

NORTHERN HEALTH & SOCIAL SERVICES BOARD

GENERAL PURPOSES COMMITTEE

18 January 1996

Preparation for implementation of the new HPSS Complaints Procedure (April 1996)

1. Background

- 1.1 *"Being Heard,"* the report on NHS complaints procedures by a Review Committee, chaired by Professor Alan Wilson, Vice Chancellor of Leeds University, was published in May 1994.
- 1.2 The health services in Northern Ireland were included within the remit of the review. Complaints procedures for community care and child care, which are the responsibility of local authorities in Great Britain, were outside the scope of the review.
- 1.3 Following formal public consultation on the conclusions and recommendations of the Review Committee, the HPSS Management Executive published *"Acting on Complaints"*, its revised policy and proposals for a new unified HPSS complaints procedure, in March 1995. Complaints on child care will not be incorporated within the new procedure but will be dealt with under the procedures in the Children (Northern Ireland) Order 1995.

2. Objectives

- 2.1 The key objectives in introducing the new procedure are:
 - ◆ ease of access for patients and clients;
 - ◆ a simplified procedure, with common features, aimed at satisfying complainants concerns;
 - ◆ more rapid, open responses, with an emphasis on early resolution;
 - ◆ fairness for staff and complainants alike;
 - ◆ making it easier to learn from complaints, in order to improve services and standards.
- 2.2 The new procedure aims at satisfying complainants by resolving complaints as quickly as possible. This may be through an immediate informal response by a front-line member of staff or practitioner, or by subsequent investigation and conciliation by staff who are empowered to deal with complaints in an open

and non-defensive way. Complaints and disciplinary procedures will be kept separate.

3. Issues for Northern Health and Social Services Board

(Mandatory requirements are printed in italics).

3.1 HSS Boards will not be involved at the initial stages in resolving complaints about services provided by HSS Trusts. If complaints cannot be resolved by service providers, however, complainants will have the option of asking for a review which **may** include the establishment of a panel to reconsider the complaint. These panels will have a lay chair and a majority of independent lay members. They will have access to relevant professional advice. HSS Boards will be responsible for screening all complaints for Independent Review consideration.

3.2 There will need to be both Local Resolution and Independent Review arrangements for dealing with complaints about purchasing decisions by HSS Boards or GP Fundholders and services for HPSS patients/clients purchased from the independent sector by Trusts, Boards or GP Fundholders. Independent Review stage for all of these will be organised by HSS Boards.

3.3 Written Procedure

Trusts/Boards must establish a written complaints procedure and take steps to publicise the arrangements.

3.4 Publicity

HSS Trusts, Boards and family health services must ensure well publicised advice is available to all users of their services, visitors, staff and their local HSS Council.

3.5 Complaints Officer

The Board must have a designated Complaints Officer who is readily accessible to the public.

3.6 Appointment of Convenor(s)

The Board must appoint one or more of its non-executive directors to act as convenor.

3.6.1 The convenor(s) will consider requests by complainants for Independent Review panels to be set up.

3.6.2 Convenors may be any of the non-executive directors, but the appointments should not be of practising or recently retired clinical professionals and former HPSS staff.

3.6.3 It is suggested that these appointments should be for an initial period of at least two years. Where more than one is designated, the appointments might be staggered.

3.6.4 Consideration is required to be given to this nomination or nominations.

3.7 Establishing the Panel

Independent Review panels will be composed of three members:

- ◆ *an independent lay chairman appointed by the Board;*
- ◆ *a convenor or alternate (non-executive director of the Board); and*
- ◆ *independent lay panel members appointed by the HSS Board, (or in the case of service purchased by GP Fundholders, a representative of the fundholding practice which purchased the service if the fundholder wishes).*

3.7.1 The panel is to be established as a committee of the Board. If appropriate, assessors are to be appointed by the Board to advise the panel on clinical or professional matters. Boards will hold copies of lists of assessors for hospital and community health services, family health services and social services. Professional bodies such as the British Medical Association and the British Association of Social Workers (NI) will have a role in ensuring that lists of appropriate independent assessors are kept up to date.

3.7.2 Boards will be responsible for recruiting independent lay chairman, independent lay panel members and assessors when further guidance has been received from the Management Executive on terms and conditions.

3.8 Administrative Support Fees and Expenses

The Board must provide any administrative support which the convenor, independent lay chairman or the panel need. All the expenses arising out of the Independent Review process, including any fees or expenses paid to panel members and assessors, shall be met by the Board.

3.9 Complaints about Purchasing Decisions by Boards

The Board must have a Local Resolution process and a designated Complaints Officer to deal with purchasing complaints. It must appoint one or more of its non-executive directors to act as a convenor for the Independent Review of purchasing complaints.

3.10 Family Health Services

All family health services practitioners will, however, be required to operate Local Resolution procedures within their practices.

3.10.1 There is also a role for Boards in the family health services Local Resolution process where, for example, a complainant does not wish to have a complaint dealt with by the practice. Boards will need to have lay conciliators available as a service to complainants and practices. This should be available on much the same basis as the current informal complaints procedures against General Medical Practitioners, except that it is considered that conciliation should not be carried out by a practising professional.

3.11 Training

Training will be the key to making the new complaints procedure effective and will be required for:

- Front-line staff
- Complaints Officers
- Non-Executive directors who are to become convenors, or their understudies;
- Independent lay chairman;
- Panel members;
- Assessors;
- HSS Council staff.

A training pack for the Local Resolution stage has been developed at national level and will be made available by the HPSS Management Executive, shortly.

Some work is also ongoing on producing training resource materials for GPs on practice-based complaints procedures.

National guidance on training for those participating in the Independent Review stage is awaited.

The Minister will publicly launch the new procedures in March 1996 and that each Board will be expected to organise awareness seminars for staff in their area.

4. Summary

4.1 After 1 April 1996, the Board will no longer

- ◆ act as a postbox for Management Executive in relation to complaints concerning HSS Trusts;

- ♦ be involved at the initial stages in resolving complaints about services provided by HSS Trusts or co-ordinate the investigation of complaints involving more than one HSS provider or other HSS body;
- ♦ provide a conciliation service on family health matters through Board medical officers.

4.2 The Board will, however, take on the following new roles in relation to complaints

- ♦ CSA Services Committees role with respect to complaints cease and the Board will act as the Independent Review stage for family health services complaints.
- ♦ Independent reviews of complaints concerning clinical matters will involve non-executive directors (previously such reviews were carried out by two independent medical consultants).
- ♦ Clarification is awaited on the handling of complaints relating to child care issues under the Children's Order.

4.3 Action to be taken by Board in preparation for 1 April 1996

In addition to the adoption of an amended written Complaints Procedure the Board must appoint:

- (1) Non-executive convenor(s)
- (2) Independent lay Chairpersons
- (3) Independent lay panel members
- (4) Assessors
- (5) Board Complaints Officer
- (6) Any additional administrative support for new systems
- (7) Lay conciliators for family health services complaints.

(The Board will be responsible for the training of all the above).