



Belfast Health and
Social Care Trust

Trust Policy for approval by Trust Policy Committee

TYPE OF DOCUMENT

REFERENCE NUMBER	TP045/10
TITLE	Policy and Procedure for the Management of Complaints & Compliments.
Summary	The purpose of this policy is to provide guidance on how complaints are managed within the Belfast HSC Trust. Appendix 1 It is the Trust's wish to promote an open, honest and just culture, where all staff can learn from complaints.
Supercedes	Individual Legacy Trust's Policies
Operational date	April 2010
Review date	April 2013
Version Number	V1
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Date	Version	Author	Comments
10/02/10	0.1	Margaret McKee	Initial Draft
25/02/10	0.2	Margaret McKee	Amendments/ Comments
23/03/10	0.3	Margaret McKee	Amendments/ Comments
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Policy Record

		Date	Version

Approval Process – Trust Policies

Policy Committee	Approval	17/05/10	V1
Executive Team	Authorise	19.05.10	V1
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Approval Process – Clinical Standards and Guidelines

Standards and Guidelines Committee	Approval		
Policy Committee	Ratify		
Executive Team	Authorise		
Appropriate Director	Sign Off		

Local Approval Process

	Approval		
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Dissemination

Areas :	

Title:

Policy and Procedure for the Management of Complaints & Compliments.

Purpose:

To provide staff with a greater understanding and guidance on complaint management within the Belfast Trust and to ensure learning from complaints can take place and they are managed in a positive and open manner.

Objectives:

- To provide information for all staff and service users on complaints management
- To ensure complaints are managed in a timely manner
- To ensure the Trust promotes a culture of openness and honesty when investigating all complaints
- To provide learning from complaints across the Trust
- To provide guidance on how to manage a complaint

Policy Statement(s):

This policy has been developed and set within the Legal Framework for Complaints Management within Health and Social Services.

The Belfast Health and Social Care (HSC) Trust are committed to providing the best possible services for patients, clients, visitors and staff. Complaints should be used to inform and improve. The Belfast Health and Social Care Trust aims for continuous modernisation and improvement in their performance as a result of complaints. Where something has gone wrong or fallen below standard the organisation has the opportunity to improve and avoid a recurrence. By making sure that lessons from complaints are taken on board and followed up appropriately, services and performance can be greatly improved for the future.

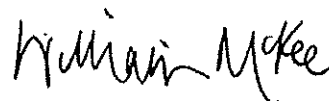
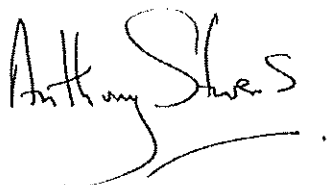
Learning from complaints can only take place when they are managed in a positive and open manner. It is the Trust's wish to promote an open, honest and just culture, where all staff can learn from complaints.

It is essential that all staff are aware of their roles and responsibilities when dealing with complaints. This will enable them to respond positively, and where possible, resolve the complaint at local level.

Complaints will be dealt with promptly and effectively in order to eliminate the need for a complicated and time-consuming investigation process.

This policy provides the opportunity to put things right for service users as well as improving services.

All complaints will be treated in confidence, with due care and respect being paramount at all times.



Medical Director

Chief Executive

Date: 19 May 2010

Date: 19 May 2010

Source/Committee – Policy & Procedure for Complaints & Compliments – V1 – Date: 04/05/10

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Full Description

Reference No: TP045/10

1. Title:

Policy & Procedure for the Management of Complaints and Compliments.

2. Introduction:

This policy covers complaints received about any aspect of Health and Social Care services provided or commissioned by the Belfast Trust in hospital or community settings.

Any complaint relating to an application to obtain access to Health and Social Care records for deceased persons (under the Access to Health Records (NI) Order 1993) can be investigated through the Complaints Procedure. This would be an alternative to making an application to the Courts.

3. Purpose:

This Policy is designed to provide staff with a greater understanding and guidance on Complaint Management within the Belfast Health & Social Care Trust

4. The Scope:

This Policy is applicable to all staff that provide services within the Belfast Health & Social Care Trust. This also includes services that our commissioned or provided by the Independent Sector.

5. Objectives:

- To provide information for all staff and service users on complaints management
- To ensure complaints are managed in a timely manner
- To ensure the Trust promotes a culture of openness and honesty when investigating all complaints
- To provide learning from complaints across the Trust
- To provide guidance on how to manage a complaint

6. Roles and Responsibilities:

Appendix 2

7. Policy / Guideline description:

This Policy describes how Complaints/ Enquiries/ Compliments will be managed effectively within the Belfast Health & Social Care Trust. For

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Definitions – Appendix 1

8. Policy statements:

- 8.1 All complaints must be formally acknowledged with two working days by a member of the Complaints Team.
- 8.2 Complaints must be responded to within a 20 working day timeframe and where this is not possible due to unforeseen circumstances a holding letter can be issued with the approval of the Complaints Manager.
- 8.3 The designated link person within each service area will be notified by the Complaints Team on receipt of the complaint. A copy of the complaint correspondence will be forwarded to the link person in the service group attaching a complaints memo outlining the process to be followed to ensure a timely response.
- 8.4 Support and advice available from Complaints Team upon request. Details on what information is required when recording a complaint – Appendix 4
- 8.5 The Complaints Team will provide a reminder to the link person via email or telephone to prompt the internal response.
- 8.6 Upon completion of the complaints investigation, the responsible link person must forward a draft response to the Complaints Team who will ensure all aspects of the complaint have been addressed. Appendix 8
- 8.7 Once the content of the draft is deemed to have answered all aspects of the Complaint, the response will be sent to the designated service manager/ director for approval and signature.
- 8.8 Where a third party wishes to make a complaint on behalf of someone else, consent must be sought. The Complaints Team will forward a consent form to the relevant person(s) requesting authorisation. Appendix 3 & 5
- 8.9 At all stages within the complaints process assistance from the Complaints Manager, Independent advice and support for complainants is also available from the Patient Client Council, Independent advocacy and specialist advocacy services. Appendix 12
- 8.10 It is essential that all staff are aware of their roles and responsibilities when dealing with complaints. Appendix 2 This will enable them to respond positively, and where possible, resolve the complaint at local level.
- 8.11 This policy provides the opportunity to put things right for service users as well as improving services.
- 8.12 All complaints will be treated in confidence, with due care and respect being paramount at all times.
- 8.13 Complaints in relation to Children Services issues – Appendices 17 & 18
- 8.14 Where a complaint is made locally all attempts should be made to achieve local resolution. Appendix 10. Local Resolution forms can be found on the Trust intranet Appendix 11 which should be completed and forwarded to the complaints link for recording. However, where this is not possible and during office hours the complainant should be transferred to the Complaints Department Appendix 12. Outside of these hours, guidance as per Appendix 8
- 8.15 Normally, a complaint must be made within 6 months of the occurrence of the matter giving rise for concern, or from when the complainant became aware of the matter as detailed in the complaints leaflet. Appendix 16. Full and proper investigation is hindered where timescales extend beyond a six-month period, however, this should not be stringently applied and advice should be sought from the relevant Complaints Manager.

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8.16 Where a complaint relates to the actions of more than one service area the Complaints Manager along with the Service Group Manager will identify and agree who will take the lead in investigating the complaint and co-ordinating the response for the complaint.

8.17 All complaints will be investigated accordingly to the degree of the grading. Not all complaints need to be investigated to the same degree. The grading of the complaint will identify the level of investigation required. *Appendix 6*

8.18 Some matters are excluded from investigation through the Trusts Complaints Procedure. *Appendix 9*

9.0 Implementation / Resource requirements:

A programme of complaints awareness and management training will be ongoing throughout the Trust to ensure that this procedure is followed and that staff encourages service users to make their views known.

Complaints' Training is now contained as part of the mandatory induction programme for new Belfast Health & Social Care Trust employees.

Further information on dealing with Vexatious, unreasonably demanding, or persistent Complaints can be found in *Appendix 13* and the Policy Acceptable Actions in *Appendix 14*.

10. Source(s) / Evidence Base:

Legacy Complaint Policies

DHSSPSNI Complaints Standards and Guidelines for Local Resolution and Learning – April 2009

11. References, including relevant external guidelines:

HPSS Complaints Procedure Regulations: April 2009

The Children (NI) Order 1995:

12. Consultation Process:

Senior Managers within Risk & Governance
Governance Leads within the Service Groups
Staff side
Human Resources and Equality Department
Independent Service User Group.

13. Equality and Human Rights screening carried out:

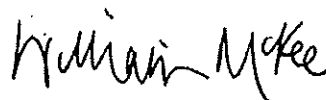

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment.

Screening completed
No action required.

Full impact assessment to be
carried out.

14. Procedures:

Appendix 10



Medical Director

Chief Executive

Date: 19 May 2010

Date: 19 May 2010

Appendix 1 Definitions

Complaint

A complaint is "an expression of dissatisfaction about care or services provided by The Trust, which requires a response". Complainants may not always use the word complaint. They may offer a comment or suggestion that can be extremely helpful.

Enquiry

An enquiry is "a request for information, explanation or clarification".

Compliment

A compliment is "an expression of praise, commendation, or admiration".

Promoting access

Service users should be made aware of their right to complain and given the opportunity to understand all possible options for pursuing a complaint. Complainants must, where appropriate, have the support they need to articulate their concerns and successfully navigate the system. They must also be advised of the types of help available through front line staff, the Complaints Managers and the Patient Client Councils. The Trust promotes and encourages an open and flexible access to the complaints procedure.

Co-operation

Local arrangements must be such as to ensure that a full and comprehensive response is given to a complainant. Therefore co-operation in the handling and consideration of complaints is essential between:

Internal Services or Corporate Groups, other HSC organisations and Regulatory authorities.

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This general duty to co-operate includes answering questions, providing information and attending any meeting reasonably requested by those investigating the complaint.

The Trust has assigned Complaints Managers to Service and Corporate Groups who are readily accessible to both the public and members of staff. Names of these managers can be found on the Trusts internet

Appendix 2 Roles and Responsibilities

A. Chief Executive

As Accountable Officer, the Chief Executive is responsible for ensuring the Trust meets its statutory and legal requirements and adheres to relevant complaint guidance.

The Chief Executive will:

1. ensure that the Trust takes the necessary action to ensure that lessons are learned and where appropriate, improvements are made to the service
2. ensure a Committee structure is in place to monitor and review the organisation's performance in complaints management

B. Trust Board

The Trust Board is responsible for the implementation of the Policy and Procedure for the Management of Complaints, Enquiries and Compliments and to ensure compliance with the Trust's statutory obligations as described in the relevant complaints legislation.

The Board will:

1. ensure that the organisation arrangements contained within the policy and procedures are implemented
2. monitor and review the overall reporting performance and receive regular reports
3. ensure complaints management is integrated within the Trust's Performance and Assurance Framework

C. Medical Director

The Medical Director or his deputy has the responsibility for the management of complaints throughout the Belfast Health and Social Care Trust.

The Medical Director has a shared responsibility with the Director of Nursing and Patient Experience for clinical quality.

The Medical Director will

- report to the Trust Board on the management of complaints at regular intervals
- develop suitable organisational arrangements for the management of complaints
- development and maintain systems to monitor and disseminate learning from complaints across the organisation
- put systems in place to ensure reporting of complaints to external agencies as required e.g. DHSSPSNI, Regional Health and Social Care Board and Regulation and Quality Improvement Authority

D. Co-Director Risk and Governance

The Co-Director will support the Medical Director in meeting his responsibility for complaints management of patients, clients, staff, public and patient safety.

The Co-Director has Trust-wide lead for the co-ordination, implementation, and evaluation of risk management systems and the Trust Risk Management Strategy.

The Co-Director will:

- promote an open, honest and just culture for complaints management
- maintain systems for the reporting, recording and analysing of complaints
- ensure that subsequent learning from complaints is shared across the Trust, through appropriate management structures
- take account of relevant complaints when reviewing service group risk registers and ensure appropriate linkage to the corporate risk register

E. Directors

It is the responsibility of the directors to:

- disseminate and promote this policy and procedure within their responsibility and ensure its implementation by providing support and advice to managers and staff
- ensure complaints are investigated thoroughly in accordance with existing policy and procedure
- ensure that complaints are monitored and reviewed within their Service Group and ensure any recommendations made as a result of investigations are implemented and monitored
- ensure that subsequent learning from complaints is shared across Service Groups, through appropriate management structures
- take account of relevant complaints when reviewing their Risk register and ensure that this is linked appropriately to the Corporate Risk Register
- ensure staff have access to advice and training on complaint management and, where appropriate, investigation and review
- sign off complaint responses on behalf of the Chief Executive

F. Co- Directors

It is the responsibility of the Co Directors to ensure that all complaints are managed efficiently and effectively within his/her span of responsibility.

The Co-Director will:

- deal with any queries Investigating Officers might have, including the need to contact or meet with the service user who made the complaint or enquiry
- agree the draft response with the Service Manager and forward this to the relevant Complaints Manager within identified timescales along with the supporting documentation

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G. Service Group Managers

- Service Group Managers are responsible and accountable to their Director to ensure complaints are thoroughly investigated with their clinical and managerial teams and responded to within given time scales. Service Managers should also ensure that their teams approve draft responses and receive copies of final responses

H. Complaints Managers

Complaints Managers are responsible for:

- obtaining consent where required in the case of third party complaints or enquiries
- quality assuring all responses received pertaining to complaints or enquiries
- providing service user feedback, related analyses and reports to services and Committees within the Governance Accountability Framework
- providing information as requested by RQIA, Dept of Health and HSC Board
- contributing to training in relation to complaints investigation and management
- ensuring final Complaint Responses are sent to Service Managers and Co-Directors via team administrators.

I. All staff

Staff are responsible for:

- discussing and attempting to resolve complaints as they arise within the service and to put things right where possible within identified timescales
- giving each service user a copy of the Trust's Complaints Leaflet at first contact with the service to encourage all types of user feedback. Staff should advise that any concerns can be raised directly with them or, if preferred the leaflet can be used. Where this is not appropriate, consideration must be given as to when service users should be informed about the Trust's service user feedback process
- 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 complaints staff 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 to Investigating Officers within requested timescales
- informing their line manager and other team members (if appropriate) when they receive a written compliment from service users
- making sure that information relating to service user feedback is displayed in facilities accessed by service users and made available in inspections/audit

Appendix 3

Who Can Complain?

Any person can complain about any matter relating to the provision of services provided or commissioned by the Trust. Complaints may be made by:

- a patient or client;
- former patients, clients or visitors using HSC services and facilities;
- someone acting on behalf of existing or former patients or clients, (providing they have obtained the patient's or client's consent);
- parents (or persons with parental responsibility) on behalf of a child; and any appropriate person in respect of a patient or client who is deceased e.g. the next of kin.

How can complaints be made?

Complaints may be made verbally or in writing and should also be accepted via any other method, for example, the telephone or electronically. The Trust should be mindful of technological advances and ensure local arrangements are in place to ensure there is no breach of patient/client confidentiality.

Complaints may be made to any member of staff - for example receptionists, medical or care staff. In many cases complaints are made orally and front-line staff may resolve the complaint "on the spot". If this is the case it should be recorded on the Service Group, Complaints Record Form (Local Resolution), along with the action taken and outcome and forwarded to the Complaints Department for entry onto the Datix system. (This form can be found on the Trust's intranet site). Appendix 1

Complaints that cannot be resolved "on the spot" must be passed on to the Complaints Manager.

All front-line staff must be trained and supported to respond sensitively to the comments and concerns raised and be able to distinguish those issues which would be better referred elsewhere. Front line staff should familiarise themselves with the Equality Good Practice Reviews' principles for dealing with and managing complaints and the Standards for complaints handling.

[dhsspsni.gov.uk/goodpractice reviews](http://dhsspsni.gov.uk/goodpractice%20reviews)

[dhsspsni.gov.uk/ Complaints in Health and Social care Standards & Guidelines for Resolution and Learning](http://dhsspsni.gov.uk/Complaints%20in%20Health%20and%20Social%20care%20Standards%20&%20Guidelines%20for%20Resolution%20and%20Learning)

Options for pursuing a complaint

Some complainants may prefer to make their complaint to someone within the Trust who has not been involved in the care provided. In these circumstances, they should be advised to address their complaint to the Complaints Manager, an appropriate senior person or, if they prefer to the Chief Executive. The Trust has named Complaints Managers. Names of these managers can be found on the Trusts internet s

Appendix 4

What information should be recorded when taking a complaint?

- A complaint need not be long or detailed, but it must include:
- Contact details name, address, telephone number, DOB, where appropriate hospital number, Dept/ Ward/ Facility and GP.
- Who or what is being complained about, including the names of staff if known
- Where and when the events of the complaint happened: and where possible, what remedy is being sought- e.g. an apology or an explanation or changes to services.
- Advice on consent when appropriate
- Once template is completed, forward to Complaints Department immediately for acknowledgement and action.

Appendix 5

Consent

Third party complaints may be made by a service user's relative, friend, carer, or other representatives such as their solicitor. Such complaints are acceptable provided the service user has given his/her written consent. In such circumstances the Complaints Department reserve the right to seek written consent from the service user prior to releasing information.

However, there will be situations where it is not possible to obtain consent, such as:

- where the individual is a child and not of sufficient age or understanding to make a complaint on their own behalf;
- where the individual is incapable (for example, rendered unconscious due to an accident; judgement impaired by learning disability, mental illness, brain injury or serious communication problems);
- where the individual is deceased.

The Complaints Manager, in discussion with the Service Group Director, Data Protection Officer, or other senior person, will determine whether the complainant has sufficient interest to act as a representative. The question of whether a complainant is suitable to make representation depends, in particular, on the need to respect the confidentiality of the patient or client. If it is determined that a person is not suitable to act as a representative the Trust will provide information in writing to the person outlining the reasons the decision has been taken. Where Consent has not been received, the complaints response will not be released. A second request letter to the complainant will be sent advising that consent is required. If consent has not been received, a third and final letter will be sent advising that the complaint will be closed within a stated timeframe.

More information on consent can be found in the DHSSPS good practice in consent guidance. (www.dhsspsni.gov.uk/publichealthconsent)

Confidentiality

Staff are required to promote and maintain service user and staff confidentiality and to comply with the requirements of legislation, for example, the Data Protection Act 1998 and the Human Rights Act 1998. The need for sensitivity and confidentiality is paramount. All staff must be particularly aware of requirements in this regard, given the nature of their work and the access they require in order to affect this procedure.

Staff are directed to the Code of Practice on Protecting the Confidentiality of Service Users DHSSPS (www.dhsspsni.gov.uk/confidentiality-consultation)

Appendix 6

Grading of the complaint

It is the responsibility of the Complaints Manager to ensure that all complaints are graded using the risk grading process as outlined in the Adverse Incident Reporting Policy and Procedure including Adverse Incident Investigation Procedure. The grading will also be agreed with the Service Group Manger.

All complaints graded as "red" will immediately be highlighted to the Senior Complaints Manager who will inform the Co-Director of Risk and Governance and the Co-Director of the Service Group who will be responsible in informing the relevant Director. It is the responsibility of the Director to inform the Chief Executive.

In cases where the complaint is as graded high risk (red) the Co-Director / Director will agree the level of investigation to be carried out. E.g. Root Cause Analysis (RCA).

All other complaints will be investigated accordingly to the degree of the grading.

Appendix 7

Investigation and Resolution

The purpose of the investigation is not only to ascertain what happened, to establish the facts, to learn, to detect misconduct or poor practice and to improve services but also gain 'resolution' for the complainant.

The investigation should be undertaken by a suitable person and conducted in a manner that is supportive to all those involved. Advice should be sought from the Complaints Manager / Senior Complaints Manager where necessary.

It may be more appropriate depending on the complexity of the complaint that a meeting would be offered to the family to discuss the outcome of the investigation. This decision would be agreed by the Complaints Manager and Service Group Manager.

The investigator should establish the facts relating to the complaint and assess the quality of the evidence and call upon the services of others if required.

Once the investigation is complete the investigator should prepare a draft response. The response should include and explain how the investigation was carried out and how the conclusions were reached. This draft response must be shared with the relevant staff to ensure factual accuracy and agreement. It should then be ratified by the Co Director / nominated person before being forwarded to the Complaints Department for formatting and forwarding to the Director for final signature.

Some complaints will take longer than others to resolve because of differences in complexity, seriousness and the scale of the investigative work required.

Others may be delayed due to the unavailability of a member of staff or a complainant as a result of personal or domestic arrangements, bereavement, a period of mental illness, an allegation of physical injury or because a complaint is being investigated under another procedure. It is important that the Complaint Manager is informed of any delays so that the Complainant can be kept updated.

Appendix 8

Responding to a complaint

It is the responsibility of the relevant Service Manager/Investigating Officer to prepare the draft response from the information obtained during the investigation. The response should be clear, accurate, balanced, simple, and easy to understand.

It should aim to answer all the issues raised by the complainant, in an open and honest way, explaining the situation, why it occurred and the action taken or proposed. Where possible this should be provided to the relevant Complaints Manager within 10 working days from receipt of the complaint.

The draft response should:

- address all of the concerns expressed and show that each element has been fully and fairly investigated
- explain what happened and why it happened
- detail any actions taken or proposed to prevent recurrence
- offer to meet the complainant
- where appropriate include an apology where things have gone wrong
- indicate that a named person is available to clarify any aspect of the letter
- their right to take their complaint to the Commissioner for Complaints if they remain dissatisfied with the outcome of the complaints procedure.

When the Service Group manager and Co-Director / nominated person is satisfied that the complaint has been fully addressed and agree the draft response, this should be forwarded to the Complaints Manager along with all relevant documentation and copies of all investigative reports. Upon receipt of the ratified letter the Complaints Manager will then forward response for signature by the relevant Director.

In line with the DHSSPS guidance, complaints must be investigated and the person making the complaint, issued with a written response, signed by the relevant Director, on behalf of the Chief Executive, within 20 working days where possible. If for any reason this is not possible the complainant will be advised of the delay, the reason for it and when they are likely to receive a full reply.

When the final response is signed off by the Director the Director's secretary will then send the letter to the complainant and a copy of the signed letter to the Complaints Manager for the file. The complaint is then closed. If the complainant remains dissatisfied they can contact the Complaints Department. Consideration will then be given to reopen the complaint for further local resolution. This may include advocacy or conciliation.

The Complainant can also contact the Commissioner for Complaints at this stage.

Appendix 9

What the policy does not cover

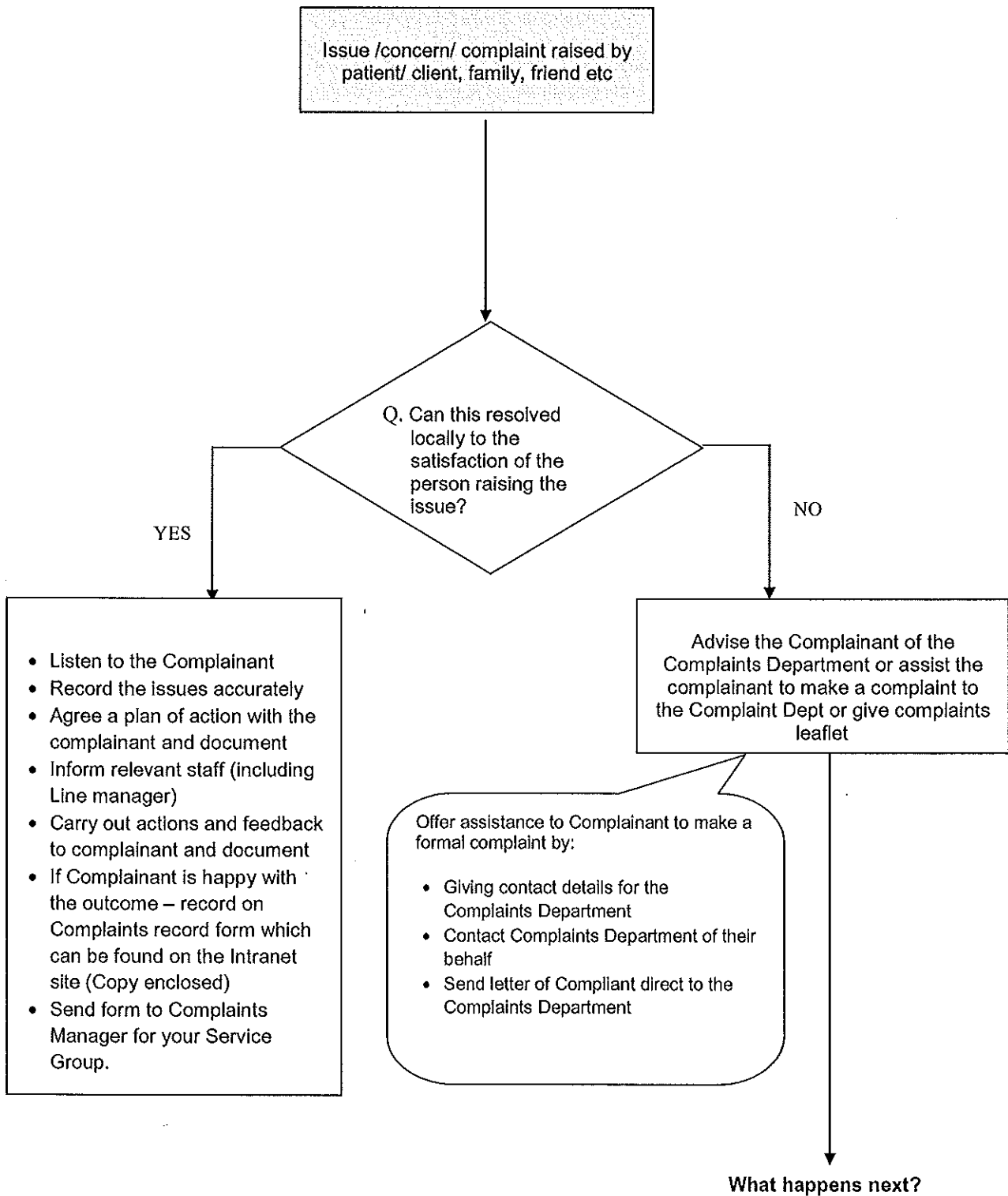
In such circumstances the Chief Executive should inform the person outlining why the exclusion applies.

Exclusions are as follows:

- private care and treatment or services including private dental care or privately supplied spectacles; except for those patients having private care in one of the Trust's facilities and the complaint is about care and treatment.
- services not provided or funded by the HSC, for example, provision of private medical reports; or
- the independent regulated sector (except for those that are commissioned by the Trust)
- staff grievances / complaints
- an investigation under the disciplinary procedure
- an investigation by one of the professional regulatory bodies
- services commissioned by Health & Social Care Board (HSCB)
- a request for information under Freedom of Information
- access to records under the Data Protection Act 1998
- an independent inquiry
- a criminal investigation
- protection of vulnerable adults *Appendix 15*
- child protection procedures
- coroners cases
- legal action

Appendix 10

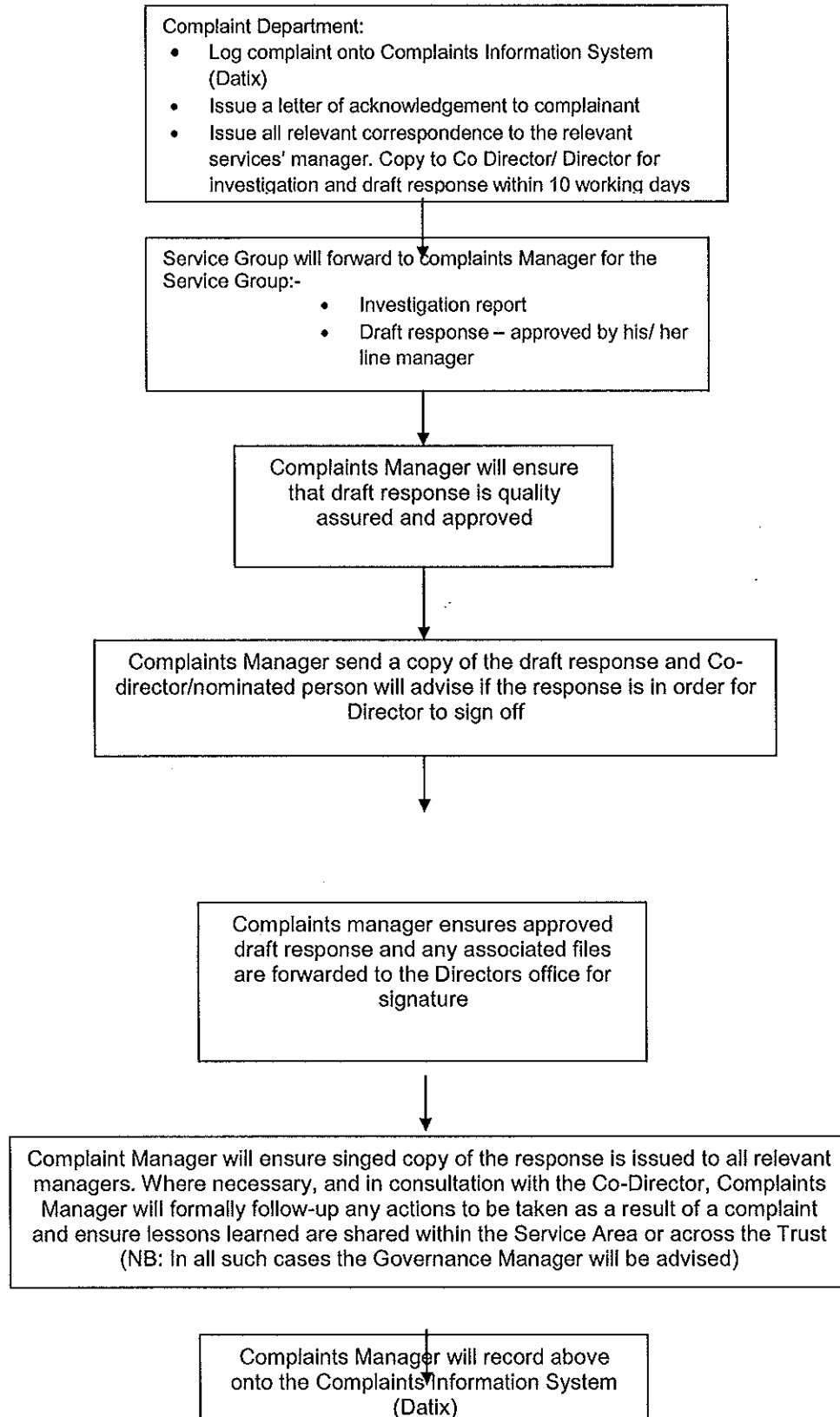
Flowchart summarising the process for staff to follow when dealing with Complaints



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Appendix 10 continued...

Flowchart summarising the process for Service Groups and Complaints Managers to follow when dealing with Complaints



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Appendix 11

Service Group Complaint/Enquiry Record Form

Date:
Time:
Details Taken By:
Location & Service Group:

Patient/Client Affected Details

Name:			
Address:			
Contact telephone number (if same person as complainant)			
Date of Birth: (if patient/client)		Hospital Number (if patient/client)	

Complainant Details (if different from above)

Name:			
Address:			
Contact number:			

NB: Consent – Advise complainant, if not patient, that consent may be required
Note of Complaint/Enquiry

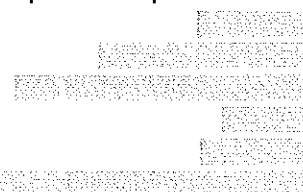
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Action Taken

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<p>Passed to Complaints Department:</p> <p>NB: This information will be shared with the complaints department for statistical purposes only.</p>
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Please return to: Complaints Department



Appendix 12 – Internal/ External Support/ Contacts

COMPLAINTS DEPARTMENT

The BHSCT Complaints Department are located at:

Musgrave Park Hospital
McKinney House
Stockman's Lane
Belfast
BT9 7JB

Tel: [REDACTED]
Fax: [REDACTED]

THE NI COMMISSIONER FOR COMPLAINTS

The NI Commissioner for Complaints (the Ombudsman) can carry out independent investigations into complaints about poor treatment or services or the administrative actions of the Trust. If someone has suffered because they have received poor service or treatment or were not treated properly or fairly- and the Trust or practitioner has not put things right where they could have- the Ombudsman may be able to help.

The Ombudsman's contact details are:

Mr Tom Frawley
Northern Ireland Ombudsman
Freepost BEL 1478
Belfast
BT1 6BR

Tel: [REDACTED]
Free phone: [REDACTED]

Further information can be accessed at:

[REDACTED]
email: [REDACTED]

THE PATIENT AND CLIENT COUNCIL

The Patient and Client Council (PCC) is an independent non-departmental public body established on 1 April 2009 to replace the Health and Social Services Councils. Its functions include:

- representing the interests of the public
- promoting involvement of the public
- providing assistance to individuals making or intending to make a complaint
- promoting the provision of advice and information to the public about the design, commissioning and delivery of health and social care

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services

If a person feels unable to deal with a complaint alone, the staff of the PCC can offer a wide range of assistance and support. This assistance may take the form of:

- information on the Complaints Procedure and advice on how to take a complaint forward
- discussing the complaint and drafting letters
- making telephone calls
- helping prepare for a meeting and accompanying the complainant
- preparing a complaint to the Ombudsman;
- referral to other agencies, for example, specialist advocacy services;
- help on accessing medical/social services records.

All advice, information and assistance with complaints are provided free of charge and are confidential. Further information can be obtained from; [REDACTED]; or

Free phone [REDACTED]

ADVOCACY AND CONCILIATION

Some people who might wish to complain do not do so because they do not know how to, doubt they will be taken seriously, or simply find the prospect too intimidating. Advocacy services are an important way of enabling people to make informed choices. Advocacy helps people have access to information they need, to understand the options available to them, and to make their wishes and views known. Advocacy also provides a preventative service that reduces the likelihood of complaints escalating. Advocacy is not new. People act as advocates every day for their children, for their elderly or disabled relatives and for their friends.

Within the Health and Social Care sector, advocacy has been available mainly for vulnerable groups, such as people with learning problems, learning disabilities and older people (including those with dementia). However, people who are normally confident and articulate can feel less able to cope because of illness, anxiety and lack of knowledge and can be intimidated by professional attitudes that may seem paternalistic and authoritarian.

The Trust should encourage the use of advocacy services and ensure complainants are supported from the outset and made aware of the role of advocacy in complaints, including those services provided by the PCC. Advocacy in complaints must be seen to be independent to retain confidence in the complaints process.

Conciliation is a process of examining and reviewing a complaint with the help of an independent person. The conciliator will assist all concerned to gain a better understanding of how the complaint has arisen and will aim to prevent the complaint being taken further. He/she will work to ensure that good communication takes place between both parties involved to enable them to resolve the complaint. It may not be appropriate in the majority of cases but it may be helpful in situations such as;

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- where staff or practitioners feel the relationship with the complainant is difficult
- when trust has broken down between the Trust and both parties feel it would assist in the resolution of the complaint
- where it is important, e.g. because of on-going care issues, to maintain the relationship between the complainant and the Trust
- when there are misunderstandings with the relatives during the treatment of the patient

All discussions and information provided during the process of conciliation are confidential. This allows staff to be open about the events leading to the complaint so that both parties can hear and understand each others' point of view and ask questions.

Complaints raised by unreasonable, vexatious or abusive complainants are NOT suitable for conciliation.

Conciliation is a voluntary process available to both the complainant and those named in the complaint. Either may request conciliation but both must agree to the process being used. In deciding whether conciliation should be offered, consideration must be given to the nature and complexity of the complaint and what attempts have already been made to achieve local resolution. The decision to progress to conciliation must be made with the agreement of both parties. The aim is to resolve difficulties, e.g. if there is a breakdown in the relationship between a doctor or practitioner and their patient.

Conciliation may be requested by the complainant or the Trust.

THE REGULATION QUALITY IMPROVEMENT AGENCY - RQIA

RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services. The Regulation and Quality Improvement Authority will monitor how complaints about the regulated services are handled.

Contact Details:

The Regulation and Quality Improvement Authority Headquarters
9th Floor Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Email: [REDACTED]

Telephone number: [REDACTED]

Fax: [REDACTED]

Appendix 13

Vexatious, unreasonably demanding, or persistent Complaints

All Trust staff should respond to complainants in an appropriate and professional manner. However, there may be times when nothing can reasonably be done to assist or where further contacts place inappropriate demands on resources.

In such cases and in consultation with Senior Manager/ Co-Director will establish if the "Unacceptable Actions Policy". Or Guidance for the handling of Habitual or Vexatious complains should be considered.

Introduction

Habitual or vexatious complainants are becoming an increasing problem for Healthcare Staff. The difficulty in handling such complainants places a strain on time and resources and can cause undue stress for staff that may need support in these difficult situations. Staff should respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further which can be reasonably done to assist them or to rectify a real or perceived problem.

In determining arrangements for handling such complainants, the Trust is presented with two key considerations:

- a) To ensure that the complaints procedure has been correctly implemented so far as is possible and that no material element of a complaint is overlooked or inadequately addressed, and to appreciate that even habitual or vexatious complaints may have aspects to their complaints which contain some genuine substance. The need to ensure an equitable approach is crucial.
- b) To be able to identify the stage at which the complainant has become habitual or vexatious.

Purpose of the Guidance

The aim of the guidance is to identify situations where a complainant might be properly considered to be habitual or vexatious and to suggest ways of responding to these situations.

It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try and resolve complaints following the Trust's complaints procedure, i.e., through local resolution. Judgement and discretion must be used in applying the criteria to identify potential or vexatious complainants and in deciding action to be taken in specific cases.

The procedure should only be implemented following careful consideration of the actions and behaviour of a complainant by a Director of the Trust, in conjunction with the relevant Patient/Client Liaison Manager.

Definition of a Habitual or Vexatious Complaint

Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or vexatious where previous or current contact with them shows that they meet any one of the following criteria:

Where complainants:

- a) persist in pursuing a complaint after the Complaints Procedure has been fully and properly implemented and exhausted (e.g. where investigation has been denied as 'Out of time')

- b) change the substance of a complaint or continually raise additional issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response (Not all complainants who raise further concerns or questions on receipt of a response are vexatious. They may be doing so to seek clarification as part of the local resolution process. Care must be taken not to discard new issues, which are significantly different from the original complaint. These might need to be addressed as separate complaints)
- c) are unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, medical or computer records, or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed
- d) do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of staff to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate
- e) focus on a relatively minor matter to an extent, which is out of all proportion to its significance and continue to focus on this point (It is recognised that determining what a '*relatively minor*' matter can be is subjective, therefore careful judgement must be used in applying this criteria)

Dealing with habitual or Vexatious Complainants

A Director of the Trust and/or nominated deputies may decide to deal with complainants in one or more of the following ways:

- a) Once it is clear a complainant meets any one of the criteria above, they should be informed in writing that they may be classified as habitual or vexatious complainants. This procedure should be copied to them and they should be advised to take account of the criteria in any further dealings with the Trust.
- b) Decline any contact with the complainants either in person, by telephone, by fax, by email, by letter or any other combination of these, or restrict contact to liaison through a third party (If staff are to withdraw from a telephone conversation with a complainant, it may be helpful to have an agreed statement to be used at such times).
- c) Notify the complainants in writing that a Director of the Trust has responded fully to the points raised, and have tried to resolve the complaint, that there is nothing more to add and continuing contact will serve no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
- d) Inform the complainants that in extreme circumstances, the Trust reserves the right to pass unreasonable or vexatious complaints to the Trust's solicitors or to the Police if violence or threats are made against staff.
- e) Temporarily suspend all contact with the complainants regarding their complaint whilst seeking legal advice and advise the complainant accordingly. It may still be necessary however to continue providing a healthcare service.

Withdrawing 'Vexatious or Habitual' Status

Once a complainant has been identified as 'habitual or vexatious' there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate.

Staff should have used discretion in recommending 'habitual or vexatious' status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate.

Where this appears to be the case, a discussion between key staff and the Chief Executive and/or nominated deputies will take place. Subject to his/her approval, normal contact with the complainants and application of the Trust's complaints procedure will then be resumed.

Even correspondence from complainants who have been classified as habitual or vexatious should be screened to ensure that no new complaint has been raised and to determine if the Trust's discretion should be applied.

Appendix 14

UNACCEPTABLE ACTIONS POLICY

HSC staff must be trained to respond with patience and empathy to the needs of people who make a complaint, but there will be times when there is nothing further that can reasonably be done to assist them. Where this is the case and further communications would place inappropriate demands on HSC staff and resources, consideration may need to be given to classifying the person making a complaint as an unreasonable, demanding or persistent complainant.

In determining arrangements for handling such complainants, staff need to:

- Ensure that 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; and
- Be able to identify the stage at which a complainant has become habitual.

The following Unacceptable Actions Policy should only be used as a last resort after all reasonable measures have been taken to resolve the complaint.

This policy sets out the approach to those complainants whose actions or behaviour HSC organisations consider unacceptable. The aims of the policy are to:

- Make it clear to all complainants, both at initial contact and throughout their dealings with the organisation, what the HSC organisation can or cannot do in relation to their complaint. In doing so, the HSC organisation aims to be open and not raise hopes or expectations that cannot be met;
- Deal fairly, honestly, consistently and appropriately with all complainants, including those whose actions are considered unacceptable. All complainants have the right to be heard, understood and respected. HSC staff have the same rights.
- Provide a service that is accessible to all complainants. However, HSC organisations retain the right, where it considers complainants' actions to be unacceptable, to restrict or change access to the service;
- Ensure that other complainants and HSC staff do not suffer any disadvantage from complainants who act in an unacceptable manner.

Defining Unacceptable Actions

People may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to a complaint. HSC organisations do not view behaviour as unacceptable just because a complainant is assertive or determined. In fact, it is accepted that being persistent can be a positive advantage when pursuing a complaint. However, the actions of complainants who are angry, demanding or persistent may result in unreasonable demands on the HSC organisation or unacceptable behaviour towards HSC staff.

It is these actions that HSC organisations consider unacceptable and aim to manage under this policy. These unacceptable actions are grouped under the following headings:

Aggressive or abusive behaviour

Violence is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language (whether verbal or written) that may cause staff to feel afraid, threatened or abused. Examples of behaviours grouped under this heading include threats, physical violence, personal verbal abuse, derogatory remarks and rudeness. HSC organisations also consider that inflammatory statements and unsubstantiated allegations can be abusive behaviour.

HSC organisations expect its staff to be treated courteously and with respect. Violence or abuse towards staff is unacceptable and a Zero Tolerance approach must be adopted. HSC staff understand the difference between aggression and anger. The anger felt by many complainants involves the subject matter of their complaint. However, it is not acceptable when anger escalates into aggression directed towards HSC staff.

Unreasonable demands

Complainants may make what the HSC consider unreasonable demands through the amount of information they seek, the nature and scale of service they expect or the number of approaches they make. What amounts to unreasonable demands will always depend on the circumstances surrounding the behaviour and the seriousness of the issues raised by the complainant. Examples of actions grouped under this heading include demanding responses within an unreasonable timescale, insisting on seeing or speaking to a particular member of staff, continual phone calls or letters, repeatedly changing the substance of the complaint or raising unrelated concerns.

HSC organisations consider these demands as unacceptable and unreasonable if they start to impact substantially on the work of the organisation, such as taking up an excessive amount of staff time to the disadvantage of other complainants or functions.

Unreasonable persistence

It is recognised that some complainants will not or cannot accept that the HSC organisation is unable to assist them further or provide a level of service other than that provided already. Complainants may persist in disagreeing with the action or decision taken in relation to their complaint or contact the organisation persistently about the same issue. Examples of actions grouped under this heading include persistent refusal to accept a decision made in relation to a complaint, persistent refusal to accept explanations relating to what the HSC organisation can or cannot do and continuing to pursue a complaint without presenting any new information.

The way in which these complainants approach the HSC organisation may be entirely reasonable, but it is their persistent behaviour in continuing to do so that is not.

HSC organisations consider the actions of persistent complainants to be unacceptable when they take up what the HSC organisation regards as being a disproportionate amount of time and resources.

Managing Unacceptable Actions

There are relatively few complainants whose actions a HSC organisation consider unacceptable. How the organisation manages these depends on their nature and extent. If it adversely affects the organisation's ability to do its work and provide a service to others, it may need to restrict complainant contact with the organisation in order to manage the unacceptable action. The HSC organisation will do this in a way, wherever possible, that allows a complaint to progress to completion through the complaints process. The organisation may restrict contact in person, by telephone, fax, letter or electronically or by any combination of these. The organisation will try to maintain at least one form of contact. In extreme situations, the organisation will tell the complainant in writing that their name is on a "no contact" list. This means that they may restrict contact with the organisation to either written communication or through a third party.

The threat or use of physical violence, verbal abuse or harassment towards HSC staff is likely to result in the ending of all direct contact with the complainant. All incidents of verbal and physical abuse will be reported to the police.

HSC organisations do not deal with correspondence (letter, fax or electronic) that is abusive to staff or contains allegations that lack substantive evidence. When this happens the HSC organisation will tell the complainant that it considers their language offensive, unnecessary and unhelpful. The HSC organisation will ask them to stop using such language and state that it will not respond to their correspondence if they do not stop. The HSC organisation may require future contact to be through a third party.

HSC staff will end telephone calls if the caller is considered aggressive, abusive or offensive. The staff member taking the call has the right to make this decision, tell the caller that the behaviour is unacceptable and end the call if the behaviour does not stop.

Where a complainant repeatedly phones, visits the organisation, sends irrelevant documents or raises the same issues, the HSC organisation may decide to:

- Only take telephone calls from the complainant at set times on set days or put an arrangement in place for only one member of staff to deal with calls or correspondence from the complainant in the future;
- Require the complainant to make an appointment to see a named member of staff before visiting the organisation or that the complainant contacts the organisation in writing only;
- Return the documents to the complainant or, in extreme cases, advise the complainant that further irrelevant documents will be destroyed;
- Take other action that the HSC organisation considers appropriate. The HSC organisation will, however, tell the complainant what action it is taking and why.

Where a complainant continues to correspond on a wide range of issues and the action is considered excessive, then the complainant is told that only a certain number of issues will be considered in a given period and asked to limit or focus their requests accordingly.

Complainant action may be considered unreasonably persistent if all internal review mechanisms have been exhausted and the complainant continues to dispute the HSC organisation's decision relating to their complaint. The complainant is told that no future phone calls will be accepted or interviews granted concerning this complaint. Any future contact by the complainant on this issue must be in writing. Future correspondence is read

and filed, but only acknowledged or responded to if the complainant provides significant new information relating to the complaint.

Deciding to restrict contact

HSC staff who directly experience aggressive or abusive behaviour from a complainant have the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation in line with this policy. With the exception of such immediate decisions taken at the time of an incident, decisions to restrict contact with the organisation are only taken after careful consideration of the situation by a more senior member of staff. Wherever possible, the HSC organisation will give the complainant the opportunity to modify their behaviour or action before a decision is taken. Complainants are told in writing why a decision has been made to restrict future contact, the restricted contact arrangements and, if relevant, the length of time that these restrictions will be in place.

Appealing a decision to restrict contact

A complainant can appeal a decision to restrict contact. A senior member of staff who was not involved in the original decision considers the appeal. They advise the complainant in writing that either the restricted contact arrangements still apply or a different course of action has been agreed.

Recording and reviewing a decision to restrict contact

The HSC organisation will record all incidents of unacceptable actions by complainants. Where it is decided to restrict complainant contact, an entry noting this is made in the relevant file and on appropriate computer records. A decision to restrict complainant contact may be reconsidered if the complainant demonstrates a more acceptable approach. A senior member of staff will review the status of all complainants with restricted contact arrangements on a regular basis.

Appendix 15

VUNERABLE ADULTS

Definition of vulnerable adult

For the purposes of 'Safeguarding Vulnerable Adults – Regional Adult Protection Policy and Procedural Guidance' the term 'vulnerable adult' is defined as: *a person aged 18 years or over who is, or may be, in need of community care services or is resident in a continuing care facility by reason of mental or other disability, age or illness or who is, or may be, unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.*

Adults who 'may be eligible for community care services' are those who's independence and well being would be at risk if they did not receive appropriate health and social care support.

They include adults with physical, sensory and mental impairments and learning disabilities, however those impairments have arisen; e.g. whether present from birth or due to advancing age, chronic illness or injury. They also include informal carers, family and friends who provide personal assistance and care to adults on an unpaid basis.

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Making a complaint about health and social care can be intimidating, especially for people with mental health problems, learning disabilities or for those who are old or frail. The Trust should have consistent, explicit arrangements in place for advising and supporting vulnerable adults including signposting to independent advice and specialist advocacy services.

Reportable offences and allegations of abuse

Very careful consideration must be given to complaints alleging offences that could be reportable to the police, and there should be explicit policies about the arrangements for such reporting. Where it is apparent that a complaint relates to abuse, exploitation or neglect then the regional *Safeguarding Vulnerable Adults Policy and Procedural Guidance (Sept 2006)* and the associated *Protocol for Joint Investigation of Alleged or Suspected Cases of Abuse of Vulnerable Adults (Dec 2003)* should be activated (see paragraph 1.26)

Appendix 16 – Complaints Leaflet

COMPLAINTS PROCEDURE

We aim to provide high quality services. However, if you have a complaint about any of our services, tell us about it. If our performance is not up to standard or if you are unhappy, we need to know so that we can learn and improve the quality of services we provide. We will take your complaint seriously and treat it in confidence.

Making a complaint does not affect your rights and will not result in the loss of any service you have been assessed as needing.

WHO CAN COMPLAIN?

Anyone who uses any of our services can complain. You can also complain on someone else's behalf, although you will generally need their consent.

HOW TO COMPLAIN?

You can make your complaint in the way that best suits you. This can be face to face, on the telephone, in a letter or by email. You should try to provide us with details of:

- how to contact you;
- who or what you are complaining about;
- where and when the event that caused your complaint happened; and
- where possible, what action you would like us to take.

You should try to complain as soon as possible, usually within six months of you becoming aware that you have a cause for complaint and normally no longer than 12 months after the event.

If you are unhappy with something, you can speak to any of the staff who are dealing with your treatment or care and they will try to resolve your concerns straight away. If they can't, they will tell you what to do next.

We also have a Complaints Department who can help you. You can contact them at:

Complaints Department
6th Floor, Midway House,
Magrave Park Hospital
Belfast
BT9 7J5

Tel: 028 30630223

Email: complaints@belfasttrust.hsc.ni.net

HELP WITH MAKING A COMPLAINT

Our Complaints Manager can provide you with more information on how to make a complaint.

Alternatively, the Patient and Client Council can provide free and confidential advice, information and help to make a complaint. This might include help with writing letters, making telephone calls, and supporting you at any meetings you might need to attend. You can get more information on the services provided by the Patient and Client Council at www.patientandclientcouncil.hsc.ni.net or by phoning freephone 0800 917 0222.

Specialist advocacy services may also be available to help you through the process of complaining. Our Complaints Manager or the Patient and Client Council will be able to provide you with further details of this support.

WHAT WILL HAPPEN NEXT?

Your complaint will be acknowledged within 2 working days of receipt. We will aim to respond to your complaint in full within 20 working days. Some complaints take longer to resolve than others. We will tell you if it becomes clear that we can't respond within these timescales, and we will explain why.



Appendix 17

Children Order Representations And Complaints Procedure

1. Complaint: Does it fit the definition of a Children Order complaint as below?

"Any representation (including any complaint) made to the Trust about the discharge of any of its functions under part IV of the Order or in relation to the child."

(Children (NI) Order 1995, Article 45 (3))

"A written or oral expression of dissatisfaction or disquiet in relation to an individual child about the Trust's exercise of its functions under Part IV of, and paragraph 6 of Schedule 5 to, the Children Order."

(Guidance & Regulations – Vol.4, Para 12.5 – DHSS)

2. Does it meet the criteria of what may be complained about under Children Order?

- a. Day care;
- b. Services to support children within family home;
- c. Accommodation of a child;
- d. After care;
- e. Decisions relating to the placement of a child;
- f. The management or handling of a child's case (in respect of Part IV services);
- g. Process involved in decision making (in respect of Part IV services);
- h. Denial of a (Part IV) service;
- i. Exemptions to usual fostering limit;
- j. Matters affecting a group of children (receiving a Part IV service);
- k. Issues concerning a child subject to Adoption Services.

Complainant: Does he/she fit the definition of a Children Order complainant?

- a. **Any child** who is being looked after by the Trust;
- b. **Any child** who is not being looked after by the Trust, but is in need
- c. **A parent of theirs**
- d. Any person who is not a parent of theirs but who has **parental responsibility for them**
- e. Any Trust foster parent
- f. Such other person as the Trust considers has sufficient interest in **the child's welfare** to warrant his representations being considered by the Trust, i.e.

The person who had the day to day care of the child within the past two years;

The child's Guardian Litem;

The person is a relative of the child (as defined by the Children Order, Article 2 (2));

The person is a significant adult in the child's life, and where possible, this is confirmed by the child;

A friend;

A teacher;

A general practitioner (Children (NI) Order 1995 Article 45 (3)).

Consent: *The (Trust) should always check with the child (subject to their understanding) that a complaint submitted reflects their views and that they wish the person submitting the complaint to act on their behalf (Where it is decided that the person submitting the complaint is not acting on the child's behalf, that person may still be eligible to have the complaint considered).*

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- The Health and Personal Social Services (General Medical Services Contracts) Regulations (NI) 2004;
- The Health and Personal Social Services General Dental Services Regulations (NI) 1993;
- The General Ophthalmic Services Regulations (NI) 2007;
- The Pharmaceutical Services Regulations (NI) 1997.
- The Representation Procedure (Children) Regulations (NI) 1996
- **HPSS Complaints Procedure Directions:**
 - The Health and Personal Social Services Complaints Procedures Directions (NI) 1996;
 - The Miscellaneous Complaints Procedures Directions (NI) 1996;
 - The Health and Personal Social Services (Special Agencies) Complaints Procedures Directions (NI) 1996;
 - Directions to Health and Social Services Boards on Procedures for dealing with Complaints about Family Health Services Practitioners and Providers of Personal Medical Services or Personal Dental Services- issued 1998.
- **HPSS Complaints Procedure Amendment Directions:**
 - Directions to the Health and Social Services Boards on Procedures for dealing with Complaints about Family Health Services
 - Practitioners- issued Oct 1997;
 - The Health and Personal Social Services Complaints Procedures (Amendment) Directions (NI) 1997- issued Oct 1997;
 - The Health and Personal Social Services Complaints Procedures Directions (NI) 1998;
 - Directions to the Health and Personal Social Services Bodies on Procedures for Dealing with Complaints- issued March 2000.
- **The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003**
 - The Residential Care Homes Regulations (NI) 2005;
 - The Nursing Homes Regulations (NI) 2005;
 - The Independent Health Care Regulations (NI) 2005;
 - The Nursing Agencies Regulations (NI) 2005;
 - The Day Care Settings Regulations (NI) 2007;
 - The Residential Family Centres Regulations (NI) 2007;
 - The Domiciliary Care Agencies Regulations (NI) 2007;
 - Fostering Agencies.

Appendix 18

CHILDREN'S ORDER REPRESENTATIONS AND COMPLAINTS PROCEDURE

Under the Children (NI) Order 1995 (the Order) HSC Trusts are statutorily required to establish a procedure for considering:

- any representations (including any complaint) made to it about the discharge of its functions under part IV of, and paragraph 4 of Schedule 5 to, the Order and
 - matters in relation to children accommodated by voluntary organisations and privately run children's homes, and
 - those personal social services to children provided under the Adoption Order (NI) 1987.
1. HSC Trusts functions are outlined in Article 45 of, and paragraph 6 of Schedule 5 to, the Order and in the Representations Procedure (Children) Regulations (NI) 1996.
 2. Departmental guidance on the establishment and implementation of such a procedure is included at Chapter 12 of the Children Order Guidance and Regulations, Volume 4
 3. All staff should familiarise themselves with these requirements