Southern Health and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

Procedure for the Management of Service User Feedback

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Working together Excellence Openness & Honesty Compassion

Contents

FOREWARD

Ensuring that the voices of our service users, families and carers are heard is fundamental to delivering safe, effective and compassionate care. Service user feedback provides a vital opportunity for the Southern Health and Social Care Trust (SHSCT) to listen, learn and improve the services we provide.

This Service User Feedback Procedure outlines the SHSCT approach to complaints handling, in accordance with the Northern Ireland Public Services Ombudsman (NIPSO) Model Complaints Handling Procedure (MCHP). It reflects the SHSCT's vision,

"Together we will grow to be a learning organisation focused on providing safe, quality care based on a community-first approach throughout the whole-life journey."

We are committed to a procedure that is fair, consistent and person-centred. Ensuring that concerns are handled openly and promptly, in a manner that supports learning, accountability and continuous improvement across the organisation.

We want our service users, families and carers to engage with this procedure and hope that they feel confident to provide feedback. Our staff have a responsibility to understand this procedure to feel supported to respond appropriately and sensitively, ensuring resolution, learning and improved outcomes are prioritised.

Application of this procedure will help us to maintain and improve the high standards of Health and Social Care we are dedicated to provide. Every experience matters.

STEVE SPOERRY
CHIEF EXECUTIVE

PROCEDURE FOR THE MANAGEMENT OF SERVICE USER FEEDBACK (Enquiries, Compliments and Complaints – (excluding Care Opinion))

This procedure details Southern Health Social Care Trust (SHSCT) processes for the management of service user feedback[1] which will be managed in accordance with an open, honest and just culture approach[2]. Learning identified through Service user feedback will be actioned and shared and where improvements are required, these will be implemented.

Staff must be open and honest whilst maintaining confidentiality.

1.0 ENQUIRIES

As outlined in the SHSCT Service User Feedback Policy, a service user specific enquiry[3] can be considered as "a request for information, an explanation or clarification, relating to a specific service user(s)". Examples include requests for information on where a patient is on a waiting list or a timeframe for care package allocation.

A service user specific enquiry can be made by the service user themselves or on their behalf by another appropriate person, for example, a relative, friend, carer, an elected representative, or other representative and consent will be required.

All enquiries, including those from Elected Representatives, should be logged by the member of staff who receives the enquiry. These will be tracked and monitored via Datix[4].

A flowchart for the Management of Enquiries is included at appendix 1 of this procedure.

2.0 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[5] can do so directly to the staff member/team or scanning the QR code on our Every Experience Matters leaflet (appendix 2). They can also email or telephone the Service User Feedback Team.

All staff must complete the Trust's compliments form on the intranet, for compliments received, either in writing or verbally, 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, who must record

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[1] Service user feedback (in the NHS context) refers to the opinions, experiences, and views of patients, their families, and carers about the care and services they receive. It is a key part of how the NHS monitors quality, improves services, and ensures care is patient-centred.

[2] A way of working where people feel safe to speak up, are truthful about mistakes, and are treated fairly when things go wrong.

[3] 'To ask a question.' Service users or their representatives formally seek an explanation or clarification regarding services received or awaited.

[4] A risk management and incident reporting system widely used in the NHS and other healthcare organisations.

[5] An expression of praise, commendation, or admiration.

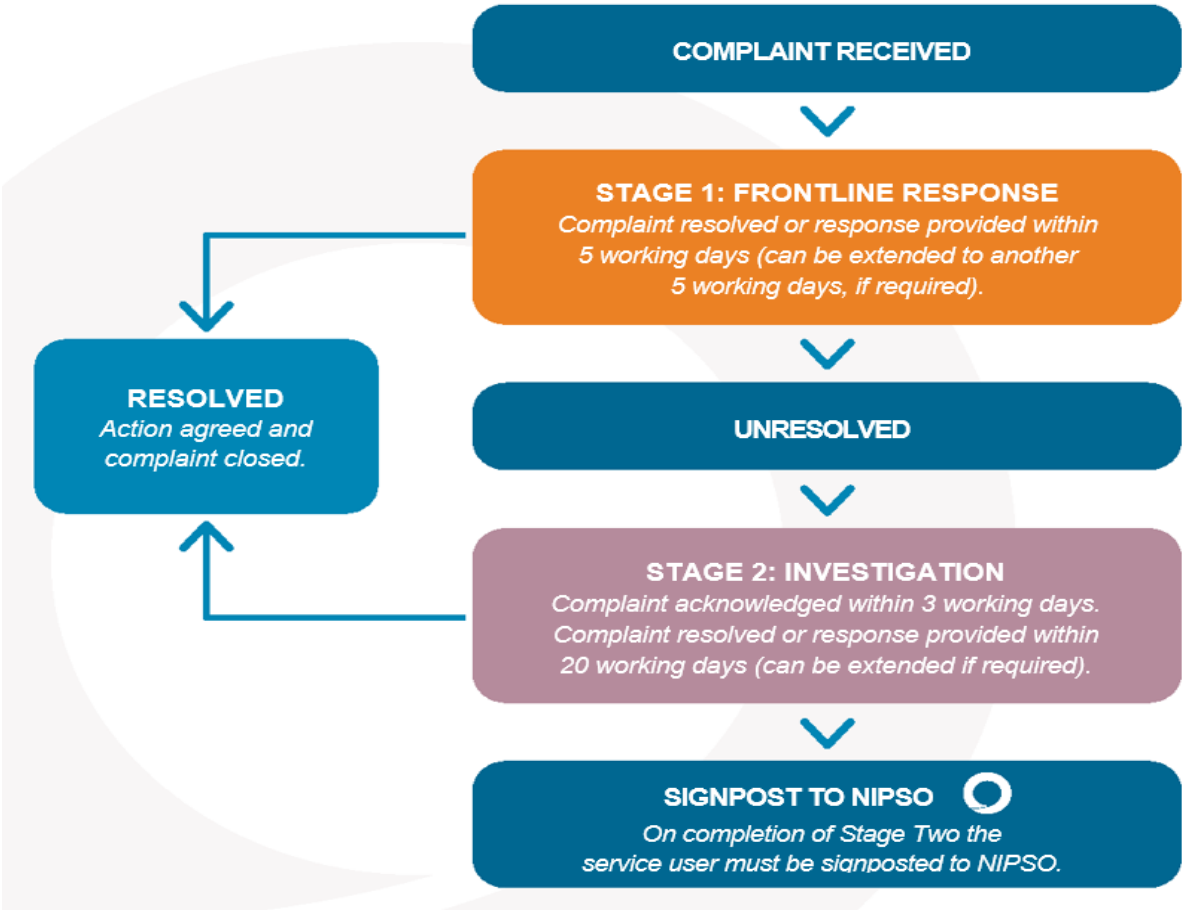
as detailed above.

On a monthly basis, each Directorate Governance team should share a compliment with the Service User Feedback team for review and personal response by the Chief Executive.

3.0 COMPLAINTS

The complaints handling process consists of two stages and is summarised in the diagram below. This process is based on the Northern Ireland Public Services Ombudsman's (NIPSO) Model Complaints Handling Procedure for Health and Social Care (MCHP) dated 1 July 2025.

Stage One[6] is an opportunity to respond and resolve complaints early, close to the point where the service was delivered. Stage Two[7] is for when the service user remains dissatisfied after Stage One. On completion of Stage Two, the complainant[8] will be signposted to NIPSO should they remain dissatisfied.



[6] The initial process through which a complaint should be managed. It is an opportunity to respond and resolve complaints early, close to the point where the service was delivered.

[7] The pathway through which complaints are managed should the complainant remain dissatisfied following management through Stage One.

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

3.1 What is a Complaint?[9]

In line with MCHP, a complaint is, 'an expression of dissatisfaction by one or more members of the public about the Trust's action or lack of action, or about the standard of service provided by or on behalf of the Trust.'

Although not an exhaustive list, complaints can include:

- Failure or refusal to provide a service.
- Inadequate quality or standard of service, or an unreasonable delay in providing a service.
- Failure to properly implement for follow policy, procedures or standards.
- Failure to properly apply the law, procedure or guidance when delivering services.
- Failure to follow the appropriate administrative processes associated with the provision of HSC services.
- The conduct, attitude or behaviour of a member of staff.
- A concern about the actions or service provided by an organisation who is delivering or acting on behalf of the Trust.
- Disagreement with a decision (except where there is a statutory procedure for challenging that decision, or an established appeals process, e.g., child protection, safeguarding and mental capacity).
- Dissatisfaction with how an element of a decision was administered.
- The provision of health or social care which is not in accordance with good practice.

Possible examples of Stage One and Stage Two complaints and suggested actions are listed at appendix 3, Guidance Note on Examples of complaints received at Stage One and Stage Two, together with possible actions

Matters may arise which may not be considered for management through this procedure, including the following which do not fall within the scope of the definition of a complaint such as:

- Routine first-time service requests.
- Fitness to practice issues referred to a professional regulatory body (however, the issue will require careful examination, as there may be elements which can proceed under the guidance of this policy, with fitness to practice issues being dealt with by the regulator and/or the Trust via its Human Resources (HR) policies).
- Requests for a second opinion in respect of care or treatment.
- Serious Adverse Incidents (SAI) involving the Trust (aspects of the complaint which are not being addressed within the scope of the SAI review will proceed to be managed in accordance with this policy).*
- Legal claims for negligence seeking compensation.
- Coroner's cases.

[9] An expression of dissatisfaction by one or more members of the public about a Trust's action or lack of action, or about the standard of service provided by or on behalf of the Trust.

- Complaints relating to criminal conduct or a criminal investigation (an active complaint may be paused whilst this review continues and should be agreed with the organisation undertaking the criminal investigation and communicated to the service user).
- Requests for information under the Data Protection or Freedom of Information (Northern Ireland) Acts and requests for reviews of decisions under these statutory regimes.
- Complaints in relation to Subject Access Requests, data breaches affecting an individual or concerns about how personal information has been used – all of which fall under the Data Protection Act Complaints Procedure.
- Where there is an established appeals process applicable to the service.
- Staff grievance or a grievance relating to employment or staff recruitment (managed under other Trust procedures).
- Disciplinary investigations.
- Whistleblowing.
- Children Order representations**.***
- Protection of vulnerable adults.
- Independent Inquiries.

Further information is available at appendix 4, Guidance Note on Issues which may not be appropriate to address through the Complaint Handling Procedure

There may be times when a complaint review must be paused to allow other processes to be completed. If this is the case staff must record the reason on Datix and keep the service user fully informed, explaining the rationale as to why aspects of the complaint cannot be progressed in line with MCHP. Where it is possible for elements of the complaint to be reviewed this must be progressed and the service user advised accordingly.

Services which are required to undertake alternative investigative procedures outside MCHP, must themselves have in place guidance on the service user's right to approach NIPSO if they are dissatisfied with the outcome of that alternative investigative procedure. Service Users should not be obliged to first submit a complaint to the Trust in order to access NIPSO for this purpose.

3.2 Who can make a complaint?

Anyone who receives, requests or is directly affected by or uses the Trust's services can make a complaint. This includes service users, family members or representatives acting on their behalf, and may also include visitors or other people affected by the service.

In cases when someone wishes to act on behalf of a service user, consent will normally be required from the service user for a representative to act on their behalf.

3.3 Supporting the Service User

The Trust supports the promotion of equality of opportunity[10], non-discrimination and will make reasonable adjustments[11] as required in relation to the management of complaints.

The range and type of adjustments that the Trust will provide to a Service User in making a complaint will depend on their specific requirements, some examples include:

- asking staff to proactively check whether service users who wish to complain, require additional support to do so;
- offering alternatives to writing a complaint and assisting service users to record their complaint where a barrier has been identified;
- providing accessible information about the complaints process in a range of languages and different formats, including (not an exhaustive list) easy read, sign language videos and large font or braille versions of complaints information
- helping service users access independent advocacy, which is external to the Trust, relevant to the issues being raised in the complaint.

If a service user would like to discuss accessibility requirements[12], including translation services, they should tell us in person or contact 028 3756 4600 or email at serviceuserfeedback@southerntrust.hscni.net

In addition, the **Patient and Client Council (PCC)** provide free, confidential advice and support on making a complaint. This can include help with writing letters, making telephone calls, and giving support at any required meetings. Further information about the PCC can be found **online at the PCC's Website** or via **freephone on 0800 917 0222.**

3.4 Expected Behaviours

All Trust staff must ensure complaints are managed in an open, honest and just culture approach ensuring a non-defensive manner. Staff should demonstrate a willingness to listen and respond to concerns or challenges constructively and compassionately[13], even when complaints feel personal or emotionally charged. Making a complaint does not constitute an irrevocable breakdown in a relationship and must never be a reason to end service provision.

All staff should:

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[10] Means ensuring that all patients, service users, and staff have fair and equal access to services, support, and opportunities, regardless of their personal characteristics or circumstances.

[11] Refers to the practical steps organisations take to ensure people can access and engage with the complaints process fairly, regardless of their needs or circumstances.

[12] In the context of MCHP (Managing Complaints Handling Processes in the NHS), accessibility means ensuring that all people can easily access, understand, and use the complaints process, regardless of any barriers they may face.

[13] Handling complaints in a way that is empathetic, respectful, person-centred, and fair, recognising the emotional impact complaints often have on service users and staff.

- Treat all service users with courtesy, respect and dignity.
- Remain calm and professional when responding to complaints.
- Show understanding of how confusion, distress or illness may affect, and impact on, how someone raises a complaint.

Whilst the Trust acknowledges that some service users may be distressed, the Trust encourages complainants to have a reasonable approach, and this will include:

- Providing details of their key issues of concern including providing any supporting information, when available.
- Working with Trust staff to ensure there is an agreed understanding of the issues of complaint.
- Responding to reasonable requests for information.

The Trust has documented the behaviours it expects from both staff and service users when dealing with complaints in its Promoting Positive Behaviours guidance (appendix 5).

3.5 Unexpected or unacceptable behaviour

The Trust recognises that when distressed or upset, people may act out of character. Sometimes a health condition or a disability can also affect how a person expresses themselves. The circumstances leading to a complaint may also result in the service user displaying unacceptable behaviours. The Trust will provide information for staff to assist them in managing such situations with empathy and compassion.

Service users who may present behaviours that could challenge services or who have difficulty communicating or expressing themselves, may still have legitimate concerns, and it is important that all complaints are taken seriously. However, the actions of some service users may result in unreasonable demands on time and resources or unacceptable behaviour towards staff.

The Trust will provide prior warning to the service user of their intention to impose any restriction unless doing so would create an unreasonable risk. Any actions taken to restrict an individual's access to the complaint's procedure will be proportionate and be proactively reviewed. Service users will be advised if/when any restrictive measures have been removed.

3.6 Maintaining confidentiality and data protection

At times, full disclosure of information regarding the management of a complaint may not be possible.

Examples may include:

- where a complaint has been raised regarding the actions of a staff member which indicates a disciplinary investigation may be necessary;
- where someone has raised a concern about how a child or adult safeguarding issue was managed. In such circumstances the complaint response may not be able to disclose all of the information obtained as part of the safeguarding

investigation.

In these circumstances staff should seek advice and support from the Information Governance Department. In addition, the Information Commissioner's Office has detailed guidance on data sharing via which can be accessed via the following link Data sharing: a code of practice | ICO

3.7 Consent and Capacity

Sometimes a service user may be unable or reluctant to make a complaint on their own. The Trust has clear guidance for staff relating to consent and capacity (Appendix 6). Where someone other than the person to whom the complaint relates, wishes to make a complaint on behalf of a person, the Trust will ensure that the complaint is handled in accordance with confidentiality and data protection legislation, internal policies on confidentiality and the use of service user information.

In such circumstances, staff must check whether consent has been received. If consent has not been received, this must be considered when handling and responding to the complaint. In such circumstances staff may be constrained as to what they can do in terms of investigating a complaint, or in terms of the information which can be included in the report of such an investigation. Staff should ensure the service user understands their personal information may be shared as part of the complaints handling process (particularly where this includes sensitive personal information), with those investigating the complaint on a need-to-know basis. Where limitations apply, the person who submitted the complaint must be made aware of these limitations and the effect this will have on the scope of the response.

It is good practice to keep the service user, on whose behalf the complaint is being made, informed of the progress of any investigation into the complaint, where it is in their best interests and in so far as it is possible.

In respect of children, generally, a person with parental responsibility can pursue a complaint on behalf of a child where the Trust determines that the child does not have sufficient understanding of what is involved. While in these circumstances, the child's consent is not required (nor is the consent of the other parent), it is considered good practice to consider whether it is in the best interests of the child to explain the process and inform them that information from their health records may need to be disclosed to those investigating the complaint.

The child can either pursue the complaint themselves or consent to it being pursued on their behalf by a parent or third party of their choice, when it has been determined by a professional member of staff that the child has the capacity to make that choice.

Where a person is unable to give consent, staff can agree to investigate a complaint made on their behalf by a third party. However, before doing so staff should satisfy themselves that the third party has:

- no conflict of interest; and
- a legitimate interest in the person's welfare, for example if they are a nominated person acting on behalf of an individual covered by Section 2 of The Mental Capacity Act (Northern Ireland) 2016.

3.8 How complaints may be made

Complaints may be made verbally (face to face or by telephone) or in writing (letter, email or via the website). The Trust will be as flexible as possible to remove any barriers to service users submitting complaints.

Where a complaint is made verbally to either staff within the Service or through the Service User Feedback Team, as a minimum it is mandatory that staff will make a record of the key issues raised in the complaint via the Datix system.

In relation to complaints made by service users on Social Media platforms, the Trust's Communications team monitor these and will provide any complainant with the contact details for the Service User Feedback team and advise them to make contact directly so their complaint can be investigated and responded to.

3.9 Time limit for making complaints

A complaint should be made as soon as possible, within 6 months after the event(s) occurred or the service user becoming aware of the issue. However, staff must consider complaints raised outside of this timescale. For example, where issues such as bereavement, poor health, communication difficulties, serious patient safety concerns or limited support have delayed the complaint.

In determining whether to apply discretion outside these time limits, extenuating factors must be considered such as; mental and/or physical health or bereavement issues, the seriousness of the issue, the availability of relevant records and/or the staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical outcome for the service user or useful learning for the organisation. Should a decision not to proceed with an investigation be agreed, a letter of explanation will be sent to the complainant signed by the Assistant Director for Clinical and Social Care Governance (CSCG). It is important when making a decision, that staff demonstrate empathy and compassion.

For service users who have received a response to their Stage One complaint, and request that their complaint is escalated to Stage Two, this should be done within a minimum period of 30 days.

3.10 Anonymous complaints

The Trust is committed to investigating anonymous complaints when it is possible, including whether there is enough information to enable an investigation. Any decision not to pursue an anonymous complaint must be authorised by a Head of Service, clearly recording the rationale.

If an anonymous complaint raises serious issues, these must be escalated, as appropriate for processing within the relevant procedure such as child protection, adult protection, raising a concern or disciplinary procedures.

3.11 What if the service user does not want to complain?

There may be occasions when a service user has expressed dissatisfaction in line with the definition of a complaint but does not want to complain. In these circumstances staff should explain to the service user the benefits of raising a complaint, such as improving services. Encouraging a service user to submit their complaint will ensure that the service user is updated on the action taken and gets a response to their complaint, though the approach must not be overbearing.

For Family Practitioner Service (Trust GP Practices) providers, support and advice is available to both the service user and the GP Practice through the Strategic Planning and Performance Group's Honest Broker role.

Where service users insist that they do not wish to complain, the issues raised must be recorded as an anonymous complaint and managed as outlined above, which will facilitate tracking of trends and themes in complaints.

3.12 Complaints involving more than one area or organisation

Effective communication is fundamental in the management of complaints involving more than one service or organisation. This should include regular communication with the service user outlining what information and updates they can expect to receive, when and from whom.

Where service users complain about the service of another organisation or public service provider, staff must help service users to identify who can assist in dealing with their complaint and signpost them clearly to the relevant information regarding how to complain to that organisation or public service provider. Where a complex complaint spans across more than one organisation, a lead organisation will be identified, to ensure all aspects of the complaint are progressed and responded to.

If it is not possible to identify a lead, the SHSCT will ensure all aspects of the complaint specifically relating to the Trust are progressed and responded to.

There are circumstances where a service user living in Northern Ireland, receives treatment or care outside of Northern Ireland, this is known as an Extra Contractual Referral (ECR). Complaints relating to an ECR should be managed in line with section 3.13 below.

Where a complex complaint spans across more than one Directorate, internally to the SHSCT, a lead Directorate will be agreed by the Governance Co-Ordinators within those Directorates to ensure all aspects of the complaint are progressed and responded to. If a consensus cannot be agreed regarding a lead Directorate, the Governance Co-Ordinators will escalate the decision to their operational Assistant Director(s) or Director for final agreement.

For clarification, it is not the lead Directorates responsibility to speak to the complainant to resolve all aspects of the complaint. It may be the case, e.g., that one Directorate is leading, resolve their part and confirm that a named person from another area outside that Directorate is going to contact the complainant to resolve their aspect. This is acceptable. However, it is the lead Directorates responsibility to follow this up to ensure completion. In this instance,

e.g., the lead Directorate would be engaging with the other service area to ascertain who is taking the unresolved element of the complaint forward. If that part is not resolved at Stage one, then this this would be escalated to a Stage two complaint. A lead Directorate can also change during an investigation if, through conversations, it transpires that another service/directorate would be more appropriate to lead.

3.13 Complaints about commissioned services[14]

Service provider (Contractor)

Any service provider delivering a service on behalf of or through a contract or commissioning arrangement with the Trust must follow the NIPSO MCHP. This includes organisations delivering Family Practitioner Services and organisations in the private, voluntary or community sectors.

The service provider must ensure appropriate reporting of complaints and outcomes to the Trust.

Trust (Commissioner)

When the Trust receives a complaint about the service provider, this must be shared with the service provider so that the service provider can manage via their MCHP. When the Trust receives a complaint which has already been investigated through the service provider's complaints handling procedure, then the Trust must signpost the service user to NIPSO.

If the service provider refuses to investigate the complaint, this should be escalated to the relevant Contract Manager as the Trust has an obligation to ensure that the complaint is properly investigated.

Both the service provider and the Trust must ensure that the recording and reporting arrangements in place will enable compliance with NIPSO MCHP.

Each quarter, nursing home providers are expected to return details of all complaints received and managed during that period, including reporting of 'nil complaints'. The Service User Feedback team will contact the service providers via email two weeks before quarter end to remind that returns are due by the tenth working day of the new quarter. A 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 service providers who have not responded so that this can be dealt with via the contracts management process.

3.12 Complaints about senior staff

When complaints are raised which involve senior staff, advice should be sought from the Service User Feedback team who will assist in identifying an independent individual to investigate the complaint, to avoid any perceived conflict of interest.

[14] In the NHS, a "commissioned service" is a service that is planned, funded, and arranged by an NHS organisation (the commissioner), rather than directly provided by them.

3.13 Complaints and disciplinary or whistleblowing

Where issues raised in a complaint overlap with matters which may be dealt with under the Trust's disciplinary or whistleblowing process, staff must ensure they are managed appropriately, maintaining confidentiality. Where possible aspects of the complaint may proceed through investigation and response in tandem with other procedures.

3.14 Contact from MLAs, MPs or Councillors

Councillors, MLAs and MPs may make complaints in the capacity of an elected member, in supporting their constituents by bringing complaints about health services. These representatives can also bring a complaint as a service user, and these will be dealt with in line with this procedure.

3.15 Complaints and legal action

Where a complainant has commenced a legal process against the Trust, via their legal representative, it is important that the issues of complaint are compared against the statement of claim. If both are the same, then the complaints procedure should cease. However, there are occasions when aspects of the complaint which do not fall within the scope of the legal action may continue to be investigated under this procedure. This must only occur if it does not, or will not, compromise or prejudice the matter being investigated under any other process.

OPERATION OF THE COMPLAINTS PROCESS

4.0 STAGE ONE

Stage One complaints should be responded to within 5 working days**.**

Stage One complaints can be managed by all staff, irrespective of seniority. Staff should be empathetic with service users concerns, listening attentively and responding promptly. When managing complaints within the service, this open and supportive approach allows concerns to be responding to quickly, situations de-escalated, and reassurance provided.

Responding to a complaint by providing an immediate on-the-spot apology or as soon as possible thereafter or explaining why the issue occurred and (where possible), what will be done to stop this happening again can be very effective. Responding quickly and clearly demonstrating any required medium to longer term service improvements demonstrates a commitment to learning from complaints.

Complaints involving another staff member should be shared with them for consideration and input to the response, however this must not delay the response to the service user.

If staff are unsure about how to deal with the complaint advice should be sought from their line manager in the first instance. Additional support can be provided by the relevant Directorate Governance Co-Ordinator or the Service User Feedback Team.

4.1 Timelines

Stage One responses must be completed **within 5 working days**, although staff can respond sooner if they are able to do so. Day one commences on the working day the complaint is received into the Trust up to 5pm, complaints received after this time should be logged the next working day. This does not preclude the Trust from progressing a complaint over a weekend or bank holiday.

4.2 What to do when you receive a complaint?

The following four questions should be considered:

i. *What exactly is the service user's complaint (or complaints)?*
Staff must ensure they are clear about the nature of the complaint, asking for further information from the service user to facilitate a full understanding of how the concerns have arisen.

Consider whether consent is required to proceed with the complaint investigation.

If the matter is not suitable for handling as a complaint the service user must be informed, by the person who is handling the complaint, with an explanation being given. If the service user is dissatisfied that their complaint is not being accepted by the organisation, they must be directed to escalate their complaint to Stage Two. The Trust must review the decision not to accept the complaint and respond accordingly, to include signposting to NIPSO.

ii. *What does the service user want to achieve by complaining?*
Staff should clarify with the service user their expectation of the outcome of the complaint.

iii. *Is it achievable?*
Staff should be open and honest with service users in managing their expectations in relation to what aspects of their complaint will be addressed and those which may be more challenging.

iv. *If a response cannot be provided, who can help?*
Where staff are unable to manage the complaint, this should be escalated to their line manager.

On receipt, all Stage One complaints must be recorded on Datix by the member of staff receiving the complaint, either within the service or received centrally in the Service User Feedback Team.

In the event a complaint/enquiry has been identified as belonging to another Directorate, it is the responsibility of the initial Directorate SUFB team to amend Datix and advise the relevant Directorate SUFB accordingly.

It is necessary to determine the service user's preferred method of contact and to use this throughout the complaints process.

All Stage One complaints will be graded in accordance with the Risk Management Matrix.

4.3 Resolving and Responding to the complaint

Prompt resolution of complaints builds rapport with service users. A complaint is resolved when both the staff member and the service user agree what action (if any) will be taken to provide full and final resolution of the complaint.

Where a complaint has been resolved at Stage One it is not essential to provide a written response to the service user unless this has been specifically requested. Other methods of response include face-to-face discussion or a telephone call. Staff must, however, make a clear record of how the complaint was resolved, what action was agreed, and the service user's agreement to this as a final outcome.

During the complaints process staff should consider if any learning has been identified. Where learning has been identified, this must be recorded on Datix. This should detail the actions taken in the short term to evidence learning and reference, and where appropriate, plans for longer term improvements.

4.4 Extension to the timeline

In exceptional circumstances, a short extension of time at Stage One is permissible due to unforeseen circumstances (such as the availability of a key staff member). Extensions to timelines can only be granted by Head of Service level (or above in their absence). Where an extension has been approved staff must advise the service user of the reason for extension and expected response date. Guidance on timelines and extensions is included at (Appendix 7).

Stage One extensions can only be approved for a maximum of 5 working days

If a Stage One complaint has not been responded to within 10 working days and there is no clear date when a full response will be issued, the complaint investigator should escalate the complaint to Stage Two, after discussions with the service user, who should be provided with the reasons for the decision.

In the case of complaints exceeding the maximum of 10 working days for response at Stage One, these will be escalated to the relevant Directorate Governance Co-Ordinator, for discussion with the relevant Assistant Director and/or Director.

If a Stage One complaint spans two Directorates, and the Lead Directorate can resolve their elements of the complaint, but the secondary Directorate cannot, then the Lead Directorate will close their complaint and the secondary Directorate will be responsible for logging their unresolved complaint as a Stage Two complaint and progress this independently.

5.0 STAGE TWO

Stage Two complaints are managed by the Service User Feedback Teams with input from the relevant service(s).

Stage Two complaints are considered more complex and may arise following an unresolved Stage One complaint or a dissatisfaction with a Stage One complaint response. In exceptional circumstances and in agreement with the service user, complex complaints may be progressed to Stage Two without a response at Stage One.

The Trust encourages reconsideration of alternative resolution approaches, at the beginning of Stage Two, for those complaints which have not been resolved at Stage One.

A restatement of the response at Stage One is not sufficient. The aim is to give the service user a full, objective and proportionate response that represents the final position of the Trust. Complaints must, where possible, be investigated by someone who was not involved in the complaint.

Responses to Stage Two complaints will be signed by the relevant Director(s) on behalf of the Chief Executive.

Datix will be used as the primary source of record keeping and should be updated regularly on complaint investigation status and complainant interactions/contacts. All communication must be uploaded to Datix at the same time as it is being issued and the progress notes section on Datix, should be used as a means of recording updates. Accurate record keeping and compliance with this process will facilitate access to the information by all relevant interested parties and is subject to audit by the Corporate Service User Feedback team

Where a complaint is considered complex/high risk on receipt by the Service User Feedback team, it will be escalated to the Service User Feedback Manager in the first instance. These complaints will be escalated to the relevant Governance Co-Ordinator, Assistant Director for Clinical and Social Care Governance and Directors as required. Escalated complex/high risk will be tabled at the Weekly Governance Meeting for discussion.

5.1 Timeframe

Stage Two complaint investigations:

- must be acknowledged within 3 working days; and
- responded to within 20 working days from the time the complaint was received at Stage Two.

5.2 Acknowledging the complaint

Complaints must be acknowledged within 3 working days of receipt of the complaint at Stage Two by the Corporate Service User Feedback Team. Day one commences on the working day (up to 5pm), the Stage 2 complaint is recorded by the Service User Feedback office. Complaints received after this time will be recorded the next working day. Acknowledgements must be in a format which is accessible to the service user.

It is best practice that the acknowledgment letter should include confirmation of the issues which are being investigated and the expected outcomes. It should include an offer to the service user to contact the Trust if the acknowledgment letter is not understood or agreed with.

The Corporate Service User Feedback Team will also obtain consent where applicable.

The acknowledgment is uploaded to Datix and a communication is sent to the relevant Directorate Governance Team to commence the investigation process with the service.

5.3 Confirming the issues of complaint and outcome sought

On receipt of a Stage Two complaint with the service, the complaint investigator may need to seek further clarity from the service user regarding the issues and expected outcome in order to ensure accurate records in relation to:

- the issues of complaint to be investigated;
- confirmation of any issues of complaint that cannot be considered; and
- the outcome sought by the service user and if these are achievable.

5.4 Updating staff members involved

If the complaint is about the actions of a particular staff member (whether named or not) it is expected that the complaint investigator will update the staff member(s) involved of this Stage Two complaint. The complaint investigator should:

- share the complaint information with the staff member/s (unless there are compelling reasons not to);
- advise them how the complaint will be managed, how they will be kept updated and a copy of the complaint response will be shared with them;
- discuss their willingness to engage with complaint resolution approaches (where applicable); and
- signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaints process (where possible this must not be the person investigating or signing off the complaint response).

It is important that if a potential disciplinary issue is identified that this is escalated appropriately by someone at Head of Service level or above, with advice sought from the Human Resources Department if required.

5.5 Investigating the complaint

Investigation planning is key to ensuring the successful and timely completion of investigations.

The complaint investigator will be provided with a template for investigation (Appendix 8) and advised of a response date. Support will be provided to the complaint investigator and staff involved throughout the investigation as required, by line managers and Directorate Service User Feedback staff.

Outstanding investigations and responses will be escalated and reported on internally within Directorates and at the Weekly Governance meeting.

As soon as it is identified that the timeframe for complaint response will not be met, the relevant Head of Service should be approached by the complaint investigator in relation to a possible extension. If approved, the complaints investigator can either contact the service user to advise of the delay, and record details of this conversation on Datix, or advise the complaints handler of the reason for the delay to allow the complaints handler to issue a holding letter. In either case, the service user should be advised of a revised response date.

On completion of the complaint investigation, the complaints investigator will provide a draft response to the relevant Directorate Governance Team. Where a complaint involves clinical issues, the draft findings and response must be shared with the relevant staff to ensure the factual accuracy of any clinical references, within the allocated timeframe for response.

Stage Two responses must:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational;
- avoid technical terms, but where these must be used, an explanation of the term must be provided;
- consider all the issues raised and demonstrate that each element has been fully and fairly investigated;
- include an apology where things have gone wrong;
- highlight any area of disagreement, between the complaint and the outcome of the Trust investigation, and explain why no further action can be taken;
- indicate that a named member of staff is available to clarify any aspect of the letter; and
- apologise if there has been a delay in providing the response and explain the reasons for delay where appropriate.

In the same correspondence, the service user must be advised that:

- the complaints procedure is now exhausted/completed;
- if they remain dissatisfied, they may bring their complaint to NIPSO.

The Directorate Governance Team will share a draft response with the relevant Governance Co-Ordinator prior to sharing with the relevant Assistant Director and Director for approval. This should be completed within **20 working days**. Completion of the complaint response checklist (appendix 9) by the Directorate Governance Team will form part of this process and must also be uploaded onto Datix.

Where learning and service improvement has been documented within the complaint response, this should be recorded on Datix by the complaint handler. It is the responsibility of the relevant Assistant Director and Head of Service to initiate this work within their service area and report progress to the Directorate Governance Co-Ordinator.

5.6 Complaint resolution approaches

While the Trust is expected to encourage complaint resolution approaches prior to Stage Two, staff should keep alternative complaint resolution under consideration during the investigation process. Approaches such as complaint resolution discussions, mediation or conciliation can reduce the risk of the complaint escalating further and rebuild/maintain relationships. If mediation is attempted, a suitably trained and qualified mediator must be used. These approaches can help staff and the service user to understand what has caused the issue and can lead to mutually satisfactory solutions.

These approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, exploring the service user's desired outcome or resolving one of the issues.

Where there is agreement to using alternative complaint resolution approaches, an extension to the timeline may need to be agreed. This must not discourage the use of these approaches.

5.7 Meeting with the service users/families during the investigation

To effectively further investigate a complaint, it may be necessary to arrange a meeting (either face to face or virtually) with the service user/family in a mutually suitable environment. If required, this must take place as soon as possible following receipt of the request to escalate the complaint to Stage Two and must not unreasonably delay responding to the complaint. The availability of staff must not delay having a meeting unless the presence of that member of staff is essential. Meetings should be restricted to staff only necessary to address the complaint. Where it is not possible to meet and provide a final response to the complaint within 20 working days it may be appropriate to extend the timescale for responding to the service user. A written record of a meeting must be completed and uploaded onto Datix.

The service user must be provided with a written record of the meeting. Alternatives to this may be considered as part of a reasonable adjustment.

5.8 Extensions to the timeline

Stage Two complaints should be resolved within 20 working days. In exceptional circumstances it is permissible to extend the timescale to complete the investigation and provide a comprehensive response. It is poor practice to extend the response date on multiple occasions, and this often leads to a loss of trust by the service user.

Extensions for Stage Two complaints can only be approved by Head of Service level (or above in their absence). The complaint investigator must provide a clear rationale on each occasion an extension is requested, including a record of what action has been taken to progress the complaint during the extension timeframe before a further extension is approved. A service user and any member/s of staff complained about must be contacted at least once every 20 working days to update them on the progress of the investigation. This must all be recorded on the Datix record by the complaint handler (holding letter) and the complaint investigator (phone call and staff update)

Extensions must be the exception and long delays due to the absence of a member of staff will not be a sufficient reason to delay an investigation.

5.9 Closing the complaint

A Stage Two complaint response should be in writing or in such other form taking account of any reasonable adjustments made to meet the needs of the service user. Contact details must be included should the service user wish to clarify any aspect of the response they do not understand. Any clarification required will not lead to an extension of the complaint process.

Where a complaint is about the actions of particular staff member/s, it is expected that a copy of the complaint response which relates to them, is shared with them by the complaint investigator, unless there are compelling reasons not to.

A record of the outcome of the complaint, and details of how it was communicated to the service user, must be recorded on Datix by the complaint handler.

Before the closure of the complaint, the complaint investigator must consider whether any learning has been identified. Where learning has been identified, this must be recorded on Datix to enable reporting and a Shared Learning Template must be populated.

The complaint must then be closed and records updated accordingly.

At this point, a review of the grading of all Stage Two complaints will be carried out by the relevant Head of Service using the Risk Management Matrix and verified by the complaints handler.

6.0 SIGNPOSTING TO NIPSO

Once the investigation stage has been completed, the service user has the right to go to NIPSO if they remain dissatisfied. The response letter will inform the service user of:

- their right to ask NIPSO to consider the complaint;
- the time limit for doing so; and
- how to contact NIPSO.

All NIPSO correspondence will be recorded on Datix and processed via the Corporate Service User Feedback team in accordance with the flowchart for the management of NIPSO Cases (appendix 10).

7.0 POST-CLOSURE CONTACT

Where a complainant contacts the Trust for clarification following receipt of a final response, it is permissible, and considered best practice, for the complaint investigator to have further discussion with the complainant to clarify a response (to make something clear or easier to understand). This is a further opportunity to demonstrate the Trust's commitment to the ongoing improvement to the quality of the services we provide and the identification and evidence of practice changes made as a result of learning. This is not an opportunity to reopen the complaint or ask for a new investigation.

On this basis, further contacts from complainants that should be excluded on the grounds that they require further investigation will include:

- Any issue of complaint that was not included in the original complaint

- Any query that will require investigation through review of records, engagement with staff or of policies and procedures to answer.

If the complainant is dissatisfied with the organisation's response or does not accept the investigation findings, then the Trust must explain that it has already given its final response on the matter and signpost them to NIPSO. It is important that the clarification of the organisation's response does not go on for a long period and unnecessarily prolong the process for the complainant.

8.0 MONITORING AND AUDIT

Monitoring and audit are important as they ensure complaints are handled consistently, fairly and in line with required standards. This helps identify delays, errors and recurring issues, allowing the Trust to improve the quality of their responses and learn from feedback. The promotes accountability, supports timely and transparent decision making and ultimately improves services and builds trust and confidence amongst service users.

All Stage One and Two complaints will be included in SHSCT reports.

Regular reports on complaints are produced to:

- monitor the nature and volume of complaints;
- monitor compliance with this procedure;
- provide weekly updates and escalation of complaint activity;
- provide weekly updates on open and pending NIPSO cases;
- escalate the volume of outstanding complaint responses at Governance meetings;
- enable benchmarking;
- provide assurance that lessons from complaints have been learned and appropriately shared; and
- 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, SLT, Safety & Quality Steering Group meetings.
- the return of closed complaints report to the SPPG;
- the return of the CH8 (statistical return) report to the DoH; and
- the annual Service user feedback report, published on the SHSCT website, which will include information on complaint outcomes and actions.

The Service User Feedback team will undertake regular audit on various aspects of this procedure. In addition, as required/requested, ad-hoc audits may be undertaken. Audit results will be shared with the Governance Co-Ordinators and Assistant Director for CSCG.

The Corporate Service User Feedback team will also audit at least 25% of all Stage Two complaint responses per quarter for sharing at the CSCG Safety and Quality Steering Group.

9.0 SUPPORT AND ADVICE

For staff, as required, support and advice can be provided to any member of Trust staff involved in a complaint by their Line Manager, at any stage of the process or from the relevant Governance Co-Ordinator or the Service User Feedback Team.

APPENDIX 1

Southern Health and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

PROCESS FOR DEALING WITH SERVICE USER SPECIFIC ENQUIRIES

All service user specific enquiries (including those from elected representatives) received by the Trust should be logged and tracked via Datix by the member of staff who receives the enquiry.

For those logged, outside the Service User Feedback Team, the reporter should advise their Directorate Governance Team, in order that the Directorate Governance Team can issue an acknowledgement.

For those logged by the Service User Feedback Team, an acknowledgement will be issued by the Service User Feedback Team

If consent is required, either the Service User Feedback Team or Directorate Governance Team should request this from the person who is making the enquiry. *The seeking of consent should not delay the process of forwarding the enquiry for a response, however a response should not be issued until consent has been received.*

The enquiry should then be forwarded to the relevant Directorate Governance Team who will notify the relevant Head of Service. AD and Directorate Governance Co-Ordinator to be copied in for information.
The timescale for a response should be no more than 10 working days

The Head of Service will assess if the enquiry is to be responded to in writing or by telephone. Before responding the Directorate Governance should ensure consent has been obtained.

In writing

The relevant Head of Service will liaise with appropriate staff to obtain information and prepare and approve the written response which is to be returned to the relevant Directorate Governance Team. The Directorate Governance Team should ensure consent is in place and if not follow up on same. A copy will be provided to the relevant Assistant Director.

The Directorate Governance Team will issue the response directly to the enquirer.

By Telephone

The relevant Head of Service will liaise with appropriate staff to obtain information. If a telephone call is to be made, the relevant Head of Service will agree who undertakes this.

Whoever is to make the telephone call response, should first check with the Directorate Governance Team if consent is in place before contact is made. When contact is made the Directorate Governance Team should be advised the enquiry has been responded to.

The Directorate Governance Team will update Datix and close the enquiry.

Should the enquirer raise dissatisfaction with the response given, a new complaint will be logged and handled under Stage One of the MCHP. The Directorate Governance Team should link the enquiry record to the complaint record.

A weekly report on open enquiries should be produced by each **Directorate Governance Team** and shared with the Directorate Governance Co-Ordinator for follow up. Enquiries not responded to within 20 working days will be escalated to the weekly Governance Meeting.

APPENDIX 2

To be inserted

APPENDIX 3

Examples of complaints received at Stage One and Stage Two, together with possible actions.

Examples of Stage One complaints and possible actions

COMPLAINT	POSSIBLE ACTIONS
The complaint relates to clinical treatment. The service user is unhappy that several attempts to draw blood were not successfully completed, and that there was a lack of pain management to address her discomfort.	• Apologise to the service user for the pain and discomfort. • Explain the appropriate procedure for taking blood and agree with the person making the complaint how this will be approached in future. • Ensure suitable pain management is available if needed, to address her discomfort. • Discuss the complaint with appropriate staff and identify any training needs in relation to drawing blood and pain management. • Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to the delivery of sensitive medical supplies to a patient at home. The person is unhappy that the sensitive medical supplies delivered to her home were left exposed, clearly identifying to neighbours the content of the package.	• Apologise to the person for the embarrassment and/or anxiety caused. • Explain the process for how the delivery person should deliver and cover packages of sensitive medical supplies. • Explain that you will record the complaint and ensure that staff are made aware of the issue. • Discuss the complaint with appropriate staff to understand the issue from their perspective and to ensure they understand the appropriate policy and procedure to follow. This should ensure the incident does not reoccur or happen to someone else. • Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to misplaced property. The person is not happy that, despite already asking staff to locate their	• Apologise, recognising the distress that the loss of the dressing gown will have caused. • Offer to provide a replacement gown in the meantime. • Explain the action you will take to try and locate the dressing gown. • Record relevant details of the complaint for monitoring and learning purposes.

missing dressing gown, nothing has been done about it and no one has advised them of the actions taken to try and find it.	
The complaint relates to staff attitude. It is alleged that when asked to explain why surgery had been delayed, the nurse was rude, insensitive to the service user's needs and did not explain the reason for the delay.	• Apologise, recognising that they have described how the nurse did not respond appropriately to the enquiry. • Make sure that you provide a full response to the person's request for information about the surgery and any reasons for delay. • Explain that you will record the complaint and ensure that staff are made aware of the need to respond fully and appropriately to all enquiries. • Discuss the complaint with appropriate staff, to understand the issue from their perspective. • If and where appropriate, provide support to staff to respond appropriately to enquiries.
The complaint relates to care. The service user is unhappy at being in a mixed sex ward and wants moved to a single sex ward.	• Acknowledge and apologise to the service user for their discomfort and the impact this has had on them. • Explain the basis for mixed sex wards and the reason the person has been admitted to a mixed sex ward. Ask what you can do to resolve the issue satisfactorily. • Consider if the person can be moved to a room or a single sex ward. Where possible, arrange the relocation as soon as possible.

The complaint relates to a delay in ambulance transport. A person complains that their scheduled transport for a hospital appointment did not arrive on time causing them to miss their appointment.	• Apologise to the person for the delay in transport, recognising the frustration and inconvenience this will have caused. • Explain any potential reasons for the delay. • Explain and confirm the transport scheduling procedures. • Check the status of the transport request and provide the person with an update. • Offer assistance in rescheduling the missed appointment (if necessary). • Explain the action you will take to understand why their transport did not arrive and ensure that any associated learning will be taken forward for service improvement. • Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to a lack of privacy during visiting hours. The service user complained that visitors to the patient in the bed next to her could overhear medical staff discussing her condition and treatment. She felt humiliated by this.	• Apologise to the service user for the distress felt by the service user. • Advise her of the normal procedure for discussing medical conditions with service users. • Explain the action you will take to ensure that this situation is not repeated, and any discussions. • Ensure discussions in regard to diagnosis, care or treatment will be conducted in private moving forward. • Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to the catering services for patients. The service user is unhappy that, despite notifying nurses that he is a vegetarian meal, no vegetarian meal was provided at dinner time. When he asked for a vegetarian meal, he was advised that the kitchen was unable to provide one, and he was offered a salad sandwich as an alternative.	• Apologise, acknowledging that there has been a failing and expressing empathy for the situation the person was in. • Explain the normal protocol for ensuring all dietary requirements are met, and the action that you will now take to ensure that a vegetarian meal is always provided for him. • Follow up with him to ensure that the situation has been satisfactorily resolved, and his dietary needs are being properly met.

A service user expresses dissatisfaction in line with the definition of a complaint but says she does not want to complain – just wants to tell the organisation about the matter.	• Tell the service user that the organisation values complaints because they help to improve services and/or service delivery. • Encourage them to submit the complaint. • In terms of improving service delivery and learning from mistakes, it is important that service user feedback, such as this, is recorded, evaluated and acted upon. • If the service user still insists that they do not want to complain, record the matter as an anonymous complaint. This will avoid breaching the complaints handling procedure. Reassure the service user that they will not be contacted again about the matter. • Record relevant details of the complaint for monitoring and learning purposes.
A resident's family complains that the appearance of their loved one/family member is unkempt. For example, they are always wearing the same clothes, have messy hair and their appearance is generally not acceptable to them.	• Apologise to the family that the appearance of their loved one/family member does not meet their expectations. • Explain the process staff follow when caring for and preparing residents for the day, and the continual care provided during the day. • Explain the process of developing an improvement plan to resolve their concerns. Ask the family if they would like a meeting to discuss their concerns and contribute to the development of an improvement plan for their loved one. • Inform the family that you will update and discuss the complaint and any agreed improvement plan with the Care Home Manager. • Communicate to the family that you will also meet with staff separately and confidentially, to ensure they are aware of and action the improvement plan. • Communicate to the family that you will monitor and review the situation over an agreed period of time with them. Maintain communication with the family and inform them that you will update them on actions and any improvements. • Explain that you will record all details of the complaint accurately for monitoring and learning purposes.

The Next of Kin (NoK) of a resident complains that there is a lack of activities available to her mother during the day at the Care Home.	• Apologise to the NoK that the level of activities available to her mother at the Care Home does not meet her expectations. • Explain the activities currently available to her mother on a daily/weekly/regular basis. • Explain the process that you will firstly, discuss the NoK's concerns with both the activity coordinator and activity therapist. An activity assessment will then be conducted with the resident's mother. Explain to the NoK that she may be present during the assessment. • Explain that an activity plan will then be developed in consultation with the NoK and her mother to ensure sufficient and appropriate activities form part of her mother's regular activities. • Communicate to the NoK that you will also meet with staff separately and confidentially, to ensure they continue to monitor and record her mother's activities alongside the agreed activity plan. • Explain to the NoK that you will continue to monitor the situation and provide regular feedback on her mother's activity plan. • Record all details of the complaint for monitoring and learning purposes.

Examples of Stage Two complaints and possible actions

COMPLAINT	POSSIBLE ACTIONS
The complaint relates to the deregistration of a patient from a GP/ dental Practice. The patient is dissatisfied the Practice failed to provide a warning prior to deregistration. The Practice could not demonstrate the patient acted in a way that would warrant immediate removal.	• Thank the patient for bringing the complaint to the attention of the Practice and that every complaint is viewed as an opportunity to learn. • Review the relevant Regulations covering the removal of patients to establish if the Practice followed all appropriate steps and identify any deviation. • Explain to the service user what steps the Practice failed to follow. • Apologise to the service user for staff failing to follow the process and issue a warning prior to de-registration. • Offer to reinstate the patient onto the practice list and explain to the service user the appropriate procedure to be followed to enable this. • Explain to the service user that you will relay the information to staff and deliver training on the steps to follow for deregistration, as required by the Regulations. • Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to the care of a service user in a nursing home. The service user required a staff member to monitor her when she used the toilet. The service user was left alone in the toilet and was found on the floor with a broken hip. The complainant was dissatisfied that the Home did not monitor the patient in line with her care plan.	• Thank the service user for bringing this to the attention of the nursing home and that every complaint is viewed as an opportunity to learn. • Review the care plan in place for the service user at the time. Also, review the records of the event. • Conduct an investigation into the event including obtaining statements from the staff member who took the service user to the bathroom. • Create and retain appropriate records of the investigation. • Explain the findings and the rationale for them to the service user. • Apologise to the complainant for staff failing to follow the care plan. • Explain to the complainant that you will relay the information to staff and deliver training on the importance of following care plans to ensure residents' safety. • Identify any trends or related history around the circumstances to this complaint and take necessary corrective steps to prevent a recurrence. • Consider the appropriateness of any disciplinary action. • Consider initiation of a SAI process if not already commenced.

	• Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to hospital staff not toileting the patient on the day of her discharge from hospital. The service user had taken fluids and a diuretic the same day. This resulted in the service user sitting in soiled clothing for several hours prior to returning home.	• Thank the complainant for bringing this to the Trust's attention and that every complaint is viewed as an opportunity to learn. • Review the nursing standards. Also, review the records from the day of discharge. • Conduct an investigation into the event including obtaining statements from relevant nursing staff. • Create and retain appropriate records of the investigation. • Explain the findings and the rationale for them to the complainant. • Apologise to the complainant for staff failing to act in accordance with the service user's fundamentals of care including her toileting needs and the impact on her dignity. • Explain to the complainant that you will relay the information to staff and deliver training on the fundamentals of care, including keeping service users in a clean and hygienic condition. • Identify any trends or related history around the circumstances to this complaint and take necessary corrective steps to prevent a recurrence. • Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to Trust physiotherapy staff not conducting an appropriate assessment of the service user. The service user's legs were contracted in a bent position at the point of his discharge from hospital	• Thank the complainant for bringing this to the Trust's attention and confirm that every complaint is viewed as an opportunity to learn. • Review the relevant standards for physiotherapists. Also, review the service user's physiotherapy records during his stay in hospital. • Establish what assessments the physiotherapy team should have conducted for the service user. • Establish what assessments the physiotherapy team carried out and if these were in line with relevant guidance and standards. • Create and retain appropriate records of the investigation. • Explain the findings and the rationale for them to the complainant. • Apologise to the complainant for staff failing to conduct appropriate physiotherapy assessments for the service user.

	• Explain to the complainant that you will relay the information to staff and deliver training to relevant physiotherapy staff on the importance of conducting appropriate assessments in line with the relevant sections of the Health and Care Professions Council Guidance. • Identify any trends or related history around the circumstances to this complaint and take necessary corrective steps to prevent a recurrence. • Record relevant details of the complaint for monitoring and learning purposes.

APPENDIX 4

Issues which may not be appropriate to address through the Complaint Handling Procedure

It is useful to identify what are typical service requests that may be expressed as a concern but are not necessarily a complaint or may not need to be addressed through the complaints procedure. For example, a service user might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively.

In some cases, a measure of discretion or further clarification including with the service user, is required in determining whether something is a complaint that should be handled through the complaints handling procedure or through another process. There are also some specific circumstances when complaints should be handled in a particular way. Seeking repayment for loss incurred such as for lost property or deductions from allowances incorrectly applied should be treated as complaints.

The following paragraphs provide examples of issues or concerns that may not be handled through the complaints handling procedure. This is not an exhaustive list, and the appropriate response will depend on the circumstances of the individual case.

1. Complaints that have already been investigated

Where a complaint has already been fully investigated under the complaint handling procedure and there is no new evidence or information. The rationale is to prevent duplication of efforts and ensures that resources are used effectively to address new complaints. If a service user remains dissatisfied with the outcome of a complaint investigation, they will have been directed to escalate their concern(s) to the Northern Ireland Public Services Ombudsman (NIPSO).

2. Legal proceedings

Where a complaint contains information which suggests that the complaint is a claim for negligence or an indication of the instigation of another legal process, this should be clarified with the service user and the service user directed to the appropriate mechanism to address the issues they have raised.

3. Disciplinary or staff employment matters

Many complaints will be about the conduct, attitude or behaviour of a member of staff and it is correct that these are handled through the organisation's complaint handling procedure. In addition to the complaints process it may be necessary to deal the the staff conduct through the organisation's disciplinary or other Human Resources (HR) processes. An organisation may be limited in the information it can provide to the service user about the outcome of HR processes.

4. Complaints about private healthcare

The MCHP applies to services provided or commissioned by HSC organisations. If a service user arranges private health or social care which they fund either directly or through private insurance, the requirements of this MCHP are not applicable.
In such cases, the service user should be advised to raise their concerns directly with the private provider.

5. Decisions made by independent professional regulatory bodies

Some health and social care decisions are made by independent professional regulatory bodies, such as:

- The General Medical Council (GMC), which oversees professional standards for doctors.
- The Nursing and Midwifery Council (NMC), which regulates nurses and midwives.
- The Health and Care Professions Council (HCPC), which regulates health and care professions such as social workers and paramedics.

If a complaint concerns a decision made by one of these regulatory bodies, it may be pursued through their own formal appeals or review processes. Organisations will still need to consider, in consultation with the service user, the issues of complaint to be progressed through their complaint handling procedure.

6. Requests for access to medical records

Under UK Data Protection Legislation (Data Protection Act 2018 and UK GDPR), individuals have the right to request access to their own medical records. However, if access to medical records is denied or there is a dispute over the information provided, this is not handled through the Complaint Handling Procedure but rather through the formal Subject Access Request (SAR) process. If a service user is unhappy with how their request was handled, they may escalate their concerns to the Information Commissioner's Office (ICO), which oversees data protection compliance.

7. Complaints that indicate a patient safety concern

Complaints may raise a range of patient safety issues. If a complaint raises an issue which requires investigation under the Serious Adverse Incident (SAI) process this element of the complaint may need to be paused while the SAI is completed. Other elements of the complaint which can be addressed should be and the full complaint resumed once the SAI has completed.

The organisation's complaint handling procedure should provide clear guidance to staff on these matters.

APPENDIX 5

Model Complaints Handling Procedure - Guidance Note on Promoting Positive Behaviours

Introduction

The focus of this guidance is on promoting a positive engagement approach with service users and managing unacceptable behaviour that may arise during the complaints process. It is important to note from the outset that unacceptable behaviour by service users is not solely applicable to complaints and the complaints process.

Most people behave respectfully even in situations where they are justifiably disappointed, frustrated or upset by their experience of a service. However, in a small number of cases, service users may behave unacceptably and create difficult situations that the Trust needs to respond to and manage. This can impede the complaints investigation process if not resolved quickly and effectively. It may also have a detrimental impact on staff's time and well-being.

Staff can find it challenging to know what the most appropriate course of action is in these circumstances. Whilst it is impossible to provide a single correct response for every situation, this guide sets out principles to help staff make informed decisions.

Promoting Positive Engagement

'Start off right' by creating a culture that values complaints. Always thank service users for bringing their issue(s) to your attention and explain that complaints are welcomed, valued and viewed as essential to improving services and service delivery.

Complaints should be handled promptly. Delays and failures in communication are a key reason why service users may become upset.

Complaints should always be handled respectfully. It is widely accepted that people are more likely to accept complaint decisions if they perceive the process as fair, are treated with respect, and receive sufficient information, even if the outcome is unfavourable to them. Staff should:

- Use personal introductions and offer contact details.
- Dedicate time, free from interruption, to give service users a fair opportunity to present their issue(s) of complaint.
- Fully examine the service user's issue(s) by restating their complaint to confirm understanding and check for any additional concerns they may have.
- Keep language professional and friendly, using an even tone of voice.
- Demonstrate active listening skills to show you are listening and taking the complaint seriously.

- Reserve judgement and show empathy and understanding for the service users' point of view by asking questions to clarify their needs. For example, what their ideal remedy or solution would be.

- Take responsibility by using phrases such as, "You're right, we got that wrong" or "We should have done better" (where appropriate).

- Allow service users to discuss or comment on preliminary findings before staff close the complaint.

- Take time to explain the decision, how it was reached, and the rationale.

Engage in difficult conversations

Difficult conversations with service users are sometimes necessary and must be handled appropriately. It may not be possible to resolve a problem as quickly as service users would like, or at all. Avoiding difficult conversations may only make a situation worse. Staff should:

- Explain unwelcome news to service users clearly and as soon as possible.

- Be respectful and acknowledge service users' feelings and disappointment but consistently be open and honest.

- Confirm the response in writing where service users have not understood or appear distressed by any unwelcome news. This can also be referred to in future discussions, particularly if it is taking some time to resolve the complaint.

Recognise and manage 'trigger points'

Staff should recognise their heightened reactions to certain 'trigger point' situations and understand this is normal. A trigger point is behaviour or language that is consistently irritating or annoying, may be offensive, or makes a staff member feel vulnerable and unsure what to do. They may react emotionally, feel flustered or angry, and prejudge the person who is behaving in a way they find difficult. Staff should:

- Recognise and try to control trigger points by remaining calm and trying not to take the service users' actions personally.

- Remember it is very unlikely the person who pressed a trigger point knows this is a particular issue - they may not even be aware their behaviour is difficult.

- Recognise and try to control any increase in stress levels by taking a comfort break and/or asking a colleague for help or to manage the situation.

- Conduct a debriefing with a colleague afterwards, sharing what they find upsetting or annoying to help manage emotions.

- Develop practical strategies to help build confidence, for example, create prompt or phrase cards, or have a selection of scenarios to hand to assist in their management of situations.

What is expected behaviour?

It can sometimes be challenging to make a complaint, particularly if the service user feels very strongly about the issues that have led them to complain. It is important that there is a good mutual understanding and commitment at the outset about the expected behaviours of Trust staff and service user during the investigation and response to a complaint:

For staff:

- Treat all service users and complainants with courtesy, respect and dignity
- Remain calm and professional, including in situations where complaints feel personal or emotionally charged
- Show understanding of how distress or illness may affect how a complaint is raised
- Keep complainants informed of progress and respond to reasonable requests for information
- Be open, honest and transparent throughout the investigation and response process.

For service users and their representatives:

- Treat staff with courtesy, respect and dignity
- Provide clear information about the issues of concern
- Engage with agreed communication arrangements
- Respond to reasonable requests for information
- Understand the scope and limitations of the complaint's procedure.

Responsibilities of complainants

Service Users have the right to expect the best possible services. When service users complain, we ask that they follow these guiding principles:

- Provide adequate details of the complaint
- Set out clearly the cause for dissatisfaction
- Provide accurate details and supporting correspondence or other relevant supporting evidence
- If there has been a delay in submitting the complaint explain the cause of that delay
- Explain what is considered to be a satisfactory outcome
- Treat staff with good manners, politeness and respect at all times
- Accept that staff will act fairly and promptly in dealing with the complaint
- Be reasonable and open minded and listen to reasonable explanations; and
- Be realistic. It may not always be possible to achieve the outcome wanted.

What is unacceptable behaviour?

Staff should be aware that unacceptable behaviour varies in type and frequency. It may happen on one occasion or form a pattern of behaviour over time. The behaviour by a person can be any that raises substantial health, safety, resource or fairness issues for the people

involved. It can range from unreasonable persistence, demanding or obstructive actions, to zero tolerance situations which are violent, threatening or abusive.

Unacceptable actions can take place on various platforms. For example, in person, by telephone, via written communication, such as correspondence and email, and increasingly on social media. Whatever its form, staff should document and maintain detailed written records of every incidence of unacceptable behaviour.

Examples of unacceptable behaviour include, but are not limited to:

- Communication in a manner which causes offence to staff.
- The threat of harm to staff, others and themselves.
- Aggressive and abusive conduct towards staff.
- Dishonesty, provision of intentionally misleading information and deliberately withholding relevant information.
- Lack of cooperation.
- Unreasonable demands that can substantially affect the service the public body provides.
- Repeated and unnecessary telephone calls.
- Frequent emails providing large amounts of irrelevant information.
- Insistence on things that are unavailable to them and outcomes that are clearly not possible, realistic or appropriate in the circumstances.
- (When a complaint is finalised) unwillingness to accept decisions and continual demands for further action when they have exhausted all available internal review options.

Identifying unacceptable behaviour

When assessing if a service user's behaviour is unacceptable and how to manage it, staff should consider the following questions:

Merits of the service user's case

- Does the complaint have substance?
- Have they suffered a substantial loss or impact?

Service user's circumstances

- Are they capable of cooperating or are they prevented by health, social or other circumstances?
- Are their actions and requirements proportionate to the harm/injustice they have suffered?

Service user responsiveness (if known)

- Is this the first time they have behaved this way?
- Have they responded well to defusing techniques in the past?
- Has the public body previously warned them about their action and/or restricted their access to the service?

Service user's experience of the complaints process

Given that delays and poor communication are often the reason why service users become upset when complaining, staff should also consider if experience of the complaints process is an underlying factor. Taking steps to address any identified issues may be enough to end the unacceptable behaviour.

- Was the organisation's role and complaints handling process explained to the service user, and in a way they understood?
- Was the service user's role, responsibilities and expected behaviours in the process clearly explained?
- Where reasonable adjustments made, where required?
- (If ongoing) has communication with the service user been regular, timely and effective?
- Was the service user successfully sign-posted to advocacy and support services?
- Has the service user been given a clear rationale for any decision(s) made, in a way that they can understand?

Responding to unacceptable behaviour

If the behaviour of the service user is identified as being challenging or unacceptable, staff must decide how best to respond to it.

All staff should respond to complaints with patience, in an empathetic and professional manner. However, there may be times when nothing further can reasonably be done to assist a complainant and where further communications would place inappropriate demands on staff and resources.

In such instances, and in discussion with the relevant Directorate Governance Co-Ordinator, Assistant Director/Director and/or Assistant Director for Clinical and Social Care Governance (CSCG), consideration will be given to the 'Promoting Positive Behaviours' Guidance and whether the complainants behaviour would classify as an unreasonable, demanding or persistent.

In determining arrangements for handling such complainants, the Trust must:

- ensure the complaints procedure has been correctly implemented as far as possible, and that no material element of a complaint is overlooked or inadequately addressed;
- appreciate that even habitual complainants may have grievances which contain some substance;
- ensure a fair approach;
- be able to identify the stage at which a complainant has become habitual.

In exceptional circumstances it may be proportionate and appropriate to restrict service users' access to the complaints process for a set period of time. This should only be as a last resort after all reasonable measures have been taken to resolve the complaint having followed the Trusts Procedure on the Management of Service User Feedback.

It is important that discretion is applied when considering a complainants actions and/or behaviours against the criteria within this policy and deciding the outcome.

Criteria

Complainants may be deemed unreasonable, vexatious or abusive where they meet one or more of the following criteria:

- **aggressive or abusive behaviour** – any violence or abuse towards staff will not be accepted, this includes physical harm, behaviour or language (verbal or written) that may cause staff to feel afraid, threatened or abused. The Trust endorses and promotes the Zero Tolerance campaign.

- **unreasonable demands** – when demands start to (or when complying with the demand would) impact substantially on the work of the organisation e.g. repeatedly demanding responses within unreasonable timeframes, insisting on seeing/speaking to a particular member of staff when not possible, repeatedly changing the substance of a complaint or raising unrelated concerns.

- **unreasonable levels of contact** – when the amount of time spent talking to a complainant on the phone, or dealing with emails or written correspondence impacts on the Trust's ability to deal with that complaint, or with other people's complaints.

- **unreasonable use of the complaints process** – when the effect of repeated complaints is to harass, or prevent the Trust from pursuing a legitimate aim or a implement legitimate decision.

- **unreasonable refusal to co-operate** – when an individual repeatedly refuses to cooperate and not respond to reasonable requests throughout the complaint management process.

Restricting Contact

It will be in a relatively small number of cases where action is required to manage and restrict communications with a service user who has made a complaint. It is significant step to be taken by the Trust and as a result the decision making hierarchy will be at Assistant Director and Director level.

After consideration, if it has been agreed that the complainant meets one or more of the criteria, they will be informed in writing. This letter will outline the met criteria, why the decision has been made to restrict future contact, the restricted contact arrangements and if relevant, the length of time that the restrictions will be in place.

The Trust reserves the right to inform the Police Service of Northern Ireland (PSNI) of incidents where staff have been subjected to violence or threats from a complainant. Should this be the case, this will also be detailed in the letter sent to the complainant.

Restrictions that may be imposed by the Trust

A range of options are available to the Trust to restrict contact in such cases. The precise nature of the restrictions imposed will be dependent on the specific circumstances but may include any of the following:

- Restriction of contact to a limited time period (e.g. one telephone call on a specific date)
- Restriction of contact to a limited method (e.g. telephone only; email only; letter only)
- Restriction of contact to a specific named member of staff
- Limitation on responses to be provided by the Trust (e.g. one email response per week regardless of the number of email sent by the service user)
- Refusal of meetings with the service user with communication only by email, telephone or letter
- Reallocation of the complaint to a different member of staff

Withdrawal of unreasonable, vexatious or abusive complainant status

A complainant can appeal the Trust decision to restrict contact, and it is important that a decision can be reconsidered by the Trust.

Where the Trust will reconsider the decision, this will only be in relation to that of the restricted contact and not to the original complaint or any decision to close a complaint.

An independent Assistant Director/Director not involved in the original decision will be responsible for considering the appeal. Using their discretion, they will review the evidence available to them and make their decision as they think best. The complainant will be notified in writing that either the restricted contact arrangement still apply or that a different course of action has been agreed.

Records of unreasonable, vexatious or abusive complainants

The Trust will record all incidents of unacceptable actions by complainants in the same record as the complaint on Datix.

Where restricted complainant contact has been decided, relevant services will be notified, and this information will also be held on a password protected electronic system within the Service User Feedback team.

The Assistant Director for CSCG will review the status of all complainants with restricted contact arrangements on a quarterly basis.

Ending of Contact

Once a complaint has been answered and closed then contact with the service user should in theory cease at that point. However, it is possible that service users may exhibit unacceptable behaviours following closure of a complaint including:

- Refusing to accept that the complaint has been closed

- Making additional and multiple new complaints

Therefore, any restrictions imposed on a service user should remain in force until contact with the service user is at an end, as long as the service users continues to exhibit challenging behaviours. It should be noted that – for the reasons given above – this may not always correlate with the closure of the complaint.

APPENDIX 6

Model Complaints Handling Procedure (MCHP) – Consent: A Guide for Staff

This guidance supports staff in handling complaints made by someone other than the service user (for example, a relative, friend, carer, MLA, MP, or other representative). It ensures that all complaints are managed in line with confidentiality, data protection, and capacity legislation, while maintaining fairness and transparency.

When is consent not needed?

- If the service user is making a complaint on their own behalf, consent is not needed.
- Consent is not required when a complaint relates solely to process, policy, or system issues and not to a specific service user's care. For example, general response times, cleanliness of a ward, food etc.

When is consent needed?

- Someone else raises the complaint on behalf of the service user (a relative, friend, carer, MLA, MP, or other representative).
- The complaint involves information that will need to be shared with another organisation (e.g. another Trust, GP, commissioned service).
- The complaint includes sensitive or third-party information (e.g. mental health, child safeguarding, or another patient).

If the Service User refuses or withdraws Consent

- Explain that without consent it may limit how fully you can investigate their concerns.
- Record the Service User's decision on Datix and in any correspondence.
- Seek advice from the Complaints Team if unsure.

Regardless of consent, where this is a statutory or overriding public/interest reason, an investigation into the concerns raised will continue.

How to obtain Consent?

Stage One MCHP complaints

In order to resolve complaints swiftly at the front line, it is not practical in every case to require a person making a complaint on behalf of another person to complete the SHSCT consent form before their complaint can be addressed. There must be however evidence that consent was considered prior to investigating and responding to complaints. Without such evidence, the actions of the Trust may be subject to challenge. Verbal consent is acceptable for Stage One MCHP complaints and details of when and how it was obtained must be appropriately recorded on the Complaint Form submitted to Datix.

Key Points to explain to the Complainant

- "We'll only look at information that helps us understand what happened."
- "Only the complaints staff and relevant managers will have access."
- "If we need to speak to anyone outside of the organisation, we'll ask for the Service User's permission first."

Stage Two MCHP complaints

For Stage Two MCHP complaints, the same principles considered at Stage One should apply. Consent obtained at Stage One, will carry over to Stage Two. In circumstances where a written consent form is required, this will be handled by the Complaints Team.

How to handle a complaint from or on behalf of a child or an adult who cannot give consent, or in relation to Service Users who have died?

If a child has sufficient maturity and understanding, they can either make the complaint themselves or consent to a representative making the complaint on their behalf.

In the cases of adults who do not have capacity to give consent, and a complaint is being made on their behalf, you will be required to check whether the representative making the complaint has a legitimate interest in the service user's welfare.

If a complaint is made on behalf of someone after their death, your duty of confidentiality to the service user continues and the same rules will apply. Their personal representative or the legal executor of their estate will control access to any personal information.

The need to maintain confidentiality

The SHSCT has a duty of confidentiality towards service users. This means you should:

- Only collect information from and disclose it to, colleagues who are involved in considering the complaint;
- Make sure all documents relating to an investigation are securely stored and are kept separately from other records. These records should only be retained as long as necessary in line with the Good Management, Good Records guidance
- Make sure the complaint records can only be seen by colleagues involved in the investigation.

Documentation & Good Practice

- Always note whether consent was verbal, written, refused, or not required.
- Never share information beyond those investigating unless authorised.
- Keep copies of any consent forms, emails, or call notes.
- When in doubt - ask before sharing.

Practical Examples

Scenario	Required Action
MLA raises complaint for a constituent	Confirm written consent from constituent; otherwise respond in general terms only.
Third party submits complaint about care provided to a patient who is experiencing an acute mental illness at the time of complaint and is unable to give consent.	Determine if there is a legitimate interest, establish what can be provided and respond in general terms only.
Daughter complains for elderly mother lacking capacity	Verify legitimate interest; confirm no conflict of interest; investigate but limit disclosure as needed.
Complaint raised about deceased service user	Confirm relationship (personal representative or executor); ensure only relevant information shared.
Parent complains for 15-year-old	Professional staff to assess child's maturity; if mature, seek their consent before sharing details. Usually, a child 12 years or old can consent to sharing information.

APPENDIX 7

Model Complaints Handling Procedure – Timelines and Extensions

Stage One (Timeline)

Stage One responses must be completed within 5 working days or sooner if possible. The date of receipt is considered to be the day a complaint is received unless it is received after normal business hours or is received on a weekend or bank holiday in which case the date of receipt is the next working day. This does not preclude staff from progressing a complaint over a weekend or back holiday.

Stage One (Extension)

In exceptional circumstances, a short extension of time at Stage One is permissible due to unforeseen circumstances (such as the availability of a key staff member). Where an extension is necessary, for example to enable a Stage One response to a complex matter, the complainant must be advised of the extension, the expected response date and the reason that the extension was necessary.

The maximum extension that can be granted at Stage One is 5 working days (that is, no more than 10 working days in total from the date of receipt).

If a Stage One complaint has not been responded to within 10 working days and there is no clear date when a full response will be issued, staff should escalate the complaint to Stage Two.

Stage Two (Timeline)

The following timeframes apply to Stage Two investigations:

- complaints must be acknowledged within 3 working days
- a final response to the complaint must be provided as soon as possible but not later than 20 working days from the time the complaint was received at Stage Two.

Stage Two (Extension)

It is expected that the majority of complainants will receive a final response within 20 working days. It is, however, permissible to extend the timescale if necessary to complete the investigation and provide a comprehensive response. Where the timescale is extended the complainant must be advised and provided with the reason for the extension as well as the expected response date. It is poor practice to extend the response date on multiple occasions and this often leads to a loss of trust in the organisation on the part of the complainant. Others involved in the complaint must also be advised of the extension to the timescale.

Who can approve an extension

Extensions can only be approved by staff at Head of Service level (or above in their absence). The Head of Service must ensure a clear rationale (see below) for the extension is recorded

on Datix, on each occasion, including a record of what action has been taken to progress the complaint during the extension timeframe, before a further extension is approved.

Extensions must be the exception and should only be used when necessary.

Extension Reasons and Definitions

Reason for Extension	Definition	Example
Complexity of Complaint	Multiple issues, services, or staff involved requiring extensive evidence gathering.	*Covers several services / directorates and multiple events need reviewing.*
Awaiting Key Statements or Information from another HSC body	Delay in receiving witness statements, clinical records, or external reports.	*GP practice notes or test results from another Trust.*
External Agency Involvement	Investigation requires input from bodies such as RQIA, NIPSO, or safeguarding teams.	*Parallel investigation by safeguarding delaying evidence sharing.*
Unavailability of Key Staff	Critical witnesses or decision-makers are on leave, sick, or otherwise unavailable.	*Consultant on annual leave until next month.*
Requirement for Specialist / Independent Review	Need for external expert clinical opinion or technical assessment.	*Independent paediatric cardiology review commissioned.*
Complainant Seeks Pause	Complainant requests to delay due to illness, bereavement, or personal circumstances.	*Family asks for pause until after funeral or patient is experiencing an episode of acute mental illness.*
Linked to Serious Adverse Incident (SAI) or Ongoing Investigation	Complaint resolution dependent on completion of an SAI or other formal inquiry.	*Complaint investigation held until SAI report finalised, however this is only when it is part SAI and part complaint.*
Awaiting additional information from complainant	Insufficient detail available in initial complaint to allow matters to be looked into.	*Complainant to provide additional details or evidence.*
Unavailability of complainant	Where meeting to seek complaint resolution cannot proceed within MCHP timelines due to complainant availability.	*Complainant on holiday or unable to meet due to work commitments.*
Delay in Approval process	AD or Director raises queries when response is being finalised for Stage 2 complaints	
Other Exceptional Circumstances	Unexpected events: service disruption, critical incidents, industrial action	

APPENDIX 8

Working Investigation Plan Template for Stage Two Complaints

This is a live document and should be kept updated throughout the Complaints investigation. Upon completion it should be finalised and uploaded to Datix.

Complaint ID

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1. Issues of Complaint

Before you investigate, you should be clear about the issues you are being asked to address.
<headline of complaint issue 1>
<headline of complaint issue 2>

Insert as many complaint issues as necessary.

2. Issues which will/can not be addressed

<insert issues which will/can not be addressed, and the reasons for this>

It is important and required that the rationale for not addressing any issues of complaint are recorded and clearly communicated to the complainant.

3. Remedy

<on receipt of the complaint make contact with the complainant where required to clarify concerns and expectations.>

4. What information do I have?

<list all the relevant information and evidence you have in relation to issues identified>

5. What information do I need?

<list all the relevant information and evidence you need in relation to issues identified>

Some suggestions are:

Relevant Legislation/Policies/Procedures/Guidelines
<identify and list where and how you will find the sources of information required>

File Records
<insert a list of records that will be considered, e.g., medical records, data entries, CCTV footage etc>

Please remember that formal records such as computerised/typed files and records, and informal documents, such as handwritten information, can be equally important and carry similar weight when it comes to weighing up investigation evidence.

Witness Statements and Interviews

<insert any outstanding information that is still required from the complainant/organisation/third party which can be obtained through a witness statement or interview>

<insert a list of questions to obtain the outstanding information identified above>

<insert a list of individuals/departments you may consider interviewing, if any, to obtain the outstanding information>

<insert details of expert advice required, if relevant, and a brief outline of what you will ask them>

<insert anything you wish to consider that is not covered above>

6. Investigation timeframes

<insert dates to meet key milestones in line with timescales for response>

7. Response to Issues of Complaint

<provide detailed response to all issues of complaint identified at point 1 above>

Points to consider when drafting a response:

- *An apology*
- *As part of your response to the issues raised, you should provide details about what happened and this should include details about what is documented in the notes and, where relevant, personal recollection of events from staff. You should also determine if anything should have been done differently.*
- *If you have reviewed a policy/procedure/guideline you should say so and provide your opinion on whether it was fully complied with.*
- *A determination in relation to whether you feel issues were reasonably managed.*

8. Outcome

You will need to identify whether each complaint issue resolved, upheld, partially upheld or not upheld.

9. Learning

<as appropriate, you will need to document here any action or learning points that have been or will be taken forward in response to the issues raised in the complaint, this must be logged and a shared learning template populated >

Southern Health and Social Care Trust

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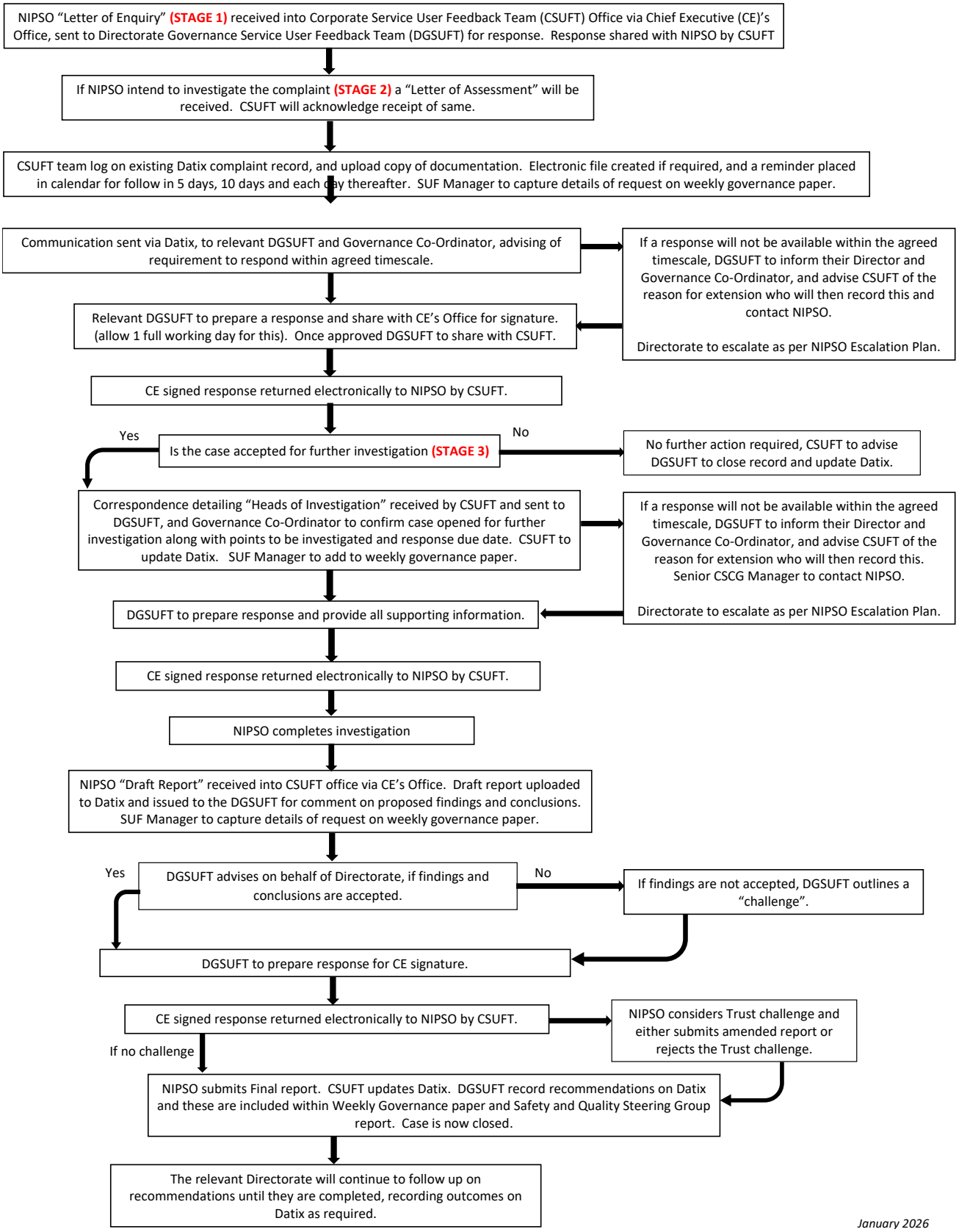
APPENDIX 9

COMPLAINT RESPONSE CHECKLIST **COMPLAINT ID:**		
CHECKLIST	**Yes/No or N/A**	**Comments**
1. At the outset, did you contact the complainant to establish the nature of their complaint and what their expectations are for outcome?		
2. Have you identified all issues of complaint?		
3. Have you separated facts from disputed events?		
4. Have any staff/witnesses involved been interviewed?		
5. Has all relevant records/documentation been reviewed?		
6. Was a visit to the relevant site / facility / clinical area required?		
7. Has any other service areas involved been contacted to ensure one coordinated investigation and response?		
8. If the complaint relates to clinical / professional issues, has it been escalated to		

the relevant clinical / professional representatives?		
9. Has all evidence to support findings been obtained?		
10. Has all investigative documentation been attached?		
11. Has the draft response been approved, inclusive of an apology e.g.: issues identified, delay in responding, bereavement etc?		
12. Where further action is required, has a SMART action plan been developed and uploaded to Datix?		
13. Has the outcome been shared with any staff involved?		
14. Has learning been identified?		
15. Has the learning been shared and a shared learning template been completed where required?		
Name:	**Designation:**	**Date:**

This form and relevant attachments should be uploaded to the Datix record.

APPENDIX 10



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