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27/1/14	1.6	AMcKimm	Approval by CRC subject to any further comments; Paragraph 8.15 ISP guidance and Appendix 11 ISP Flowchart added Page 12 Independent Expert guidance

Approval By Trust Policy Committee – 17 February 2014

Executive Team - 19 February 2014

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Reference No:**1. Title:**

Policy and Procedure for the Management of Complaints and Compliments.

2. Introduction:

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

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

The Trust is committed to providing the best possible services for patients, clients, visitors and staff. Complaints should be used to inform and improve services. The 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.

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

4. Scope:

This Policy is applicable to all staff who provide services within the Belfast Health and Social Care Trust. This also includes services that are 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:

See Appendix 2

7. Policy Description:

This Policy describes how Complaints, Enquiries or Compliments will be managed effectively within the Belfast Health and Social Care Trust. See Appendix 1 for Definitions.

8. Policy Statements:

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

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

8.3 It is essential that all staff are aware of their roles and responsibilities when dealing with complaints as outlined at Appendix 2. This will enable them to respond positively, and where possible, resolve the complaint at local level.

8.4 Support and advice is available from the Complaints Team upon request. Details on what information is required when recording a complaint are attached at Appendix 4.

8.5 All complaints must be formally acknowledged within two working days by a member of the Complaints Team.

8.6 Complaints must be responded to within a 20 working day timeframe and where this is not possible due to unforeseen circumstances a holding letter with the reasons for delay will be issued with the approval of the Complaints Manager.

8.7 The designated link person within each Service Directorate will be notified by the Complaints Team on receipt of the complaint. A copy of

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the complaint correspondence will be forwarded to the link person in the Service Directorate attaching a complaints memo outlining the process to be followed to ensure a timely response.

8.8 The Complaints Team will provide a reminder to the link person via email or telephone 10 working days following notification of the complaint to prompt them to return the internal response.

8.9 Upon completion of the complaints investigation, the responsible link person must forward a draft response to the Complaints Team who will ensure that all aspects of the complaint have been addressed.
Appendix 8

8.10 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.

8.11 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 and 5

8.12 At all stages within the complaints process assistance from the Complaints Manager will be provided; independent advice and support for complainants is also available from the Patient Client Council and other independent specialist advocacy services. Appendix 12

8.13 Where a complaint is made locally, all attempts should be made to achieve local resolution. (Appendix 10). Local Resolution forms (Appendix 11) can be found on the Trust intranet and should be completed and forwarded for recording to the Complaints department complaints@belfasttrust.hscni.net. However, if local resolution has been unsuccessful, the complainant should be offered the option of contacting the Complaints Department. See Appendix 16 for Complaints Leaflet, Appendix 4 and 8 for Guidance and also Appendix 12 for internal and external support contact details.

8.14 For complaints in relation to Children Order Representations See Appendices 17

8.15 Complaints relating to Independent Sector Providers (ISPs) may be received directly by ISPs or by the complainant contacting the Trust. The general principle would be that in the first instance, the ISP investigates and responds directly to the complainant. If the complainant contacts the Trust about a complaint, the Trust will consider how best to proceed and if the matters raise serious concerns, the Trust may decide to investigate the complaint. In all cases the complainant must be kept informed of which organisation is to investigate their complaint. See Flowchart at Appendix 11.

8.16 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. 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.

8.17 Where a complaint relates to the actions of more than one Service Directorate the Complaints Manager along with the Service Directorate Manager will identify and agree who will take the lead in investigating the complaint and co-coordinating the response for the complaint.

8.18 All complaints will be investigated according to the level of grading applied initially by the Complaints manager. 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 and 18.

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

8.21 Information on dealing with vexatious, unreasonably demanding or persistent complaints can be found at Appendix 13 and the Acceptable Actions Policy at Appendix 14.

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 encourage service users to make their views known.

Complaints Training is part of the induction programme for new Trust employees and mandatory for all staff.

The Complaints department will explore the possibility of online learning.

10.0 Sources / Legal Framework:

HPSS Complaints Procedure Regulations: April 2009

Health and Social Care Complaints Procedure Amendment Directions (NI) 2009

HSC Complaints Procedure Directions

Policy and Procedure for Complaints and Compliments V 2 ; for Approval by Policy Committee 18/02/2014

DHSSPSNI Complaints Standards and Guidelines for Local
Resolution and Learning – April 2009 Amended June 2013

The Children (NI) Order 1995

The Health and Personal Social Services (Quality, Improvement and
Regulation) (NI) Order 2003

Procedure for the Reporting and Follow up of Serious Adverse
Incidents October 2013

11.0 Consultation Process:

Risk and Governance Senior Managers
Service Directorates Governance Leads
Staff side
Human Resources and Equality Department
Independent Service User Group
Policy Review Workshop 11/11/13

12.0 Equality Statement:

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.

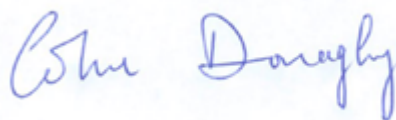
☐ Full impact assessment to be
carried out.

Signatories:



Dr Tony Stevens
Medical Director

Date 19 February 2014



Colm Donaghy
Chief Executive

Date 19 February 2014

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 Council.

The Trust promotes and encourages an open and flexible access to the complaints procedure.

Complaints made outside of the 6 month to 1 year timeframe must be given careful consideration before the complaint is processed through the formal process.

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.

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 Directorates who are readily accessible to both the public and members of staff. Names of these managers can be found on the Trusts internet site.

Lay Persons

A Lay Person is an independent person that does not act as an advocate, conciliator or investigator. Neither do they act on behalf of the complainant or complained about. Their involvement is to help bring about resolution to the complaint and to provide assurances that the action taken was reasonable and proportionate to the issues raised. Their involvement must be agreed by both the Trust and the Complainant.

A Lay Person may be beneficial in providing an independent perspective of non-clinical/technical issues within the local resolution process. Their input may be valuable to test key issues that are part of a complaint such as communication issues, quality of written documents, attitudes and relationships and access arrangements (appointments systems), etc.

Independent Expert

The use of an Independent Expert in the resolution of a complaint may be requested by the complainant or the Trust. Input will not be required in every complaint but will be considered according to the nature and complexity of the complaint and any attempts at resolution. Involvement of an Independent Expert may be considered beneficial where the complaint cannot be resolved locally; indicates a risk to public or patient/client safety; could give rise to serious breakdown in relationships, threaten public confidence in services or damage reputation; to give an independent perspective on clinical issues.

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 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 and public 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 Directorate 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 Directorate and ensure any recommendations made as a result of investigations are implemented and monitored
- ensure that subsequent learning from complaints is shared across Service Directorates, 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

G. Service Directorate Managers

Service Directorate 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, DHSSPS 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
Appendix 3
- providing service users with 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/audits etc.

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/client;
- former patients/clients or visitors using HSC services and facilities;
- someone acting on behalf of existing or former patients/clients, providing they have obtained the patient/client's consent;
- parents (or persons with parental responsibility) on behalf of a child; and any appropriate person in respect of a patient/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 will 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 Directorate, 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 4 and 11.

Complaints that cannot be resolved "on the spot" must be forwarded 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 and Guidelines for Resolution and Learning](http://dhsspsni.gov.uk/Complaints%20in%20Health%20and%20Social%20care%20Standards%20and%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 site.

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, Department/ Ward/ Facility.
- 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 Directorate, 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/client. The Trust may consider the use of an advocate in these circumstances. 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 will be sent to the complainant advising that consent is required within 4 weeks and if not received within this timeframe, the complaint will be closed.

Third party complainants who wish to pursue their own concerns can bring these to the Trust without compromising the identity of the patient/client and the Trust will consider and address the matters and investigate as fully as possible. A response will be provided to the third party on any possible issues without breaching patient/client confidentiality.

Children and 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.

More information on consent can be found in the DHSSPS' good practice in consent guidance. http://www.dhsspsni.gov.uk/public_health_consent

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 outlined in the Adverse Incident Reporting Policy and Procedure including Adverse Incident Investigation Procedure. The grading will also be agreed with the Service Directorate Manager.

If the complaint is of a serious nature due consideration will be given as to what level of investigation the complaint will follow. The complainant will be advised of this by the Complaints Department.

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

When the complaint is graded high risk (red) the Co-Director / Director will agree the level of investigation to be carried out e.g. Significant Event Audit (SEA), Root Cause Analysis (RCA), independent investigation, etc.

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

Complaints and SAI interface¹

Where a complaint is received and graded as red, consideration should also be given to ascertain if this will meet the Serious Adverse Incident (SAI) reporting criteria. This should be highlighted to the Risk and Governance Department and the Service Directorate.

While the complaint process is a separate process to the management and follow-up of SAIs, there will be occasions when an SAI has been reported by the Trust and a complaint is subsequently received relating to the same matter or alternatively a complaint may generate the reporting of an SAI. In these incidents the complaints handling staff will liaise closely with the staff who deal with SAIs and vice versa to agree if there are aspects of the complaint which can be managed under the Complaints procedure and that are not part of the SAI investigation. This will ensure that all aspects of the complaint are responded to effectively via the most appropriate means and in a timely manner.

The complainant will be advised and kept informed throughout the process by the Complaints manager. It is important that all aspects of the complaint are answered and that the final outcome of the investigation is shared with the complainant.

If the complainant remains unhappy with the process or aspects of the complaint remain unanswered, the complainant can re-engage with the complaints process.

Other Investigation processes

¹Procedure for the Reporting and Follow up of Serious Adverse Incidents Paragraph 7.1 Complaints in the HSC Policy and Procedure for Complaints and Compliments V 2 ; for Approval by Policy Committee 18/02/2014

Where a complaint is received and the issues are already subject to another investigation eg Professional Body, Ombudsman, Police Inquiry, Legal Services, etc the complaint cannot be processed until this investigation is completed. The complainant will be advised of this by the Complaints Department.

In the event of a complaint already being investigated under the Trust Complaints Procedure and is subsequently referred to another body for investigation eg Professional Body, Ombudsman, Police Inquiry, Legal Services the complaints Procedure is suspended until this investigation is completed. If the complainant wishes they can then re-engage with the Trust Complaints Procedure should they remain dissatisfied.

Appendix 7

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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 to 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. Consideration should be given to the use of an independent Lay Person (list available from the HSCB) or obtaining an Independent Expert opinion in complex cases to help resolve the complaint. 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 Directorate 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 20 working days 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 reasons for the delay so that the Complainant can make the Complainant aware.

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 response letter and that they should raise any concerns or request for clarity within 3 months of date on response letter
- inform of the right to escalate their complaint to the Commissioner for Complaints if they remain dissatisfied with the outcome of the complaints procedure.

When the Service Directorate 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. This must be done within 3 months from the date on the Trust's response letter. Consideration will then be given to "revisit" the complaint for further local resolution. This may include advocacy, conciliation or the use of lay persons.

The Complainant can also contact the NI Commissioner for Complaints (the Ombudsman) at this stage.

Appendix 9

What the policy does not cover

In such circumstances the Complaints Department (acting on behalf of the Chief Executive) should inform the person why the exclusion applies.

Exclusions are as follows:

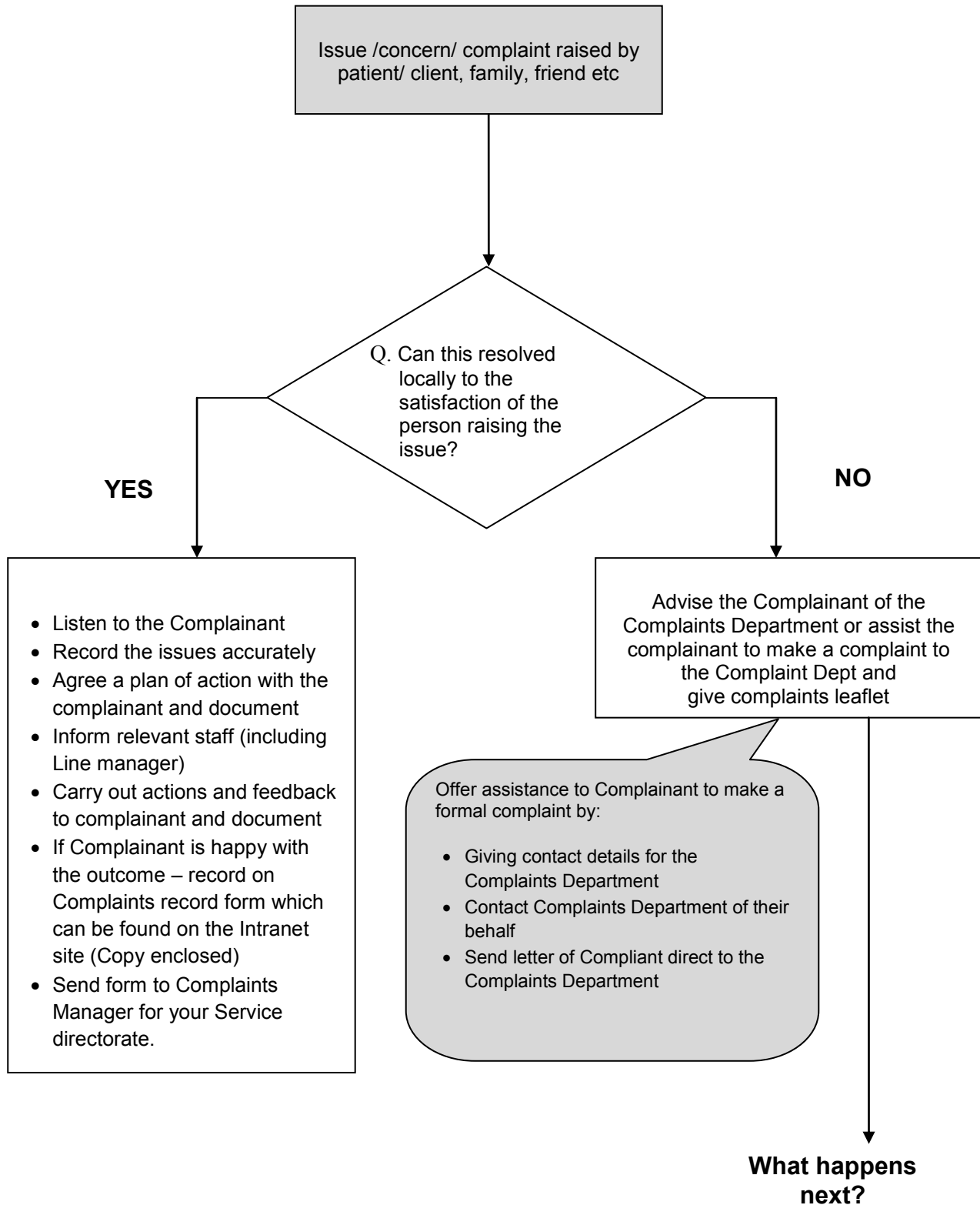
- private care and treatment or services including private dental care or privately supplied spectacles; except for those patients/clients having private care in one of the Trust's facilities and the complaint is about care and treatment.
- services not provided or funded by the HSC, for example, provision 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
- an investigation by one of the professional regulatory bodies
- services commissioned by Health and 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
- The Children Order Representations and Complaints Procedure (see Appendix 17)
- protection of vulnerable adults (see Appendix 15)
- child protection procedures
- coroner's cases
- legal action

Complaints received that appear to indicate the need for referral under any of the processes listed above should be immediately be passed to the Complaints Manager for onward transmission to the correct department.

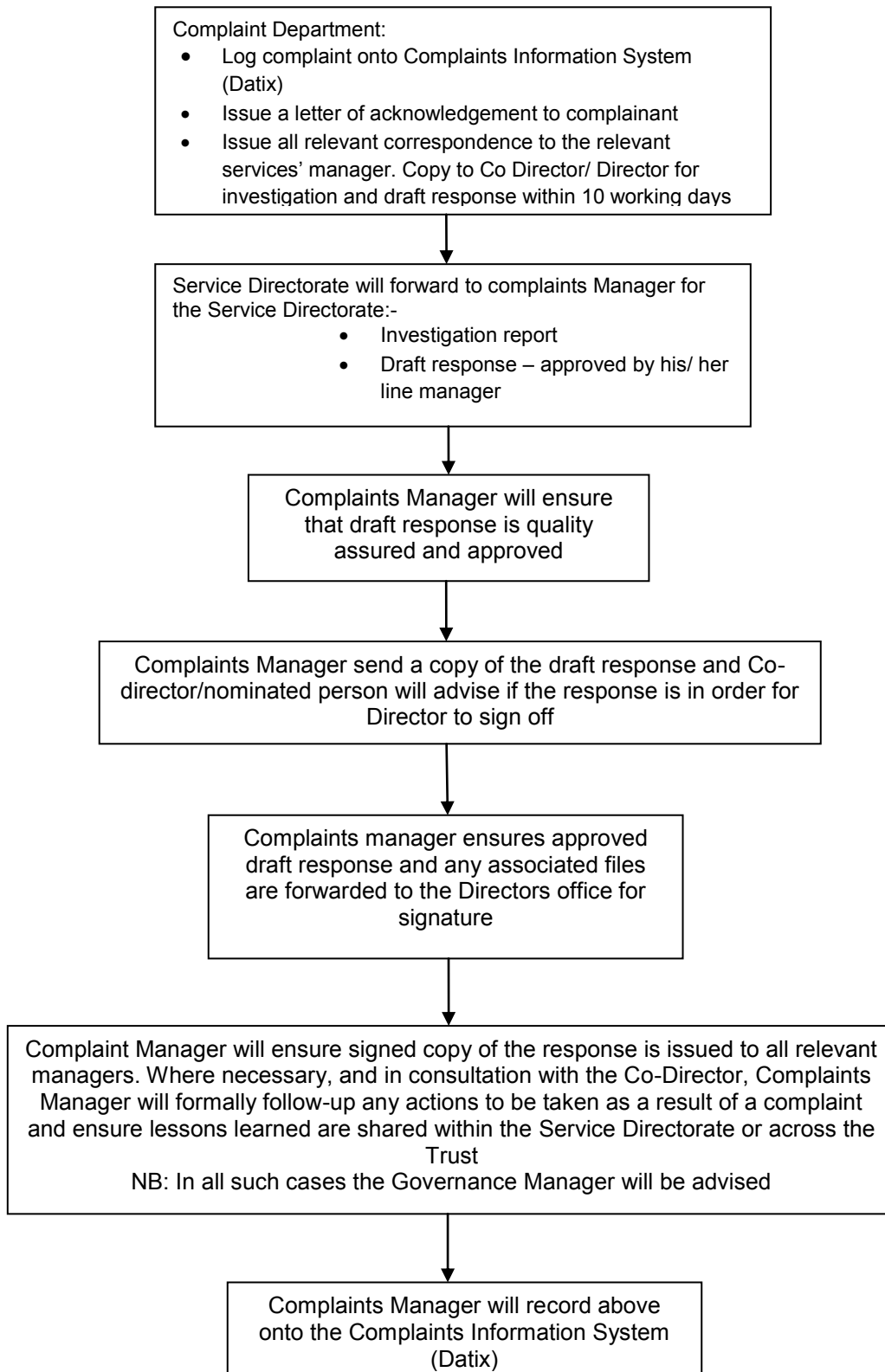
If any aspect of the complaint is not covered by the referral it will be investigated under the Trust Complaints procedure. In these circumstances, investigation under the Trust Complaints procedure will only proceed if it does not, or will not, compromise or prejudice the matter under investigation under any other process. The complainant must be informed of the need for referral.

Appendix 10

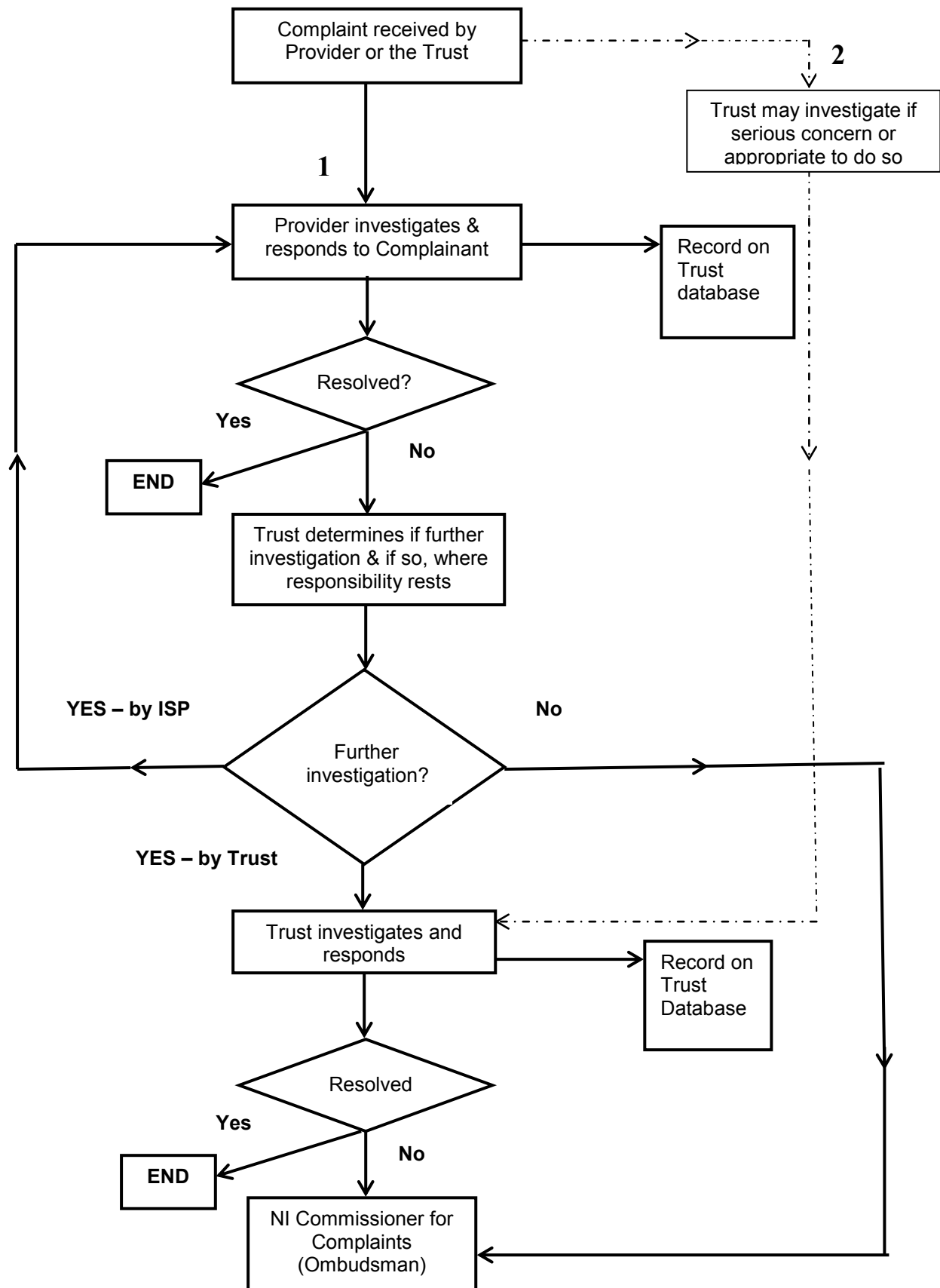
Flowchart summarising the process for staff to follow when dealing with Complaints



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



Appendix 11 Independent Sector Provider (ISP) Complaints Flowchart



Appendix 12

Service Directorate Complaint/Enquiry Record Form

Date:
Time:
Details Taken By:
Location and Service Directorate:

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

--

Action Taken

--

Passed to Complaints Department:

NB: This information will be shared with the complaints department for statistical purposes only.

Please return to: Complaints Department
6th Floor
McKinney House
Musgrave Park Hospital
Belfast
BT9 7JB

Or alternatively email us at: complaints@belfasttrust.hscni.net

Appendix 13

Internal/ External Support/ Contacts

COMPLAINTS DEPARTMENT

The BHSCT Complaints Department's contact details are:

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

Tel: 028(95) 048000

Fax: 028(90) 903018

Email: complaints@belfasttrust.hscni.net

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: 028 90 233821

Freephone: 0800 34 34 24

Email: ombudsman@ni-ombudsman.org.uk

Web: www.ni-ombudsman.org.uk

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 services

The PCC can provide free and confidential advice, information and assistance with complaints.

If a person feels unable to deal with a complaint alone, the PCC staff 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.

PCC's contact details are:

Freepost
Patient Client Council
Freephone: 0800 917 0222
Email: info.pcc@hscni.net
Web: www.patientclientcouncil@hscni.net

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. RQIA will monitor how complaints about the regulated services are handled.

RQIA's Contact Details:

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

Email: info@rqia.org.uk

Tel: 028 9051 7500
Fax: 028 9051 7501

ADVOCACY AND CONCILIATION

Advocacy

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 will 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

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;

- 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 and care of the patient/client.

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. (Refer to Appendix 14 and 15).

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/client.

Conciliation may be requested by the complainant or the Trust.

Appendix 14

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, the Trust will establish if the “Unacceptable Actions Policy” or Guidance for the Handling of Habitual or Vexatious complains should be considered.

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 Trust Director 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 Director 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 15

Unacceptable Actions Policy²

Trust 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 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 the Trust considers 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 Trust can or cannot do in relation to their complaint. In doing so, the Trust 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. Trust staff have the same rights.
- Provide a service that is accessible to all complainants. However, the Trust retain the right, where it considers complainants’ actions to be unacceptable, to restrict or change access to the service;
- Ensure that other complainants and Trust 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. The Trust does 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.

² See Page 85 DHSSPS Complaints in Health and Social Care Standards & Guidelines for Resolution & Learning April 2009; Unacceptable Actions Policy based on best practice guidelines by the Scottish Public Services Ombudsman –Revised January 2011 Inserted June 2011
Policy and Procedure for Complaints and Compliments V 2 ; for Approval by Policy Committee 18/02/2014

However, the actions of complainants who are angry, demanding or persistent may result in unreasonable demands on the Trust or unacceptable behaviour towards staff.

It is these actions that the Trust 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. The Trust also consider that inflammatory statements and unsubstantiated allegations can be abusive behaviour.

The Trust expects its staff to be treated courteously and with respect. Violence or abuse towards staff is unacceptable and a Zero Tolerance approach must be adopted. Trust 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 staff.

Unreasonable demands

Complainants may make what the Trust 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.

The Trust considers 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 Trust 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 Trust can or cannot do and continuing to pursue a complaint without presenting any new information.

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

The Trust considers the actions of persistent complainants to be unacceptable when they take up what the Trust regards as being a disproportionate amount of time and resources.

Managing Unacceptable Actions

There are relatively few complainants whose actions the Trust considers unacceptable. How the Trust manages these depends on their nature and extent. If it adversely affects the Trust'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 Trust will do this in a way, wherever possible, that allows a complaint to progress to completion through the complaints process. The Trust may restrict contact in person, by telephone, fax, letter or electronically or by any combination of these. The Trust will try to maintain at least one form of contact. In extreme situations, the Trust 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 Trust 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.

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

Trust 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 Trust 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 Trust considers appropriate. The Trust 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 Trust '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

Trust 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 Trust 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 Trust 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 16

Vulnerable 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 whose independence and wellbeing 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.

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

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 of a vulnerable adult then the regional *Safeguarding Vulnerable Adults – Regional Adult 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 according to Trust procedure. The Complaints procedure will be suspended pending the outcome of the safeguarding vulnerable adults investigation and complainant advised accordingly. At the conclusion of the investigation then consideration may be given to any outstanding issues.

Appendix 17 – Complaints Leaflet

HSC Belfast Health and
Social Care Trust



**Tell us what
YOU think
of our services**

compliments... suggestions... comments... complaints

Put a
stamp
here

Complaints Department
Belfast Health and Social Care Trust
6th Floor, McKinney House
Musgrave Park Hospital
Stockman's Lane
Belfast
BT9 7JB

Within the Belfast Trust we want you to experience the best care we can provide. You can help us to improve by telling us what you think of the services you have received. Please use the form on this leaflet to give us your opinion.

You may want to



give a compliment about the service you have used



make a comment or suggestion for improvement



make a complaint

We value your opinions and will act on them whenever possible.



Comments and Suggestions

We will consider all your comments and suggestions, share them with all the relevant staff and make changes if possible.

Compliments

We will use your compliments to highlight good practise and will pass them on to the relevant department or person.



Complaints

If you are not happy about any aspect of the care, treatment or service we have offered you, you should in the first instance contact the person who is dealing with you, or their manager, so that your complaint can be dealt with immediately. If you do this and you are still not satisfied, you can make a formal complaint to the Complaints Department. Once we receive your complaint we will send you information on how our complaints procedure works.

Your views are much appreciated and will be treated confidentially. You may contact us by



Completing the pre-addressed form below and posting



Writing to: Complaints Department, Belfast Health and Social Care Trust, 6th Floor, McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast, BT9 7JB



Telephone: (028) 9063 0023 or Fax (028) 9090 3018



E-mail: complaints@belfasttrust.hscni.net



Please use this form and tick the appropriate box

I wish to make a: compliment ☐ suggestion/complaint ☐ complaint ☐
(If writing on behalf of a patient/client, please also give his/her details)

Your name: _____ Patient/Client Name: _____

Address: _____ Address: _____

Post Code: _____ Postcode: _____

Telephone: _____ Telephone: _____

Date of Birth: _____ Date of Birth: _____

Hospital Number if Known: _____

Please write your message below: (Give as much detail as possible e.g. dates/times, location/area, staff title/name)
Please include a separate sheet with any additional information.

Your signature: _____ Date: _____

Signature of patient/client: _____
(If a complaint is being made on behalf of patient/client, please include his/her signature)

你可以联系投诉部门（联系细节见背页）或透过我们的网站而得到以你语言说明我们制定的投诉程序。

你可以聯絡投訴部門（聯絡細節見背頁）或透過我們的網站而得到以你語言說明我們制定的投訴程序。

Jeśli chcecie Państwo uzyskać informacje na temat procedury skarg w swoim języku, należy skontaktować się z działem skarg (ich dane po drugiej stronie), lub też zgłosić to przez naszą stronę internetową.

Daugiau informacijos apie mūsų skundų nagrinėjimo tvarką Jūsų kalba galite gauti susisiekę su Skundų tyrimo skyriumi (duomenys pateikti kitame lape) arba apsilankę mūsų interneto svetainėje:

Para receber informações sobre os nossos procedimentos de queixas na sua língua, queira contactar o Departamento de Queixas (dados no verso desta página) ou através do nosso sítio da web:

You can get information about our Complaints Procedure via our website: www.belfasttrust.hscni.net. This information can be made available in other formats if required.

Alternatively, the Patient and Client Council can provide free and confidential advice, information and 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.patientclientcouncil.hscni.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 Department will be able to provide you with further details of this support.

Appendix 18

Children 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.

The 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.

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 **(see flowchart below to aid decision making)**

All staff should familiarise themselves with these requirements.

1. Where it is apparent that a complaint relates to abuse, exploitation or neglect of a child then the Regional Child Protection Policy and Procedure 2005 should be activated.
2. Complaints in relation to children; where the matter is before the Court, will not be addressed until the judicial process has been completed.

Children Order Representations and Complaints Procedure

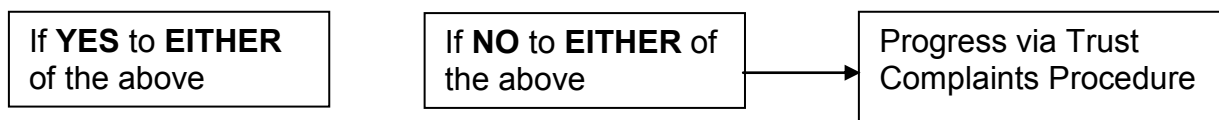


1. Complaint: Does it fit the definition of a Children Order complaint as below?

“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))

OR

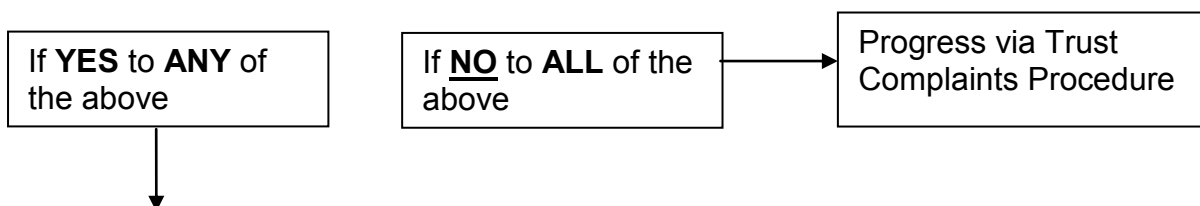
“A written or oral expression of dissatisfaction or disquiet in relation to an individual child about the Trust’s exercise of its functions under Part IV of, and paragraph 6 of Schedule 5 to, the Children Order.”
(Guidance and Regulations – Vol.4, Para 12.5 – DHSS)



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

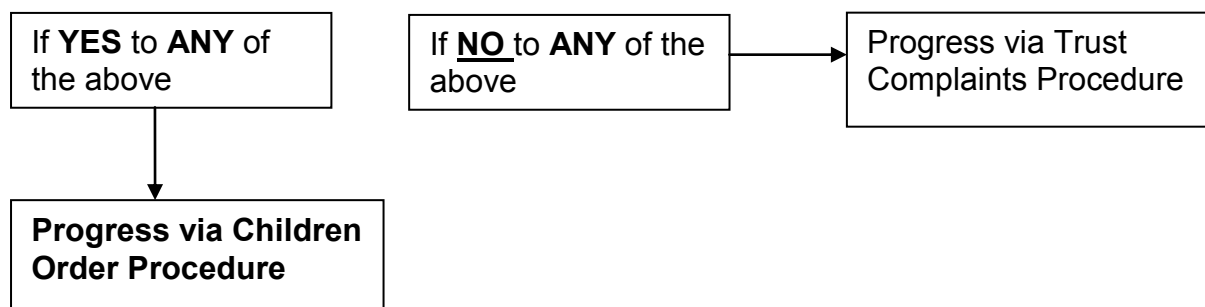
“..about Trust support for families and their children under Part IV of the Order.”

- 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.



3. **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 his/her**
- 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))



NB: For a complaint to be eligible to be considered under the Children Order Procedure, the answer to 1 and 2 and 3 MUST ALL BE YES.

CHILDREN & CONSENT – See Appendix 5

Appendix 19

Guidance for Investigation and Escalation Protocol for Complaints

1. Complaint received, acknowledged, graded and sent to the Directorate for investigation and response.
2. The Directorate investigates the complaint. The Investigation must be proportionate to level of the grading of the complaint.
3. Complaints made in relation to Inequalities Human Rights or Disabilities will also be forwarded to the Health and Inequalities Manager for information only.
4. Where professional issues are identified in a complaint the appropriate Executive Director will be notified and sent a copy of the complaint and when available a copy of the draft response for information.

Executive Directors

Nursing	Ms B Creaney
Social Work	Mr C Worthington
Medical	Dr T Stevens

5. On the occasion where an individual person is named more than twice within a period of one year the Director/ Co Director for the Directorate will be informed.
6. In relation to Medical and Dental staff the Medical Director and the Associate Medical Director and Clinical Directors for the Directorate will be informed.

Investigation

Where an individual is named in a complaint, the individual should be interviewed by any one of the following: -

- Line manager / Senior Manager with the appropriate level of seniority
- An independent person with appropriate level of seniority
- A relevant Medical, Clinical, Nursing or Professional person with the appropriate level of understanding and Seniority.
- Senior Manager Complaints and Legal Services / Complaints Manager where appropriate.
- Governance Manager where appropriate

In certain circumstances it may be preferable for two persons to interview the individual. Consideration must be taken to ensure that the interviews are carried out in a non-blame manner and that the interview is fair, independent and proportionate to the complaint.

The interviewing person should always review any relevant documentation that may have a bearing on the complaint. This will include medical, nursing, social work or any other patient /client notes that may be relevant; adverse incidents may also be relevant.

The interviewer will then formulate their report / response based on the information received. This must be clearly documented and form part of the investigation. Where it is not possible for an interview to take place, the individual named in the complaint will be asked to respond in writing. This response along with the relevant patient/client notes must always be peer reviewed by an appropriate person with the appropriate level of skills and understanding of the speciality. This peer review must be clearly documented and sent as part of the investigation.

All staff named in a complaint must be kept informed of the investigation and have the opportunity to review the draft response prior to the Director signing off. The investigating officer/person will collate the information and formulate into a response. This response is then ratified or signed off by the Co-Director /senior manager and forwarded to Complaints department.

All investigation correspondence should be sent to complaints and held on one corporate/central file.

Escalation guidance after 20 day delay

1. Reminders will be sent to the directorate 10 working days before the response is due.
2. Where a delay is identified the Complaints department must be notified immediately of the delay and the reason why so that the complainant can be update.
3. If a response is not received and no information provided as to when the response is likely to be completed, a reminder will be sent to the Directorate and Co-director copied in.
4. If no response or contact has been made with the Complaints team by the 15th working day a final reminder will be sent to the Co-Director.

Complaints which have not been responded to within the 20 working day time frame will be escalated as follows:

- **Complaints outstanding after 20 working days** - A reminder will be sent to the Service Manager, Co-Director and Director stating this complaint is now outside the 20 working day timeframe.
- **Complaints outstanding after 30 working days** – A further notice will be sent to the Co Director and Director advising that the complaint is now well outside of the time frame, can you please action.
- When a complaint covers a number of areas / Directorates, the appropriate Directors will be advised.
- If the complaint remains outstanding after 30 working days the Medical Director and Co-Director should be made aware of the delay.