



Southern Health
and Social Care Trust
Quality Care - for you, with you

Policy for the Management of HSC Complaints 2019

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| Lead Policy Author & Job Title: | Lindsey Liggett Complaints Officer |
| Directorate responsible for document: | Medical |
| Issue Date: | 28 January 2019 |
| Review Date: | 31 January 2022 |

Policy Checklist

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| Policy name: | Policy for the Management of Complaints |
| Lead Policy Author & Job Title: | Lindsey Liggett Complaints Officer with input from Directorate Clinical and Social Care Governance Teams and the AD of Clinical and Social Care Governance |
| Director responsible for Policy: | Dr Maria O’Kane |
| Directorate responsible for Policy: | Medical |
| Equality Screened by: | Click here to enter text. |
| Trade Union consultation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Policy Implementation Plan included? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date approved by Policy Scrutiny Committee: | 28 January 2019 |
| Date approved by SMT: | Click here to enter a date. |
| Policy circulated to: | Clinical and Social Care Governance Teams |
| Policy uploaded to: | Sharepoint and Trust Website |

Version Control

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|------------------------|---|-----------------------------|---------------------------|
| Version: | V0_1 | | |
| Supersedes: | <ol style="list-style-type: none"> 1. Policy for the Management of Complaints, November 2010 2. Working Draft Policy for the Management of Complaints 2013 3. Working Draft Policy for the Management of Complaints June 2018 <p>Description of Amendments(s)/Previous Policy or Version: Reviewed and updated in-line with changes to the Governance structures within the Trust and to ensure continuing compliance with regional complaints procedures.</p> | | |
| Version History | | | |
| Version | Notes on revisions/modifications and who document was circulated or presented to | Date | Lead Policy Author |
| <i>Eg Version 1_0</i> | Click here to enter text | Click here to enter a date. | Click here to enter text |
| <i>Eg Version 2_0</i> | Click here to enter text | Click here to enter a date. | Click here to enter text |

Introduction

- 1.0 The Southern Health and Social Care Trust Complaints Policy is based on *Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning*, which was published by the DHSSPSNI on 1st April 2009 (and updated June 2011 and June 2013, April 2019). The policy also reflects the ongoing regional work with HSC to ensure best practice in the management of complaints.
- 1.1 A separate specific policy and procedure is in place for the management of complaints regarding services to children and young people in accordance with the *Children (NI) Order 1995 Representation and Complaint Procedure*.
- 1.3 This Guidance should be read in conjunction with the Department of Health Guidance in Relation to the HSC Complaints Procedure April 2019. Relevant documents will be available on the Trusts Internet and Intranet sites.

Purpose and Aims

- 2.1 The Trust is committed to developing a culture of responsible openness and constructive criticism, and to encouraging all service users to contribute views on all aspects of the Trust's activities. It has introduced this policy to enable service users to raise any concerns they may have at an early stage and in the right way.
- 2.2 The aim of this policy is to:
- Inform staff of the Trust's processes for complaints handling; and
 - Provide service users, patients and clients with the information they require to make a complaint.

Objectives of this Policy

- 3.1
- **Policy openness and accessibility** – flexible options for pursuing a complaint and effective support for those wishing to do so;
 - **Responsiveness** – providing an appropriate and proportionate response;
 - **Fairness and independence** – emphasising early resolution in order to minimise strain and distress for all;
 - **Learning and improvement**– ensuring complaints are viewed as a positive opportunity to learn and to improve services.

Statement

- 4.1 The Southern Health and Social Care Trust (hereafter referred to as the "Trust") believes

that patients, relatives and carers have a right to have their views heard and acted upon. The Trust welcomes feedback on all aspects of service and recognises the value of service user feedback in improving service provision for patients and the public through listening, learning and improving.

Scope of Policy

- 5.1 This Policy is applicable to all services provided by the Trust with the following exception for which alternative procedures are already in place: *Children (NI) Order 1995 Representation and Complaints Procedure*.

Responsibilities

- 6.1 Chief Executive:
- has overall accountability/responsibility for complaints management within the Trust;
 - overall responsibility to ensure that all service user feedback is integrated into Trust Clinical and Social Care Governance and Risk Management arrangements.
- 6.2 Medical Director is responsible for:
- taking a strategic viewpoint on behalf of the Trust in relation to complaints;
 - delegating the responsibility for managing the requirements of this Guidance to the Assistant Director of Clinical and Social Care Governance;
 - maintaining an overview of the issues raised through service user feedback and providing assurance that appropriate organisational learning has taken place and that action is taken, when appropriate.
- 6.3 Assistant Director of Clinical and Social Care Governance is responsible for:
- ensuring that the complaints process is managed in accordance with all relevant guidelines, legislation and standards and for ensuring that processes are in place to identify and disseminate learning on a Trust wide/regional basis;
 - working with the Trust's operational, executive and corporate governance leads and support leads on the ongoing development of systems and procedures to monitor and improve safety and quality of care, which takes due regard of evidence-based practice, lessons learned from reviews, complaints, incidents, accidents and public inquiries;
 - providing recommendations and advice to SMT Governance on the Governance Action Plan and priority areas for action;
 - ensuring that a 'Lessons Learned' strategy and process is in place that identifies learning from clinical and social care incidents, lead the implementation and embedding of learning through co-ordination of agreed actions and integrated support from clinical and social care governance staff and workforce development and training leads.
- 6.4 Directors and Assistant Directors are responsible for:
- ensuring managers and staff within their area of responsibility are aware of and

- comply with the requirements of this Guidance and Procedure;
- the proper management of appropriate, effective and timely responses to complaints received in relation to the services they manage;
- ensuring learning and service improvement occurs and is shared across the Trust;
- ensuring the management of service user feedback is integrated into Directorate/ Division governance arrangements;
- staff being appropriately trained in receiving and responding to complaints;
- utilising the information and trends from complaints within their governance processes to ensure learning and improvement, and to develop and monitor action and learning plans.
- designating a deputy to deal with complaints or enquires in his/her absence.

It is the role of the Assistant Director, where concerns are raised in a complaint about clinical/ social treatment and care, to share and agree the proposed draft response to the complaint with the relevant clinician prior to it being submitted to the Director for approval.

6.5 Governance Co-ordinators are responsible for:

- leading their Directorate Governance Team in ensuring that each level of Directorate staff have access to timely, high quality and appropriate information in relation to complaints, and that within each service team this information is being acted upon appropriately in order to mitigate risk, improve quality of care and patient/client safety;
- ensuring that the complaints process is conducted in accordance with Regional and Trust complaints procedures;
- co-ordinating via the Directorate Governance Team the timely and appropriate responses to complaints on behalf of the Directorate;
- providing the Directorate and the organisation corporately with analysis and intelligence on complaints received to ensure that trends are identified as well as appropriate responses to individual complaints.

6.6 The Directorate Governance Team are responsible for:

- managing all service user feedback received within their respective Directorates;
- maintaining a comprehensive IT system (Datix) of all complaints received;
- obtaining consent where required in the case of third party complaints or enquiries;
- taking account of any corroborative evidence available relating to the complaint;
- providing support and advice to staff investigating/responding to complaints;
- contacting service users and/or their representatives, when appropriate; and
- identify training needs of staff and ensuring that appropriate programmes are organised in conjunction with line managers;
- providing information as requested by the Northern Ireland Commissioner for Complaints (the Ombudsman);
- acknowledging complaints received by their office within two working days

6.7 Line Managers are responsible for:

- seeking informal resolution of complaints raised at service level within identified timescales, if possible, as a rapid response and personal contact often results in effective complaints resolution;
- ensuring that the Trust's Complaints Guidance and Procedure is included in the induction of their staff, and that staff are trained and empowered to deal with complaints as they arise;
- supporting, advising and assisting staff to resolve the issues giving rise to the complaint or enquiry, when possible; ensuring all formal complaint letters received by staff are forwarded immediately to the Service User Feedback Team;
- contributing to the investigation of complaints and enquiries and making sure statements and reports address all of the issues raised;
- ensuring that statements / reports are returned to the Complaints Department within the required timescales;
- ensuring informal complaints are recorded on the Trust's Point of Service Delivery Form/ Datix and retained on file with a copy forwarded immediately to the Service User Feedback Team;
- introducing service improvements and making sure that all relevant information is disseminated throughout the service/team; and
- ensuring completion of the online form for recording of compliments and the return for gifts received.

6.8 All Trust staff are responsible for:

- attempting to resolve complaints, as they arise, in an informal, sensitive and confidential manner; and record on Trust's Point of Service Delivery Form/ Datix.
- ensuring that the Trust's complaints posters and leaflets are available and accessible to service users to encourage all types of user feedback (see Sharepoint for complaints leaflet in a variety of languages);
- referring the matter as soon as possible to their line manager if unable to deal with complaints raised directly with them or seeking advice from their Directorate Governance team on how to proceed;
- keeping their line manager updated on complaints and enquiries they are currently dealing with and outcomes including improvements made;
- contributing to the investigation of complaints and enquiries within the service/team and returning statements, reports and other information, within requested timescales; and
- ensuring when they receive a written compliment it is shared with their manager and colleagues and reported using the online form for recording compliments.
- ensuring completion of the monthly return for Gifts received.

6.9 Service User Feedback Team are responsible for:

- providing a first contact for service users regarding compliments, enquiries, comments and complaints;
- screening service user contacts and determining if these are enquiries or

complaints;

- facilitating in either resolution of the enquiry or complaint, or aiding the complainant in their use of the Trust's formal complaints procedure by directing the complaint to the relevant Directorate Governance Team;
- Acknowledging complaints received by their office within two working days. (Chief Executives office acknowledges enquiries/ complaints received into their office);
- providing the same support and consideration for those enquiries and complaints from third parties, such as MLAs and the Minister's office;
- advising complainants about the support available from the Patient Client Council
- providing complaints and service user feedback related analyses and reports to services and Committees within the Governance Accountability Framework;
- providing information as requested by the Northern Ireland Commissioner for Complaints (the Ombudsman);
- delivering of Corporate Complaints and User Views awareness training;
- maintaining complaints and user view information and resources for service users; and
- maintaining up to date information and resources for Trust staff.

Legislative Compliance, Relevant Policies, Procedures and Guidance

- 7.1 The Health and Social Care Complaints Procedures Directions (Northern Ireland) 2009 requires HSC organisations to make arrangements in accordance with the provisions of the directions for the handling and consideration of complaints. The Regional Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning conform to this legislative framework. Trust staff must also take cognisance of relevant professional standards and guidance to their own profession.
- 7.2 The Regulation and Quality Improvement Authority (RQIA) is the independent Health and Social Care regulatory body for Northern Ireland. In its work the RQIA encourages continued improvement in the quality of these services through a programme of inspections and reviews. RQIA have a duty to assess how Health and Social Care bodies handle complaints in light of the criteria drawn down from the standards and regulations laid down by the Department of Health, Social Services and Public Safety.

Equality & Human Rights Considerations

- 8.1 This Policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.
- 8.2 Using the Equality Commission's screening criteria, no significant equality implications have been identified. The Guidance will therefore not be subject to an equality impact assessment.
- 8.3 Similarly, this Guidance has been considered under the terms of the Human Rights Act

1998, and was deemed compatible with the European Convention Rights contained in the Act.

This policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.

Sources of Advice & Further Information

- 9.1 Line Managers should be contacted in the first instance, in relation to any specific queries on Policy content. Line Managers should then escalate queries which they are unable to address, via their operational processes and onwards to Corporate Governance as required.
- 9.2 This document is available on request in alternative formats which include large print, audio disc and in other languages to meet the needs of those who are not fluent in English. These formats can be requested from the Service User Feedback Team. *Please refer to **Appendix 1** for contact details.*
- 9.3 *We Value Your Views* leaflets, which provide service users/clients with an overview of the Trust's complaints procedures and contact details, are available from the Trust Sharepoint site in large print and other languages.
(<http://sharepoint.gov/corp/Complaints/Forms/AllItems.aspx>)

The Southern Health and Social Care Trust follow the [Regional Guidance in Relation to the HSC Procedure April 2019](#).

Appendix 1 - Useful Contacts

| <u>Southern Trust Contacts</u> | |
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| Service User Feedback Team | <p>Southern Health and Social Care Trust, Beechfield House, Craigavon Area Hospital, Portadown, BT63 5QQ</p> <p>Telephone: (028) 3756 4600 Email: complaints@southerntrust.hscni.net</p> |
| Acute Services Clinical & Social Care Governance Office | Telephone: (028) 375 61056 |
| Children & Young People's Services Clinical & Social Care Governance Office | Telephone: (028) 375 63345 |
| Mental Health & Disability Directorate Clinical & Social Care Governance Office | Telephone: (028) 375 63366 |
| Older People & Primary Care Directorate Clinical & Social Care Governance Office | Telephone: (028) 375 63365 |
| Inspire Workplaces | <p>Inspire Central Office Lombard House 10-20 Lombard Street Belfast BT1 1RD</p> <p>Telephone: 0800 389 5362 (Helpline) 028 90 32 8474 (Central Office)</p> <p>Website: Workandstudy@inspirewellbeing.org</p> |
| Northern Ireland Commissioner for | The Ombudsman, |

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| <p>Complaints (the Ombudsman)</p> | <p>Freepost BEL 1478, Belfast, BT1 6BR</p> <p>Telephone: 0800 34 34 24 Email: ombudsman@ni-ombudsman.org.uk Website: www.ni-ombudsman.org.uk</p> |
| <p>The Regulation & Quality Improvement Authority (RQIA)</p> | <p>The Regulation & Improvement Authority, 9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT</p> <p>Telephone: (028) 9051 7500 Fax: (028) 9051 7501</p> <p>Email: info@rqia.org.uk Website: www.rqia.org.uk</p> |
| <p>Patient and Client Council</p> | <p>Quaker Buildings High Street Lurgan BT66 8BB</p> <p>Telephone: 0800 917 0222</p> <p>Email: info.pcc@hscni.net Website: www.patientclientcouncil@hscni.net</p> |
| <p>Human Rights Advocate</p> | <p>Disability Action's Centre on Human Rights Disability Action Portside Business Park 189 Airport Road West Belfast BT3 9ED</p> <p>Telephone: (028) 9029 7880 Textphone: (028) 902907882 Email: humanrights@disabilityaction.org</p> |

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| <p>Voice of Young People In Care</p> | <p>Flat 12, Mount Zion House Edward Street Lurgan BT66 6DB</p> <p>Telephone: (028) 3831 3380 Website: www.voypic.org</p> |
| <p>Legal and Investigations Team Northern Ireland Commissioner for Children and Young People</p> | <p>Equality House 7-9 Shaftesbury Square Belfast BT2 7DP</p> <p>Telephone: (028) 9031 1616 (Monday – Friday: 9:00am to 5:00pm)</p> <p>Email: listening2u@niccy.org Website: www.niccy.org</p> |
| <p>Age NI</p> | <p>3 Lower Crescent Belfast BT7 1NR</p> <p>Telephone: 0808 808 7575 (8:00am to 7:00pm, 7 days a week)</p> <p>Email: advice@ageni.org Website: www.ageni.org/advice</p> |
| <p><u>Complaints about Family Practitioner Services</u> (family doctors, dentists, pharmacists, opticians)</p> | |
| <p>HSC Board Complaints Manager</p> | <p>Southern LCG, Tower Hill, Armagh, BT61 9DR</p> <p>Email: Complaints.hscb@hscni.net</p> |

Appendix 2 Complaints Process

Complaints at Point of Service

Complaint is raised by or on behalf of a service user at the point of service delivery

Member of staff who first learns of complaint should respond immediately & directly in an attempt to resolve the matter informally, speedily & appropriately.

IS THE MATTER
RESOLVED?

YES

If a member of staff has resolved a complaint 'at point of service delivery' they should complete and return all sections on the *Complaints at Point of Source Delivery form*.

Formal Complaints Process

If the person remains dissatisfied, they should be offered a copy of the Trust's 'We Value Your Views' leaflet and advised that they may wish to contact the Service User Feedback team to make a formal complaint

This is also the starting point for anyone who approaches the Service User Feedback team directly with their complaint.

The Service User Feedback team will screen all service user contacts and determine if these are enquiries or complaints. The office will also facilitate early resolution of the enquiry or complaint, if possible.

Service User Feedback Team, Southern Health & Social Care Trust, Beechfield House, Craigavon Area Hospital, Portadown, BT63 5QQ

Telephone: 028 375 64600
Email: complaints@southerntrust.hscni.net

NO

Complaint file is closed.

Where the Trust has exhausted all options available to it and there is no resolution to a complaint the complainant is advised of the procedures for contacting the **Ombudsman's office**.

Working DAY 1: Complaint is sent to the relevant Governance Co-ordinator's office.

Working DAY 2: Governance Co-ordinator's office to send **ACKNOWLEDGEMENT** of the complaint to the complainant.

INVESTIGATION

Working DAY 20: Director will issue a **RESPONSE** to the complainant.

Complainant Satisfied?

YES

NO

Assistant Director to consider the following measures:
Further written response to outstanding issues; **meeting with the complaint**, enhanced local resolution **investigation by a second team**; **conciliation**; use of **Lay people to assist**, or the use of **independent experts**.

NO

Complainant Satisfied?

Complaint file is closed.

YES

