statement to show that the document does not discriminate against disadvantaged or vulnerable people

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviors employees display. The organisation is committed to promoting a culture founded on these values.

**Always:**

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

**Always:**

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all time

**11. GLOSSARY OF TERMS**

**Service user** - for the purpose of this policy service user refers to patients / clients, their representatives, carers and visitors.

**Formal Complaint** – is an expression of dissatisfaction made to the organisation about the standard of service, action, or lack of action, by FNHC or its staff. The complaint may be made in writing or verbally, and requires an investigation and a formal response from the organization

**Verbal Complaint** - can be defined as a matter of interest, importance or anxiety that the service user requests is dealt outside of the complaints process and where the issue/s can be dealt within 3 working days. If the complainant is not satisfied with the outcome, it can be escalated to a formal complaint

**A Concern** - is an expressions of dissatisfaction and the complainant is seeking a swift or on the spot response and the complaint can be resolved to the complainant's satisfaction within 2 working days

**Working days** – Monday to Friday which does not include weekends and bank holidays

**Local Resolution** – working with the complainant to understand and resolve their concerns in a timely and proportionate manner

## 12. REFERENCES

The following is a list of associated policies or documents that where relevant or helpful in the application of this policy document:

Family Nursing & Home Care Data Protection Policy 2018  
Family Nursing & Home Care Confidentiality Policy 2018  
Family Nursing & Home Care Retention and Destruction of Records Policy 2019  
Family Nursing & Home Care Disciplinary Policy and Procedure 2020  
FNHC Grievance Policy 2020  
Family Nursing & Home Care Staff Hand Book 2020  
The Capacity and Self Determination (Jersey) Law 2016  
The Mental Health (Jersey) Law 2016  
The Regulation of Care (Jersey) 2014 Law. Jersey Care Commission Care Standards, Home Care, Standard 7  
NHS Northamptonshire Clinical CommissioningGroup Complaints Handling Policy 2020  
The Patients Association 'Good Practice Standards for NHS Complaints Handling' (2013) cited in University Hospitals of Leicester NHS Trust, Policy for the Management of Complaints 2018  
Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Chaired by Robert Francis QC 2013

### 12.1 Further relevant information

The Jersey Care Commission - [enquiries@carecommission.je](mailto:enquiries@carecommission.je)  
Jersey Charity Commission - [info@charitycommissioner.je](mailto:info@charitycommissioner.je)  
Jersey Financial Services Commission - [www.jerseyfsc.org](http://www.jerseyfsc.org)  
Health and Community Services Commissioner - [health@gov.je](mailto:health@gov.je)

## 13. APPENDICIES

## Appendix 1 Equality Impact Screening Tool

| Stage 1 - Screening   |                        |   |                                 |
|---|------------------------|---|---------------------------------|
| Title of Procedural Document: Management of Complaints Policy   |                        |   |                                 |
| Date of Assessment  | August 2020            | Responsible Department  | All                             |
| Name of person completing assessment  | Judy Foglia            | Job Title   | Director of Governance and Care |
| <b>Does the policy/function affect one group less or more favourably than another on the basis of :</b>   |                        |   |                                 |
|   | <b>Yes/No</b>          | <b>Comments</b>   |                                 |
| • Age   | No                     |   |                                 |
| • Disability<br>Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia                              | No                     |   |                                 |
| • Ethnic Origin (including hard to reach groups)  | No                     |   |                                 |
| • Gender reassignment   | No                     |   |                                 |
| • Pregnancy or Maternity  | No                     |   |                                 |
| • Race  | No                     |   |                                 |
| • Sex   | No                     |   |                                 |
| • Religion and Belief   | No                     |   |                                 |
| • Sexual Orientation  | No                     |   |                                 |
| <b>If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2</b> |                        |   |                                 |
| Stage 2 – Full Impact Assessment  |                        |   |                                 |
| <b>What is the impact</b>   | <b>Level of Impact</b> | <b>Mitigating Actions<br/>(what needs to be done to minimise / remove the impact)</b> | <b>Responsible Officer</b>      |
|   |                        |   |                                 |
| Monitoring of Actions   |                        |   |                                 |
| The monitoring of actions to mitigate any impact will be undertaken at the appropriate level  |                        |   |                                 |



## Appendix 2 Consent Form: Relating to sharing information on concerns and complaints

Full name of patient / Client

.....

Address

.....

.....

Date of birth .....

Relationship to person making the complaint .....

### I hereby authorise:

Name of person making the complaint .....

Address of person  
(If different from above)

.....

**To receive information that is relevant to the complaint made about my care from Family Nursing & Home Care.**

**I understand that any information given about myself is limited to that which is relevant to the investigation of the complaint, and only disclosed to those people who have a need to know it in order to investigate and resolve the complaint.**

**I would also like to receive a copy of the response to the**

**complaint: Please circle: Yes / No**

Signature of patient / Client

.....

Date: .....

### Appendix 3 Risk Assessment Tool

| Consequence   |  |  |  |   |                |
|---|--|--|--|---|----------------|
| 1   | 2  | 3  | 4  | 5   |                |
| Negligible/not significant  | Minor  | Moderate   | Major  | Catastrophic/Extreme  |                |
| Unsatisfactory experience not affecting immediate care. No risk to safety and wellbeing. No injury or harm. Some damage to confidence in services | Unsatisfactory experience resolvable with no long term effect on patient care. No immediate harm to patient. No likely media interest. System failures in mainly non clinical areas. | Service below expectations and/or significant contractual requirements resulting in actual or risk of harm or potential to impact on service provision. Mismanagement of patient care. Risk of local media interest and reputation damage. | Significant lapse of standards or professional conduct leading to potential or real harm. Failure to comply with clinical guidance. Failure to adhere to professional standards. Likelihood of media interest. | Significant harm or death of patient directly resulting from acts or omissions of provider. Illegal activity. High potential for national media interest. |                |
| Examples  |  |  |  |   |                |
| Communication issues, attitude of staff   | Appointment systems payment of fees  | Commissioning decisions failure to assess/examine  | Missed diagnosis, failure to refer, Medication error   | Treatment error<br>Safeguarding<br>Unexpected death of a patient  |                |
| 1   | 2  | 3  | 4  | 5   |                |
| Rare  | Unlikely   | Possible   | Likely   | Almost certain  |                |
| This will probably never happen/recur   | Do not expect it to happen/recur but it is possible it may do so   | Might happen or recur occasionally   | Will probably happen/recur but it is not a persisting issue  | Will undoubtedly happen/recur, possibly frequently.   |                |
| Likelihood  |  |  |  |   |                |
| Likelihood score  | 1  | 2  | 3  | 4   | 5              |
|   | Rare   | Unlikely   | Possible   | Likely  | Almost certain |
| 5 Catastrophic/Extreme  | Medium   | High   | Extreme  | Extreme   | Extreme        |
| 4 Major   | Medium   | High   | High   | Extreme   | Extreme        |
| 3 Moderate  | Low  | Medium   | High   | High  | Extreme        |
| 2 Minor   | Low  | Medium   | Medium   | High  | High           |
| 1 Negligible/Not significant  | Low  | Low  | Low  | Medium  | Medium         |

Adapted from NHS Northamptonshire Clinical Commissioning Group  
Complaints Handling Policy

**Appendix 4 Verbal Complaints Form**

|                              |                |
|------------------------------|----------------|
| <b>Complainant's Details</b> |                |
| <b>Name:</b>                 |                |
| <b>Address:</b>              |                |
|                              |                |
| <b>Post Code :</b>           | <b>Tel No:</b> |

|  |                |
|--|----------------|
| <b>Patient's Details</b> (If different from the complainant) |                |
| <b>Name:</b>   |                |
| <b>Address:</b>  |                |
|  |                |
| <b>Post Code:</b>  | <b>Tel No:</b> |

|                               |
|-------------------------------|
| <b>Complaint received by:</b> |
| <b>Designation:</b>           |
| <b>Department:</b>            |

**Details of Complaint (Please tick area of complaint)**

|                               | <b>CLINICAL</b>          | <b>SERVICE PROVISION</b> | <b>STAFF ATTITUDE</b>    |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Committee</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Senior Management Team</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>CLINICAL DIVISION</b>      |                          |                          |                          |
| <b>District Nursing</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Rapid Response</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Home Care</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| <b>School Nursing</b>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Health Visiting</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Child and Family Other ( please specify )</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>BUSINESS DIVISION</b>                         |                          |                          |                          |
| <b>Reception</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Administration</b>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Human Resources</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>The Hub</b>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Finance</b>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>GOVERNANCE</b>                                |                          |                          |                          |
| <b>Training</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Information Governance</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Clinical Effectiveness</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| <b>Form compiled by:</b>                            |                                     |                                    |
| <b>Date:</b>  |                                     |                                    |
| <b>Designation:</b>                                 |                                     |                                    |
| <b>Complaint Resolved?</b>                          | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>Date Form Passed to Head of Quality and Care</b> |                                     |                                    |

|                                       |
|---------------------------------------|
| <b>Complaint / Concern details</b>    |
| <b>Action taken</b>                   |
| <b>Action agreed with complainant</b> |



**Identified learning outcomes**

**If not resolved what further action is required**

**Date** \_\_\_\_\_

## Appendix 5

### GUIDANCE FOR COMPLAINTS MEETINGS

#### 1. Preparation for the Meeting

Whilst attendance at a complaints meeting is part of any FNHC staff members job, it is recognised that this can cause some anxieties on occasions. If this is the case, staff should seek the support and advice of their line manager

Attendance at meetings by complainants is entirely voluntary however, and it is their right, to decline the invitation.

Possible dates for meetings should be secured and held in diaries as soon as possible and offered to complainants.

A clear agenda will be agreed with the complainant. This will be forwarded to the personnel expected to attend so that everyone is aware of what the meeting will cover during the meeting, along with all correspondence relevant to the complainant.

Staff attending meetings should ensure they are familiar with all the issues they are expected to provide a response to, and have to hand any documentation that they feel might help the complainant for example medical records.

Any requirement such as language support or access should be agreed prior to the meeting so that suitable arrangements can be made.

#### 2. Who Should Attend

The number of staff present at meetings should be kept to a minimum but it is important that those that do attend, can deal with the issues raised and are appropriately supported.

Complainants may be supported by an advocate, and this should be encouraged. They provide a vital role in assisting complainants who may feel vulnerable to raise concerns in an appropriate way, and to understand the explanations given.

There are occasions when a complainant requests the attendance of their solicitor. The following points should be noted:-

- Solicitors may attend, but in the capacity of an advocate, not a legal representative.
- The purpose of the meeting must be clearly described to the complainant and the solicitor before it begins.
- The solicitor's presence is to advocate on behalf of the complainant and should therefore be given every opportunity to speak for and to the complainant.
- Solicitors are not there to make legal challenges to clinical decision making and service delivery and this must be made very clear to all attendees before the meeting commences.

- If the solicitor continues to obstruct the true process of the meeting by persisting with such challenges, the chair of the meeting should adjourn for a short time and, outside of the meeting, explain again its purpose and the conduct expected.
- Should the solicitor or complainant not accept this decision, or continue to conduct themselves in a way that obstructs the purpose of the meeting, the chair will bring the meeting to a close, explaining clearly why.

### **3. Scheduling Meetings**

A letter confirming the date, time, length and venue for the meeting should be sent by the Head of Quality Governance and Care to the complainant at the earliest opportunity.

Letters should also inform the complainant who will be attending the meeting, and asking the complainant who will be attending with them. The letter should also include the suggested issues for discussion with a request for the complainant to confirm their agreement to this as it will form the meeting agenda and any particular requirements they may have.

### **4. Venues**

The venue for a complaint meeting will depend on the number of attendees, and often the clinical commitments of the professional staff.

Rooms should be tidy and comfortable. Chairs should be spaced slightly apart and placed in a circle or around a table as this aids communication, inhibits exclusion and engenders a sense of equality.

Water and tissues should be available for all attendees.

### **5. Punctuality and Conduct**

Meetings should start on time and all professionals involved should aim to be present from the start. Latecomers should apologise for their lateness and explain the reason for it.

Meetings will have an identified chairperson from FNHC who welcomes the complainant and others, introduces themselves and asks for all attendees to introduce themselves.

Professionals should expect to remain at the meeting for its duration. However those who have a limited amount of time available for the meeting should inform the chair of this at the pre meet so that it is clear from the start and this can be explained to the complainant.

Mobile phones should be switched off except for staff who may be required in an emergency. This should be explained to the complainant

Meetings should proceed according to an agreed agenda and complainants should be given the opportunity to ask questions both during the meeting and at the end.

Meetings should be conducted with openness and honesty and apologies offered without hesitation. The complainant and their advocate/s should feel included in discussions and that their concerns are being treated seriously.

All attendees should conduct themselves in a calm, respectful, constructive and sensitive manner and this should be outlined at the start by the chair. Any deviations from this by any attendee should not be allowed to continue and must be dealt with by the chair.

It must be recognised that a complainant may feel vulnerable and experience some distress during a meeting. It may be necessary to adjourn for a short time to allow them to regain composure.

The chair person will conclude the meeting by thanking all attendees for their contribution and summarising any actions agreed.

The chair person will inform the complainant of their options should they remain dissatisfied with the outcome of the meeting and actions taken/proposed.

## **6. Administration**

If any notes are to be taken, the chair person will inform attendees that notes, not minutes, will be taken.

Any notes will be typed up at the earliest opportunity to ensure accuracy. They should then be circulated to all professionals for their comments/amendments before forwarding to the complainant within ten working days.

A covering letter thanking the complainant for their engagement, highlighting what issues were discussed, any agreed actions and outlining their options should they remain dissatisfied, should be signed by the chair of the meeting

## **7. Individuality, Equality and Diversity**

Specific needs of individuals must be acknowledged and discussed so that complainants get the best they can at a meeting. Issues to consider when arranging meetings may include:-

- Language
- Hearing
- Physical disability
- Mental disability

*(Adapted from The Patients Association 'Good Practice Standards for NHS Complaints Handling')*