

Policy and Procedures for the Management of Service User Feedback

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Policy Checklist

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Introduction

The Southern Health and Social Care Trust (SHSCT) Policy and Procedures for the Management of Service User Feedback has been developed, based on ‘*Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning*’, which was published by the DHSSPSNI on 1st April 2009 (updated June 2011, June 2013 and April 2019) and more recently, the ‘[Guidance in relation to the Health and Social Care Complaints Procedure April 2022](#)’.

The SHSCT are committed to providing safe, high quality, patient-centred treatments and services. Service User Feedback is of the utmost importance to the Trust to inform service improvement and as such, all complaints, comments, suggestions, enquiries and compliments are encouraged. These will be received positively, sympathetically and investigated promptly to obtain resolution and avoid recurrence where a system failure has been identified.

Purpose and Aims

This policy details the SHSCT pathway for the management of Service User Feedback, verbal and written, along with enquiries received in relation to care, treatment and service provision.

The policy will ensure awareness for both staff and service users, families and carers in the management of complaints and compliments. The policy is designed to provide assurance that these will be considered in an open and honest manner and dealt with promptly with the aim of seeking resolution.

The aims of this Policy are to:

- Inform staff of the Trust’s process for complaints and compliments handling
- Ensure service users, patients and clients are aware of how to raise a concern, make a complaint and/or submit a compliment
- Ensure that both staff and complainants are treated fairly in an open and honest manner
- Detail and encourage a standardised approach to the management of all complaints, compliments and enquiries
- Ensure responses to concerns and/or complaints are efficient, positive and sympathetic whilst being comprehensive, accurate and open, with an emphasis on early resolution
- Ensure complaints received are used positively to support learning and continuous improvement within the services provided and that actions are taken to avoid recurrence where a system failure has been identified

Objectives

To encourage and promote an open and transparent culture across the Trust and ensure that any and all interactions and investigations are completed in accordance with Duty of Candour.

To ensure that all SHSCT staff are aware of the processes outlined within this policy and procedure, including their roles and responsibilities in the management of comments, concerns, compliments and complaints handling.

To ensure service users, family and carers are aware of the process, and encouraged to contribute, in providing Service User Feedback to assist with service improvement and in reducing any potential risk or harm to others.

To ensure complainants receive an acknowledgement and a full response, which is timely, open, honest and provides justification for any wrong doing identified, along with any considerations for service improvement which are being explored.

To extract and share learning from Service User Feedback, using it to improve service delivery, patient safety and experience.

Policy Statement

This policy has been developed in line with the regional Department of Health (DoH) Guidance in relation to the Health and Social Care Complaints Procedure, which identified 4 key principles:

- **Openness and accessibility** – flexible options for pursuing a complaint and effective support for those wishing to do so;
- **Responsiveness** – providing an appropriate and proportionate response;
- **Fairness and independence** – emphasising early resolution in order to minimise distress for all;
- **Learning and development** – ensuring complaints are viewed as a positive opportunity to learn and to improve services.

In order to continually improve service delivery, the SHSCT encourage service users, family and carers to participate in providing feedback about their experiences of the care and treatment received.

The SHSCT acknowledges that on occasion, things can go wrong and / or service delivery does not meet service user expectations. In these instances, it is vital that Service User Feedback is encouraged and received positively in order to improve and reduce any potential risk or harm to others.

Scope of Policy

This policy is applicable to all staff providing services within the SHSCT, including students, agency staff and volunteers. It also extends to services commissioned by, or provided for, the SHSCT by the Independent Sector.

Definitions

The majority of the definitions used in this policy are taken from the DoH "[Guidance in Relation to the Health and Social Care Complaints Procedure](#)" revised in April 2022.

Complaint – ‘an expression of dissatisfaction that requires a response.’ It can be made by a patient, relative, carer or representative acting on behalf of a patient. Complainants may not always use the word complaint.

Complainant – An existing or former patient/service user, client, resident, family, representative or carer (or whoever has raised the complaint).

Compliment – ‘an expression of praise, commendation, or admiration.’ Compliments are encouraged from service users to assist in identifying areas of high quality care. Compliments shared with staff and service areas mentioned have a positive impact on morale and confidence.

Comment/Suggestion – where an individual remarks, expresses an opinion or makes an observation that can be defined as a matter of interest, importance or anxiety.

Enquiry – ‘to ask a question.’ Service users or their representatives formally seek an explanation or clarification regarding services received or awaited.

Responsibilities

Chief Executive, as the accountable officer:

- has overall accountability/responsibility for complaints management within the Trust, ensuring it is compliant with regional complaint guidance along with statutory and legal requirements
- has overall accountability/responsibility for Northern Ireland Public Services Ombudsman (NIPSO) correspondence
- is responsible for ensuring that all Service User Feedback is integrated into Trust Clinical and Social Care Governance (CSCG) and Risk Management arrangements
- will promote Duty of Candour in an open and honest just culture across the Trust in relation to complaints management
- will seek and provide assurance that learning derived from areas detailed within this policy and procedure has been addressed, with service improvements implemented where required and shared appropriately
- will provide focus to the area of complaints management in line with Trust key performance indicators in accordance with the Trust’s Assurance Framework

Trust Board will:

- support the open, honest and just culture ethos applied across the Trust in regards to the management of complaints
- monitor and provide a key challenge function to the information presented in relation to complaints, compliments and enquiries in order to seek Trust assurance and compliance

Medical Director is responsible for:

- taking a strategic viewpoint on behalf of the Trust in relation to complaints
- delegating the responsibility for managing the requirements of this policy to the Assistant Director of CSCG
- developing and maintaining an overview of the issues raised through Service User Feedback and provide assurance that appropriate organisational learning has taken place and that action is taken, where appropriate

Assistant Director of CSCG is responsible for:

- supporting the Medical Director in the responsibility for complaints management
- promote an open, honest and just culture in regards to complaints management
- ensuring that the complaints process is managed in accordance with all

- relevant guidelines, legislation and standards
- ensuring a process has been developed to consider formal complaints and the level of investigation/action required
- quality assurance process for all responses to complaints or enquiries
- ensuring that processes are in place to identify and disseminate learning on a Trust wide/regional basis
- working collaboratively to develop and maintain systems and procedures for the reporting, recording and analysing of complaints in order to provide assurance
- providing recommendations and advice to SMT Governance on the Governance agenda and priority areas for action
- considering where complaints require escalation to the Corporate Risk Register

Directors and Executive Directors are responsible for:

- ensuring managers and staff within their area of responsibility are aware of and comply with the requirements of this policy and procedure
- supporting staff and promoting an open, honest and just culture in complaints management
- appropriate complaints management, ensuring effective and timely responses to complaints in relation to the services they manage
- reviewing and amending draft complaint responses
- ensuring learning identified is shared and that service improvement is actioned where required
- ensuring the management of Service User Feedback is integrated into Directorate/ Divisional governance arrangements
- staff being appropriately trained in receiving and responding to complaints
- utilising the information and trends from Service User Feedback within their governance processes to identify learning and improvement required
- approval of NIPSO responses
- developing and monitoring action and learning plans
- designating a deputy to deal with Service User Feedback in his/her absence
- considering where complaints require escalation to relevant Risk Registers

Assistant Directors are responsible for:

- supporting their Director/Executive Director in ensuring that all complaints are managed efficiently and effectively in their responsible service areas
- ensuring managers and staff within their Directorate are aware of, and comply with the requirements of this policy and procedure
- ensuring Investigating Officers undertake a thorough investigation of issues identified in complaints
- in conjunction with the Investigating Officer/Governance Team, grading of the complaint
- considering whether high risk complaints meet the SAI criteria
- ensuring staff are appropriately trained in receiving and responding to complaints
- ensuring a timely and robust process is in place for the approval of draft responses to complaints
- ensuring learning identified is shared and that service improvement is

actioned where required

- complaints are integrated into Directorate governance arrangements
- a deputy is designated to deal with Service User Feedback in his/her absence

Directorate Governance Co-ordinators are responsible for:

- leading their Directorate Governance Team in ensuring that at each level of Directorate staff have access to timely, high quality and appropriate information in relation to complaints
- ensuring that within each service team complaints information is being acted upon appropriately in order to mitigate risk, improve quality of care and patient/client safety
- ensuring that the complaints process is conducted in accordance with Regional and Trust procedures
- co-ordinating via the Directorate Governance Team the timely and appropriate responses to complaints on behalf of the Directorate
- providing the Directorate and the organisation with analysis and intelligence on Service User Feedback received to ensure that trends are identified as well as appropriate responses to individual complaints
- liaising with, and escalating to, Assistant Director and Director in regards to high risk complaints, complaints which meet the SAI criteria and those which require consideration of inclusion on the Risk Register
- coordinate responses for NIPSO

The Directorate Governance Team are responsible for:

- managing all Service User Feedback received within their respective Directorates
- maintaining a comprehensive IT system (currently Datix) of all Service User Feedback received ensuring the recording of correct categories for all correspondence
- obtaining consent where required
- taking account of any corroborative evidence available relating to the complaint
- providing support and advice to staff investigating/responding to complaints
- contacting service users and/or their representatives, when appropriate
- identify training needs of staff and ensuring that appropriate programmes are organised in conjunction with line managers
- escalating any concerns and/or queries to the Directorate Governance Co-Ordinator
- providing support to Directorate Governance Coordinator in collating information for NIPSO correspondence
- responsible for ensuring that all information requested is delivered to the Service User Feedback team within allocated timescales

Trust Service Managers are responsible for:

- seeking informal resolution of complaints raised at service level within identified timescales
- ensuring informal complaints are recorded on the Trust's Complaints at Point of Service Delivery Form and forwarded immediately upon completion

to the relevant Governance Team

- ensuring that the Trust's Service User Feedback Policy and Procedure is included in the induction of their staff, and that staff trained and empowered to deal with Service User Feedback
- supporting, advising and assisting staff to resolve the issues
- promoting an open, honest, just culture in the management of complaints
- ensuring all formal complaint letters received by staff are forwarded immediately to the Service User Feedback Team
- contributing to the investigation of complaints and enquiries, making sure statements and reports address all of the issues raised
- ensuring staff and complainants are treated fairly in an open and honest manner throughout the complaint investigation
- ensuring that statements/reports are returned to the Directorate Governance Teams within the required timescales
- ensuring appropriate action and escalation is taken where complaints reference and conclude concerns relating to professional conduct
- identifying learning and developing appropriate action plans
- introducing service improvements and making sure that all relevant information is disseminated throughout the service/team

All Trust staff are responsible for:

- discussing and attempting to resolve complaints, as they arise, in an informal, sensitive and confidential manner
- ensuring that the Trust's complaints posters and leaflets are available and accessible to service users to encourage all types of user feedback
- referring the matter as soon as possible to their line manager if unable to deal with complaints raised directly with them or seeking advice from their Directorate Governance team on how to proceed
- contributing to the investigation of complaints and enquiries within the service/team and returning statements, reports and other information, within requested timescales
- keeping their line manager updated on complaints and enquiries they are currently dealing with and outcomes, including improvements suggested
- contributing to and engaging with learning identified and shared through Service User Feedback
- maintaining accurate record keeping when involved in complaints management
- ensuring when they receive a written compliment it is shared with their manager, colleagues and recorded on the compliments form
- participating in relevant training and refresher training in relation to Service User Feedback

Service User Feedback Manager is responsible for:

- day to day management of the Corporate Service User Feedback department and team
- ensuring that the complaint process complies with relevant standards
- providing regular Service User Feedback related analysis, trends and lessons learned reports to Committees, Sub-Committees and Groups within the Governance Accountability Framework

- maintaining comprehensive records and databases of all Service User Feedback received
- providing support and advice to staff responding to complaints
- reviewing draft responses received from Investigating Officers for all non-clinical complaints received, ensuring all issues raised in the formal complaint have been addressed, taking into account ease of understanding and co-ordinating the process to final approval and issue
- identifying training needs of Service User Feedback staff, developing and facilitating training programmes
- regular audit of Service User Feedback processes
- escalating immediate concerns to the Directorate Governance Co-Ordinator and Weekly Governance meeting where appropriate
- tabling Service User Feedback activity at the Weekly Governance meeting
- developing and maintaining Service User Feedback resources
- developing and maintaining up to date information and resources for Trust staff
- development, maintenance and delivery of mandatory Service User Feedback training
- being the first point of contact for all NIPSO verbal queries
- communication with Directorate Governance Teams, coordination and timeliness of all NIPSO responses

Service User Feedback Team are responsible for:

- assisting the Service User Feedback Manager in undertaking all Service User Feedback management activity
- providing a first point of contact for Service User Feedback
- reviewing the information received to ascertain appropriate management
- seeking early resolution of the complaint
- where early, local resolution of a complaint is not possible, assist the complainant in navigating the Trust's formal complaints procedure by directing their complaint to the relevant Directorate Governance Team
- providing support and consideration for complaints and enquiries received from third parties, such as MLAs and the Minister's office
- advising complainants about the support available from the Patient Client Council (PCC)
- assisting the Service User Feedback Manager in providing Service User Feedback related analysis and reports to services and Committees within the Governance Accountability Framework
- providing information for NIPSO as delegated by the Service User Feedback Manager, and in their absence become the first point of contact for any verbal queries
- supporting the Service User Feedback Manager in the delivery of mandatory Service User Feedback training
- auditing aspects of the Service User Feedback pathway as directed by the Service User Feedback Manager

Management of Complaints and Compliments – Service User Feedback

Section 2 - PROCEDURES

This procedure details SHSCT processes following the receipt of Service User Feedback.

Service users, relatives, carers and/or visitors can provide feedback to any member of staff without this affecting the delivery of care and treatment. Ideally, and where possible, staff at a local level should seek to resolve the matter in a prompt, positive and sympathetic manner.

All Service User Feedback will be managed confidentially, with an open, honest, just culture approach.

Learning identified through Service User Feedback will be actioned and shared and where improvements are required, these will be implemented.

Cognizant of data protection and to ensure no breach of confidentiality, verbal complainants may be asked to re-direct their complaint in written format.

Compliments

It is always encouraging for Trust staff to receive recognition for the vital work that they undertake. Service Users wishing to make a compliment can do so by completing and returning the [We Value Your Views leaflet](#) (Appendix 1), by writing, emailing, contacting the Service User Feedback team or completing the online [Feedback form](#) (Appendix 2).

All staff are encouraged to complete the [Compliments form](#) (Appendix 3) for compliments received within service areas. Compliments received by the Chair and Chief Executive's Office and those received into the Service User Feedback Office will be forwarded to the relevant Directorates for sharing with service areas and recorded as detailed above.

On a monthly basis, each Directorate Governance team provides a compliment to the Chief Executive for a personal response.

Complaints/Enquiries

Who can complain?

Complaints may be made by:

- a service user
- a former service user
- ¹service users family/carer
- a member of the public

¹ A complaint may be made by a representative acting on behalf of a person mentioned above in any case where that person:

- has died
- is a child
- is unable to make a complaint him/herself
- has requested the representative to act on his/her behalf, in such cases consent will be sought, where necessary.

- visitor using Trust services and facilities

Unreasonable, Vexatious or Abusive Complainants

Every individual making a complaint will be treated equitably in having these thoroughly investigated and fully responded to, there will be times when nothing further can be done to assist.

If staff consider the person making the complaint to be, unreasonable, vexatious or abusive, they should raise the matter as soon as possible with the relevant Directorate Governance office. Complaints staff experiencing similar difficulties can raise concerns with their Directorate Governance Co-ordinator or the Assistant Director of CSCG. Guidance relating to the management of unreasonable, vexatious or abusive complainants, can be found in Appendix 4.

Consent

It is the responsibility of the Directorate Governance teams to seek [consent](#) (Appendix 5 and 6) from the service user in all circumstances including where correspondence has been received via third parties (service users relatives, friends, carers or other representatives such as their Solicitor or elected representatives (Appendix 7)) in order to investigate the complaint.

The Information Governance department created a [Guidance Note](#) (Guidance Note 1) regarding Providing Personal Information to Elected Representatives including the office of the Minister for Health or SPAD. This document is in accordance with the Data Protection Act 2018 and guidance from the Information Commissioner's Office.

In circumstances where the consent of the service user cannot be obtained, an explanation will be requested as to why this is the case and the appropriate Directorate Governance Co-ordinator and Senior Management regarding further action, will make a decision.

Joint Complaints

Where a complaint spans across more than one Directorate, it is best practice for the Governance teams within those Directorates to agree a lead in all aspects of the complaint management and advise the Service User Feedback team of whom this will be.

All complaints relating to Safeguarding must be escalated to the Safeguarding team.

Where a complaint relates to the SHSCT and one or more Health and Social Care (HSC) organisations, collaborative working will ensure the complaint is appropriately investigated and responded to.

Where a complaint or enquiry is received relating to services from another HSC organisation (with the exception of GP services), consent to share the complaint with that relevant complaints office/department for investigation will be sought prior to the complaint being forwarded. The Service User Feedback team will notify the person making the complaint that his/her complaint has been re-directed and will provide information on the process to be followed including the name and contact details of complaints staff in the organisation concerned.

Where complaints relate to services beyond HSC Trusts and were commissioned by the SHSCT or DoH, it is the responsibility of the SHSCT to lead on the investigation of the complaint.

Time Limit for Making a Complaint

A complaint should be made as soon as possible, normally within 6 months of the event which caused the problem. In some instances, the complainant was not aware that there was cause for a complaint and in this circumstance, the complaint should normally be made within 6 months of the complainant becoming aware of the cause for complaint, or within twelve months of the date of the event, whichever is earlier.

Complaints that fall outside the time limit and which have been identified as posing potential risk to public or patient safety will be escalated to the Assistant Director for CSCG and the Medical Director for discussion and consideration of investigation. Further discussion may be required with Directors and/or service leads. Should a decision not to proceed with an investigation be agreed, a letter of explanation will be sent to the complainant. Accurate records within Datix will reflect the consideration given to a delayed investigation and the decision outcome.

How to make a complaint

Complaints may be made verbally or in writing and will be accepted in person, by telephone, by email or by completing the Trust feedback form. The Trust Communications team engages with Social Media platforms which are monitored and where complaints are expressed, the Communications team provide the complainant with the contact details for the Service User Feedback team and advise them to make contact directly.

Care Opinion is a platform for Service Users to tell their story, should a complaint be identified it will be escalated by Care Opinion to the relevant staff within that service area/Directorate/Service User Feedback for investigation.

Complaints Management

Enquiry – Verbal and written correspondence received from service users or their representatives formally seeking an explanation or clarification regarding services received or awaited.

Enquiries are subject to the same actions and responsibilities as formal complaints. Whilst enquiries are not subject to the timescales for responding to complaints set by the DoH, it is good practice that these are investigated and responded to within the same timescales as complaints or as soon as practically possible (Appendix 8) .

Informal Complaints Process - Informal, verbal and written complaints including those made directly to front line staff at the [Point of Service delivery](#) (Appendix 9).

Where a complaint is raised at service level, staff should seek to resolve at that time but the first responsibility of Trust staff is to ensure that the service user's immediate care needs are being met. If staff are unsure about how to deal with the complaint they should seek advice from their line manager. Advice and assistance can also be sought at any time from Directorate and/or Corporate Governance staff. A '[Need to Know](#)' guide (Appendix 10), has been produced for staff regarding managing complaints and can be found on Trust SharePoint.

If the complaint is resolved, staff should complete a 'Complaints at Point of Service Delivery' form and return to their Directorate Governance team who will upload to Datix.

Where local resolution is not possible, the complainant should be offered a copy of the Trust's 'We Value Your Views' leaflet and directed to contact the Service User Feedback team to proceed with their complaint (Appendix 11).

Formal complaints process - Verbal and written complaints received into Service User Feedback team, including those that have been redirected following receipt into other areas/departments.

Where local resolution is not possible, the formal process of complaints management must be followed to ensure they are handled in an efficient and effective manner. Complainants should be offered a copy of the Trust's 'We Value Your Views' leaflet and advised to contact the Service User Feedback team to proceed with their complaint (Appendix 12).

All formal complaints received and investigated by the Trust are graded by the Directorate Governance Teams using the [Risk Management Matrix](#) (Appendix 13) found within the [Risk Management Strategy](#).

Upon receipt of a complaint, the Service User Feedback team will review and issue an [acknowledgement letter](#) (Appendix 14) along with a 'We Value Your Views' leaflet to the complainant. Any formal complaint received directly by the Chief Executive's office will be forwarded to the Service User Feedback team as soon as possible to enable processing. All formal complaints must be acknowledged with **2 working days**. Where possible, the acknowledgment should provide clarification of the complainant's issues, expected outcomes and a timeframe for response.

The complaint and the acknowledgment are then sent to the relevant Directorate Governance team to commence the investigation process. If consent is required, this should be sought by the Directorate Governance team (**20 working day** timeframe commences on the day in which consent is received). If required, the Directorate Governance team should clarify details of the complaint raised directly with the complainant.

Upon receipt, the complaint will be screened, graded and uploaded to Datix and allocated a unique Datix identification number, by the Directorate Governance team (Appendix 15). The Directorate Governance team will make contact with the relevant service area/Investigating Officer for investigation. The Investigating Officer will be advised when a draft response, along with action and learning plans are expected to be returned to the Directorate Governance team. Support will be provided to the Investigating Officer and staff involved throughout the investigation as required.

The Directorate Governance team will forward a copy of the complaint and acknowledgment letter to the Assistant Director (AD) responsible for that service area.

Directorate Governance teams will email the investigating service area within **10 working days prior** to a response being due by way of a reminder. Thereafter, reminders will be issued weekly until the response has been received. Outstanding

responses will be escalated at the Weekly Governance meeting by the Corporate Service User Feedback Team.

As soon as it is identified that the timeframe for complaint response will not be met, formal holding letters should be distributed to the complainant with an explanation for the delay (Appendix 16). Regular updates should be provided to the complainant, with additional holding letters not exceeding 20 day intervals.

Datix will be used as the primary source of record keeping and should be updated regularly in regards to complaint investigation status and complainant interactions. All formal communication must be uploaded to Datix at the same time as it is being issued.

On completion of the complaint investigation, the Directorate Governance team will review the draft response to ensure all aspects of the complaint have been appropriately addressed and seek approval/amendment of the response letter from AD/Director before it is sent to the complainant and uploaded onto Datix. Completion of the complaint response checklist will form part of this process and must also be uploaded onto Datix (Appendix 17).

The complaint response should be clear, accurate, balanced, simple and easy to understand. It should avoid technical terms but where these must be used to describe a situation, event or condition, an explanation of the term should be provided. The letter should:

- address the concerns expressed by the complainant and demonstrate that each element of the complaint has been fully and fairly investigated
- include an apology where things have gone wrong (staff should refer to the *Ombudsman's Guidance on Issuing an Apology* - [Information and guidance • Office of the Northern Ireland Ombudsman \(nipso.org.uk\)](http://www.nipso.org.uk))
- report actions taken, or proposed action to be taken, to prevent recurrence, where the need for such actions have been identified following investigation of the complaint
- indicate that a named member of staff is available to clarify any aspect of the letter
- advise of their right to make a complaint to the Ombudsman should they remain dissatisfied with the outcome of the complaints procedure

All final responses will be forwarded to the relevant Director for approval. This should be completed within **20 working days** (Appendix 18).

Where further action has been documented within the complaint response, the Trust Complaint Action Plan must be completed (Appendix 19). It is the responsibility of the AD to initiate this work within their service areas and report progress to the Directorate Governance Co-Ordinator.

Reopened complaints

Where a complainant is unsatisfied with the outcome of the complaint investigation, or requires further clarification, the relevant Directorate Governance team will discuss options and assist in attempting to resolve any outstanding issues by:

- providing a further written response specifically relating to the outstanding issues
- meeting with the complainant

- supporting an additional investigation by a second team
- participating in conciliation (use of Lay people or independent experts)

Following these attempts, should the complainant remain unsatisfied, the Directorate Governance team should advise the complainant to contact NIPSO to consider the complaint and determine whether it warrants investigation by them (Appendix 20).

All NIPSO correspondence will be received through the Service User Feedback team. All telephone enquiries from NIPSO will be addressed by the Service User Feedback Manager (Appendix 21).

Escalation

Where a complaint is perceived by the Service User Feedback team as being complex or high risk, it should be escalated to the Service User Feedback Manager in the first instance. If required, further escalation will be directed depending on the nature of the complaint and service involved, including it being tabled at the Weekly Governance meeting. This may include the relevant Directorate Governance Co-Ordinator, Corporate Governance Co-Ordinator, Assistant Director for CSCG or any other member of the Trust SMT as felt necessary (Appendix 22).

On occasion it may be relevant for a complaint to be investigated by an independent reviewer, in such instances a discussion between the service area/HOS, Directorate Governance Co-Ordinator and Director/Assistant Director will consider the appropriate person/service area to undertake this investigation.

Record keeping

Any and all interactions with complainants should be recorded immediately on Datix. Any formal communication such as acknowledgment letters holding letters or responses, should be uploaded onto Datix at the same time as the communication is being sent. Notepad on Datix, should be used as a means of recording informal internal and external communication. Accurate record keeping and compliance with this process will facilitate access to the information by all relevant interested parties and is subject to audit.

Complaints about Regulated Establishments/Agencies and Independent Service Providers (ISPs)

In the first instance, complaints relating to Independent Sector Providers (ISPs) or Regulated Establishment (RE)/Agency registered with the Regulation and Quality Improvement Authority (RQIA) should be received and investigated by them, with a response direct to the complainant.

In the event that the complainant contacts the Trust, consideration will be given on how best to proceed. The complaint may be forwarded to the ISP/RE if the complainant has not already done so, or the Trust may decide to investigate in accordance with this policy and procedure, particularly if it relates to a previous, unresolved issue or if the complaint raises serious concerns regarding patient safety.

Each quarter, ISPs/REs are expected to return details of all complaints received and managed during that period, including reporting of 'nil complaints'. The Corporate Service User Feedback team will make contact with the ISPs/RE via email two weeks before quarter end to remind that returns are due by the tenth working day of the new quarter. Subsequent reminder will be issued on the last working week.

Completed and nil returns will be forwarded to the Operational Leads, including details of those ISPs/REs who have not responded.

Dissemination

Following approval, this policy and procedure will be disseminated widely to all levels of staff within the Trust including Directorate Governance teams, Senior Managers, Assistant Directors and Directors within the organisation.

Resources

Within the Medical Directorate, the Corporate CSCG Department is responsible for ensuring all staff have an awareness of this policy, developing and delivering training.

Support and Advice

As required, support and advice can be provided to any member of Trust staff involved in a complaint or enquiry, by their Supervisor and/or Line Manager, at any stage of the process. Further advice and assistance is available to all staff and service users/complainants, details of these resources can be found at Appendix 23.

Exceptions

This policy applies to all staff across all service areas within the Trust and there are no exceptions to its application.

In certain circumstances, complaints and concerns may be excluded from the scope of this policy and procedure:

- staff grievances (the Trust have separate procedures for handling staff grievances. Staff can however, complain about the way in which they have been dealt with under the HSC Complaints Procedure)
- staff complaints (the Trust have separate procedures for handling staff complaints)
- an investigation under the disciplinary procedure
- private care, treatment or services not commissioned by the Trust
- services commissioned by the SPPG/DoH – including GP Practices and services
- an investigation by a professionally regulatory body
- a request for information under Freedom of Information
- access to records under the Data Protection Act 1998
- an independent inquiry
- a criminal investigation
- the Children Order Representatives and Complaints Procedure
- protection of vulnerable adults
- child protection procedures
- Coroner's cases
- legal action (the Trust have separate procedures for legal action)
- a Serious Adverse Incident (SAI) (the Trust have separate procedures for incident management)
- Anonymous complaints/comments/enquiries/correspondence

In such circumstances, the Directorate Governance Teams must inform the person in writing why the exclusion applies (Appendix 24).

Monitoring

All online compliments received and recorded and those submitted through Care Opinion will be included in Trust quarterly reports.

Regular reports on complaints and enquiries are produced to:

- monitor the nature and volume of complaints
- provide weekly update and escalation of complaint activity at the Weekly Governance meeting
- provide weekly update on open and pending NIPSO cases
- escalate the volume of outstanding complaint responses at the Weekly Governance meeting
- enable benchmarking
- provide assurance that lessons from complaints have been learnt and appropriately shared
- inform quality improvement projects

The volume of complaints received by the Trust are monitored by:

- discussion at Weekly Governance meeting, Directorate Governance meetings/,Governance Coordinators Meetings, SMT, Governance Committee meetings and at the Patient and Client Experience Committee meetings
- the return of Closed complaints regularly sent to the SPPG for consideration
- the return of the CH8 report to the DoH
- a Trust complaints report, compiled annually and includes details of how complaints were received and handled, and what lessons were learned
- regular audit by the Service User Feedback team

Audit

The Service User Feedback team will undertake regular audit on various aspects of this policy and procedure. In addition, as required/requested, ad-hoc audits may be undertaken. Audit results will be shared with the Directorate Governance teams, Corporate Governance Co-Ordinator and Assistant Director for CSCG. The Corporate Service User Feedback team will also commit to auditing at least 25% of all complaint responses per quarter for sharing at the CSCG Committee meeting.

HCAT

The Health Care Analysis Tool (HCAT) is designed to facilitate organisational learning and service monitoring through aggregation of formal healthcare complaints. It can identify potential risks and areas for improvement, all complaints are coded from the service users perspective by level of harm, severity and domain. The Service User Feedback team are responsible for coding all formal complaints received weekly, the coded complaints are uploaded to HCAT quarterly and the data is benchmarked against previous quarters.

Legislative Compliance, Relevant Policies, Procedures and Guidance

[Guidance in Relation to the Health and Social Care Complaints Procedure, DoH \(2022\)](#)

Equality & Human Rights Considerations

No significant equality implications have been identified within this policy and procedure.

Sources of Advice & Further Information

Arrangements will be made as necessary to meet the specific needs of those wishing to comment on Trust services, including the provision of interpreting services. This document can be made available on request in alternative formats and languages.

