

*ALTNAGELVIN HOSPITALS HEALTH & SOCIAL
SERVICES TRUST*

*PROCEDURE FOR HANDLING COMPLAINTS,
ENQUIRIES AND COMMENDATIONS*

Reviewed October 1996
Reviewed April 1998
Reviewed March 2002
Reviewed February 2005

ALTNAGELVIN HOSPITALS HEALTH AND SOCIAL SERVICES TRUST

**PROCEDURE FOR HANDLING COMPLAINTS, INQUIRIES AND
COMMENDATIONS**

AIM

The aim is to ensure that Altnagelvin Hospitals Health and Social Services Trust has an effective and efficient complaints procedure focusing on satisfying complainants concerns.

The purpose of the complaints procedure is to ensure that staff learn lessons from complaints and improve the quality of our services.

One officer will act as the focal point in relation to all complaints, inquiries and commendations received. This officer will be known as the Patients Advocate.

In order to standardise the processing of all complaints, inquiries and commendations the following procedure will be implemented:-

WRITTEN COMPLAINTS:

(1) Complaints received by Officers other than Patient Advocate:

- (i) Letters of complaint must be forwarded (upon receipt) to the Patient Advocate.
- (ii) The Patient Advocate will immediately issue an acknowledgement letter within two working days indicating investigations underway. (Appendix I)
- (iii) A copy should be held by the Designated Manager (Appendix II) who will be responsible for investigating the issue and advising in writing the Patient Advocate.
- (iv) Relevant Managers should submit written comments to the Patients Advocate to enable an appropriate reply to be drafted.
- (v) Comments and details of any remedial action taken should be forwarded to the Patient Advocate within 10 days of receipt of letter of complaint.
- (vi) Correspondence will be held in the Central File in Patient Advocate's Office.

(2) **Complaints/Parliamentary Question received by Board Headquarters Charter Call:**

- (i) This form of complaint/inquiry will be directed to the Chief Executive's Office or Patient Advocate Office.
- (ii) Upon receipt the Patient Advocate will investigate in conjunction with relevant Manager(s) and draft the reply to the complainant - who initiated the original complaint.

(3) **Complaints received direct to the Chief Executive's Office/Patients Advocate:**

- (i) The Patient Advocate will issue an acknowledgement letter within two working days.
- (ii) If someone raises a complaint on behalf of a patient, the patient's consent will be obtained. Consent will be requested from NOK if the patient is deceased, or unable to consent.
- (iii) The correspondence will be copied to the relevant managers highlighting the issues to be investigated.
- (iv) Managers will provide written statements and/or comments to the Patient Advocate. In addition they will indicate any follow up action taken. Comments and details of any remedial action taken should be forwarded to the Patient Advocate within 10 days of receipt.
- (v) The Patient Advocate will also be responsible for highlighting where any follow up action is indicated.

VERBAL COMPLAINTS IN PERSON/TELEPHONE TO THE PATIENTS ADVOCATE OFFICE:

- (i) All verbal complaints should be noted on Formal Complaints Form and passed to relevant designated manager and acknowledgement letter within two working days.
- (ii) Designated managers should ensure that appropriate action is taken in relation to verbal complaints.
- (iii) Managers will provide written statements and/or comments to the Patient Advocate. In addition they will indicate any follow up action taken. Comments and details of any remedial action taken should be forwarded to the Patient Advocate within 10 days of receipt.

- (iv) The Patient Advocate will also be responsible for highlighting where any follow up action is indicated.
- (v) The Patient Advocate Office will maintain a summary of all verbal complaints with written complaints on a monthly basis.

THE LIMITS FOR ANSWERING COMPLAINTS

The current deadlines for answering complaints is two working days for an acknowledgement and 20 working days for a full response. If a full response is not completed within 20 working days time limit then a holding letter (Appendix III) is sent to the complainant informing them there is a delay and assuring them that a response is forthcoming as soon as possible.

INQUIRIES TO THE PATIENT'S ADVOCATE OFFICE

- (i) All inquiries should be noted on appropriate form.
- (ii) Patient Advocate should investigate and respond by telephone/letter as soon as possible
- (iii) The Patient Advocate Office will maintain a summary of all inquiries.

COMMENDATIONS:

- (1) **Commendations received by Officers other than the Patient Advocate:**
 - (i) Letters of commendation must be forwarded to the Patient Advocate on receipt.
 - (ii) The Patient's Advocate office will send a letter of acknowledgement (Appendix IV).
 - (iii) A copy of the original letter should be held by the Designated Manager who will be responsible for informing relevant staff.
 - (iv) Correspondence will be held in the Central File in Patient Advocate Office.

(2) **Commendations received direct to the Chief Executive's Office/Patient Advocate:**

- (i) The Patient Advocate will send a letter of acknowledgement.
- (ii) The letter commending services will be copied to the relevant Designated Manager by the Patient Advocate.
- (iii) Designated managers will ensure that comments made are brought to the attention of relevant staff.

RECORDS AND MONITORING FOR COMPLAINTS/COMMENDATIONS:

- (i) A central file for Complaints, Inquiries and Commendations will be established in the Patient's Advocate Office.
- (ii) Written correspondence received will be filed along with any following correspondence.
- (iii) Complaints are monitored under Clinical and Social Care Governance.
- (iv) Complaints are identified, recorded and reported to the Equality Commission.
- (v) CH8 Report Forms will be produced quarterly for the Department of Health.

VERBAL COMPLAINTS TO WARD/DEPARTMENT STAFF

- 1. Involved staff member remove complainant from busy area to a quiet area.
- 2. Listen attentively to complainant.
Remember no matter how hard we try we will not be able to meet the total expectations for every unique patient or relative so we must be ready to apologise. We do want to meet all needs.
- 3. Display friendly receptive attitude.
- 4. Remember do not meet aggression with aggression. Whilst trying to be objective and to understand the feelings of the complainant.
- 5. First responsibility to ensure if necessary the patient's health care needs are being met.

6. If the complaint is easily resolved action it immediately and record and complete verbal complaint form and forward to the Patient Advocate Office. (Appendix V)
7. If a complaint cannot be immediately resolved and can be resolved within a 48 hour period. Explain this to complainant and arrange a suitable time to give the information. Forward completed Verbal Complaints Form to the Patient Advocate Office.
8. If you are unable to action complaint within 48 hours then forward completed Verbal Complaints Form to the Patient Advocate Office for further investigation and resolution.
9. If complainant is unhappy with the local response refer to the Patient Advocate Office.
10. If complainant is complicated/multifaceted/multidisciplinary refer to Patient Advocate Office.
11. If complainant wishes to have their complaint dealt with more formally refer to Patient Advocate Office. Complainant can call in person, telephone or in writing.

N.B. Every member of staff has the responsibility of reassuring the general public. Complaints dealt with sensitively at this stage can often be defused.

The complaints procedure embodies the principles recommended by the 'The Wilson Report'. This entails simplicity, accessibility, responsiveness, impartiality, confidentiality and better quality, speed, cost effectiveness and accountability.

The complaints procedure will be concerned only with resolving complaints and not with disciplinary matters.

This is a two stage complaints procedure with the opportunity for the complainant to refer the matter to the Northern Ireland Commissioner for Complaints if he/she remains dissatisfied.

STAGE 1

There is a strong emphasis on rapid informal responses to complaints wherever possible and a greater emphasis on conciliation ensuring as much commonality as possible with the approach adopted for complaints against HSS Trusts and family practitioners.

One Officer will act as the focal point in relation to all complaints and commendations received. This Officer will be known as the Patient Advocate.

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TIME LIMITS FOR MAKING COMPLAINTS

There will be a time limit of one year for a complaint to be made after the event being complained about, with the discretion for this time limit to be waived in appropriate cases.

TIME LIMITS FOR ANSWERING COMPLAINTS

The deadline for answering complaints is two working days for an acknowledgement, and 20 working days for a full response.

Presently if a full response is not completed at Stage 1 in the 20 day time limit then a Holding Letter is sent to the complainant informing of the delay and assuring them that a response is forthcoming as soon as possible.

STAGE 2

If complaints cannot be resolved by service providers, complainants will have the option of asking for a review which may include the establishment of a panel to reconsider the complaint. Panels will have a lay chair, a convenor and another independent person. They will have access to relevant professional advice. Health Service Boards will be responsible for screening all complaints for Stage 2 consideration.

The jurisdiction of the NI commissioner for Complaints will be extended to all complaints.

Reviewed February 2005
Mrs E. Way
Chief Executive

APPENDIX 11

List of Designated Managers

Nursing Staff	To Appropriate Clinical Services Manager and Clinical Director for each Directorate
Medical Staff	Direct to Appropriate Consultant /Clinical Services Manager and Clinical Director for each Directorate
Radiology	Consultant, Clinical Director and Clinical Services Manager
Pathology	Consultant, Clinical Director and Clinical Services Manager
Paramedical Services	Relevant Departmental Manager
Pharmacy	Pharmacy Manager
Support Services Manager	Support Services and Departmental Manager

