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INTERNAL COMPLAINTS PROCEDURE

Revised September 2002
(Original July 1996)

SPERRIN LAKELAND HEALTH AND SOCIAL CARE TRUST

INTERNAL COMPLAINTS PROCEDURE

1.0 INTRODUCTION

This procedure should be read in the context of the NI Health and Personal Social Services Guidance Document on Implementation of the HPSS Complaints Procedure (March 1996), revised and updated April 2000.

1.1 Complaints are an important means of service user patient/client feedback and as such present an opportunity for improving services, clarifying misunderstandings and building confidence in our services. How complaints are handled, managed and responded to is therefore of vital importance to the Trust in demonstrating our commitment to service delivery and the prominence of the patient/client in helping to shape our services. The process must reflect openness and accountability.

1.2 Local managers and teams are encouraged to develop arrangements to ensure that patients/clients have a means of expressing or raising concerns that can be dealt with locally. The formal complaints procedure is designed to handle issues that cannot, or have not been able to, be resolved locally.

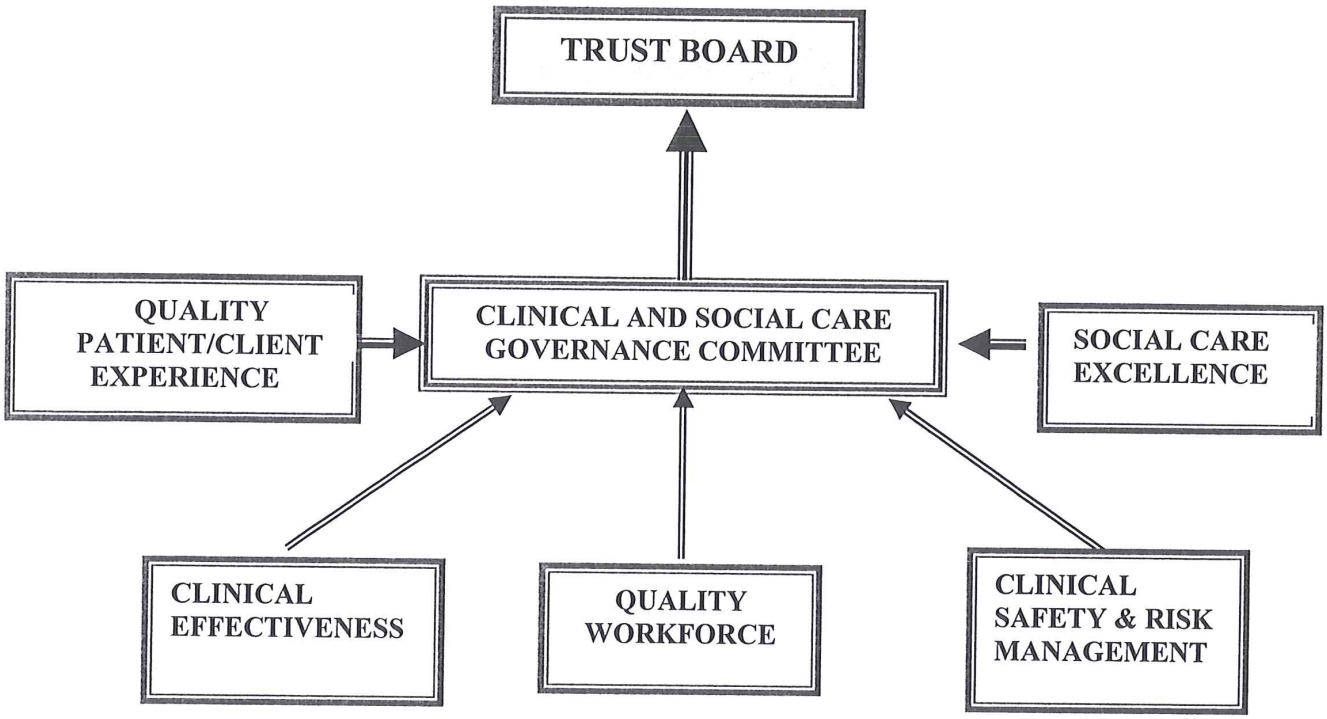
1.3 In September 2000 the Trust adopted a new Quality Strategy based upon new clinical governance arrangements. "Clinical and Social Care Governance provides an excellent opportunity to reflect on why quality processes within our Trust may not work well and provides us with a mechanism to build on current experience and develop robust and effective methods of reviewing our work and improving clinical care". ***(Reference: Clinical and Social Care Governance - Strategy for Ensuring Quality P.4)***

The arrangements for the effective management of complaints is an integral part of the above strategy.

A Clinical and Social Care Governance Committee was established as part of the Trust strategy to oversee quality. The role of the Committee is to oversee the implementation of the Trust's Clinical and Social Care Governance arrangements including promoting a culture of learning from experience, improving care, ensuring accountability, monitoring quality standards, ensuring actions are taken to address performance issues, minimise errors and promote learning.

1.4 A framework has been developed by the Trust to provide a focus and co-ordination of quality activities – **(see structure below).**

Figure 1 : CLINICAL GOVERNANCE STRUCTURE



The Director of Corporate Affairs who carries the remit for complaints management, is the lead for one of the key groups - the Quality Client Experience Group – taking account of responsibility for quality, complaints and user satisfaction.

1.5 The links between complaints management and other aspects of the quality agenda are vital – these include clinical risk management, adverse incident reporting, multi professional audit, raising concerns/whistle blowing, mediation and litigation.

2.0 COMPLAINTS PROCESS ADMINISTRATION ARRANGEMENTS

Complaints management and investigation is an integral part of the above strategy to ensure weaknesses and unmet standards are highlighted and appropriate actions are taken.

Publicity materials - posters and leaflets - which advise patients/clients of their right to raise concerns and detailing contact points etc., are placed in all Trust facilities and are easily accessible by patient/clients.

The flowchart, ***Appendix 1,*** outlines the process of complaints handling and management.

2.1 LOCAL RESOLUTION

Patients/clients should be encouraged to give feedback on our services. Feedback in the form of an oral complaint should, where possible, be handled and responded to at the point of service delivery. The circumstances of a complaint will determine whether this is appropriate or possible and staff should be guided as necessary.

However as a principle, a complaint resolved at local level reassures the patient/client/carer, provides staff locally with the satisfaction of having resolved the difficulty, can provide a real learning opportunity for staff/managers and may avoid a formal complaint being raised. The individual

member of staff with whom the issue is raised, or their line manager if appropriate, should attempt to resolve the concerns directly, note the issues of concern and any action taken.

Complainants may also call in person to either the complaints team at Trust Headquarters or the Patient/Client Advocate to raise concerns directly. Details will be taken from the individuals by the Trust complaints team and efforts will be made to resolve the issues with the relevant manager's assistance.

2.2 REFERRAL OF SERIOUS ORAL COMPLAINT

Where a complainant's concerns cannot be addressed at local level they should be referred to the Trust's Complaints Manager. ***Appendix 2*** is a proforma designed to facilitate onward referral of such complaints. The details of the complaint should be recorded by the member of staff, with whom the complaint is raised, the complainant advised of the referral and given a copy of the Trust's Listening and Responding leaflet. Staff should offer assistance in this way where possible to do so.

2.3 WRITTEN COMPLAINTS

All written complaints must be acknowledged within 2 days of receipt. Where the complaint has not been received by the Complaints Manager, the letter should be acknowledged locally and forwarded to the Complaints Manager.

Where representation is made from individuals on behalf of complainants formal consent will be sought in keeping with the Trust Code of Confidentiality. Investigations will proceed pending signed consent. Once consent is received the complaint will be processed in the normal way.

3.0 FORMAL COMPLAINTS INVESTIGATION

All written and serious oral complaints will be investigated thoroughly. The hallmark of our investigations will be accountability and openness.

The premise of our investigation arrangements is based upon the identification of the service managers as Investigating Officers (IO). IO may where necessary identify a deputy to be involved in this role and may, where appropriate, delegate aspects of the investigative process within their senior team. However the responsibility and accountability for the investigation and final report will remain with the IO. Training is being provided to Investigating Officers to assist in this role. Relevant directors will be kept informed of complaints arising. In addition, where appropriate, due to sensitivity and/or complexity, a director may be asked to lead an investigation.

A Guidance Note has been developed for use by the complaints team and Investigating Officers and is attached at ***Appendix 4***. The relevant Investigating Officer will be identified, and the complaint, which will have the issues raised highlighted, will be referred to them with a covering memo. Where clarification of the nature of a complaint is required this will be undertaken by the complaints team in advance of referral.

Where complaints are known to relate solely to resource/funding issues, standardised responses will be developed to facilitate prompt responses. IO will in such instances be asked to confirm the matter is funding related and provide any relevant case details.

Where deemed appropriate, eg where complaints are of a sensitive or complex nature, a meeting between the relevant staff and the complainant may be offered during the course of the investigation process.

Consideration should be given to securing an external/independent opinion on particularly complex complaints. The complaints team will assist in facilitating this as necessary.

4.0 STRUCTURED REPORTS

Reports will be sought by the Complaints Manager from the relevant Investigating Officer. As outlined in the Guidance, reports must:

- be structured so as to address **all** the areas of concern previously highlighted;

- provide factual information on events;
- include any supporting documentation eg policies/protocols etc;
- and any action taken or to be taken should be noted in the Report.

Where an apology is necessary, this should be secured and included in the Report.

Further information or clarification will be sought by the complaints team where reports are incomplete.

Investigating officers will be supported as necessary by the Patient/Client Advocate in ensuring their reports deal effectively with the matters raised.

5.0 THE FORMAL RESPONSE

The formal response will be compiled by the Complaints Manager and will where possible be shared with the Investigating Officer. The Chief Executive will be briefed on the issues before signing the letter of response. A leaflet will be enclosed with the formal response which outlines the Trust complaints procedure and the next steps open to the complainant if they remain dissatisfied i.e. their right to request the Western Health and Social Services Board for an independent review **(see section 8)**.

If the Investigating Officer feels that a meeting would be helpful, they should state so in their report to the Complaints Manager, and this may be offered to a complainant as part of the formal response. Such meetings may be facilitated by the Complaints Manager and will involve the Investigating Officer along with other Trust staff as necessary. The purpose of such meetings will be to help further clarify and explain the Trust's formal response.

6.0 LITIGATION

In line with the HPSS Complaints Procedure, once litigation is indicated by a complainant, the matter will no longer be dealt with under the complaints procedure. However all efforts should be made to reassure and thus avoid litigation.

7.0 TIMESCALES

⇒ Oral complaints should be responded to within 2 days **(see section 2.1).**

⇒ Serious Oral Complaints must be acknowledged within 2 days and responded to within 5 days **(see section 2.2).**

⇒ Formal written complaints must be acknowledged within 2 days and responded to within 20 days **(see section 2.3).**

Unavoidable delays in providing reports must be notified to the Complaints Assistant/Manager to enable complainants to be kept appraised of the progress of investigation. Interim letters will be forwarded to complainants where necessary to keep them advised and will where possible give an indication of when they should expect to receive a response.

8.0 INDEPENDENT REVIEW AND THE COMMISSIONER FOR COMPLAINTS

⇒ Under the NI HPSS Complaints arrangements the complainant may seek an Independent Review by their respective Health Board/Commissioner. Formal responses to the complainant will provide information and contact details in this regard.

⇒ In the event of an Independent Review being initiated staff named within the review will be provided with information regarding the Independent Review process by the complaints team and where appropriate offered information relating to staff support systems.

⇒ At any stage a complainant may refer the matter to the NI Commissioner for Complaints (the Ombudsman). Recent legislative changes have placed powers with the Ombudsman to investigate clinical issues in addition to administrative matters.

9.0 RECORDING AND MONITORING

Measurement of our performance with regard to complaints received and our management of the process is important.

Complaints information is an important benchmark under our Clinical and Social Care Governance arrangements. The Trust has developed a bespoke database which is helpful in monitoring statistical information relating to complaints. Detailed reports which will include statistical information, actions resulting from issues raised, and trends analysis will be brought to the Trust Clinical and Social Care Governance Committee regularly and an Annual Report will be produced each year.

⇒ All formal written and serious oral complaints will be recorded centrally and monitored.

⇒ Significant oral complaints responded to and resolved at local level should be recorded. ***Appendix 3*** proforma should be completed by line managers/facility managers and forwarded to the Complaints Assistant ***every quarter***.

⇒ Compliments received are also recorded. These should be included on ***Appendix 3*** proforma and forwarded to the Complaints Assistant ***every quarter***.

⇒ The Clinical and Social Care Governance Committee will receive regular monitoring reports. These reports will include numbers and nature of complaints, comparisons of complaints information, ratio complaints to compliments, and benchmarking with NI figures. Actions arising will be included and trends will be reviewed.

⇒ In addition to the regular reporting above, an Annual Report will be provided for the CSCG Committee.

⇒ Reports to CSCG Committee will be copied to Western Health and Social Services Council and the Commissioner - Western Health and Social Services Board.

⇒ An Annual update for the WHSSB Complaints Convenor will be prepared in June of each year.

⇒ Complaints made against medical staff will be monitored, in line with new arrangements for appraisal and revalidation.

⇒ Corporate Monitoring (CH8) reports on formal complaints will be provided to the Commissioner and the Department of Health, Social Services, and Public Safety's Regional Information Branch.

10.0 DISEMINATION AND LEARNING

Directors will put in place appropriate arrangements to ensure that the specific and general lessons learnt from the Trust's experience of complaints are shared and considered across clinical and professional teams.

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Director of Corporate Affairs

July 1996
Revised September 2002

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Appendix 2

REPORT OF ORAL COMPLAINT*

**(to be used by local staff when referring a serious or unresolved complaint to the Trust Complaints Manager)*

*E-Mail/Fax when urgent To: Complaints Assistant, Trust HQ
E-mail: tmcgillior[redacted] Fax: [redacted]*

Directorate:	
Facility/Department:	
Date:	Time:
Name of Complainant:	
Address:	
Telephone No:	
Nature of Complaint:	
Any Initial Action Taken (if appropriate)	
Signed:	Designation:
Designated Manager:	

Appendix 3

SUMMARY OF COMMENDATIONS AND COMPLAINTS*

**(to be completed and forwarded to the Trust Complaints Assistant, Trust Headquarters at end of every quarter)*

E-mail: tmcgillion[redacted]

Directorate:	
Facility/Department:	
Month Ending:	
Total Numbers of Commendations:	
Total Numbers of Locally Resolved Oral/Verbal complaints received:	
Any Specific action/improvements resulting from oral complaints received:	
Signed:	Designation:
Date:	

Appendix 4

Guidance on the investigation of complaints and preparation of reports

1.0 Introduction

This guidance note has been developed following recommendations of the Trust's Internal Complaints Review Group which reported their findings and review of the complaints arrangements within the Trust in October 2000. The guidance is to be used primarily in relation to written complaints. However the general principles involved would apply to verbal complaints and enquiries received. It is intended to enable investigating officers (IO) to carry out investigations in a comprehensive and objective and non-threatening way. As the investigating officer's report forms the basis of the Trust's formal response, the presentation and clarity of the report is vital. This guidance note sets out the standard framework for reports.

The premise of the Trust's approach to investigation and the identification of service managers as IO's is the managers' familiarity of service/clinical/professional issues and knowledge of individuals. IO's will be expected to comment as managers once the fact gathering is complete.

2.0 Receipt of Complaint

The complaints team receive the complaint correspondence and highlight the concerns for investigation and comment, and seek clarification where necessary, before sending to the IO. Clarification may be pursued by telephone, in writing or in person. The purpose will be to identify specific issues of complaint.

3.0 Investigating Process

- IO will review complaint letter which will have issues highlighted. The IO will determine:

  (i) individuals to be interviewed
  (ii) records or documentation to be checked
  (iii) any policy or practice guidelines that are relevant
  (iv) any other witnesses to be identified and interviewed
  (v) the appropriateness of the offer of a meeting during the investigation (to be arranged in conjunction with the Complaints Assistant)
  (vi) the value of an external clinical/professional review of the case

- The IO may be assisted by the Patient/Client Advocate in establishing the scope of their investigation.

- The IO should notify the Complaints Assistant of any known or anticipated delay or likely delay in the completion of the complaints investigation due to absence or annual leave commitments, etc. However every endeavour should be made to conclude the investigation within the timescale advised by the complaints team.

- The IO should proceed to action the investigation as determined, gathering any documentation or supporting evidence necessary. The IO will receive administrative support from the complaints team in this regard.

- The purpose of the interview with staff should be made clear.

- Staff may be accompanied by staff organisation if they wish.

- Once the 'fact gathering' is complete The IO, as service manager, should then consider and review the information available and determine whether the investigation suggests any action is needed to rectify problems identified.

4.0 Structured Report

- The IO should refer to the original letter of complaint and highlighted issues, and set out in turn each specific element of the complaint, describing the nature of the complaint.

- Taking each issue in turn, the IO must provide a comprehensive explanation of the department/programme's position including relevant facts and referencing any supporting documentation eg policies/protocols etc.

- The IO must ensure the fullness of the investigation is reflected in the report under each item cited and include detail on individuals interviewed, statements acquired, etc.

- The IO should, where possible, provide commentary on the nature of the complaint and any issues which may result in change or action, citing same.

- Where an apology to the complainant is necessary, this should be secured and included in the report.

- Where an abuse of staff rights is identified, this must be included.

- Copies of statements or relative supporting documentary evidence should be appended to the report. ***The use of e-mail is encouraged to assist in the speed of receipt of reports and to enable transcription.***

- The full report and supporting documentation should be forwarded to the Complaints Assistant/Complaints Manager to enable the Chief Executive to be briefed and the Trust's formal response to be framed.

September 2002

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