

**POLICY FOR THE MANAGEMENT OF COMPLAINTS**

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**POLICY AND PROCEDURES FOR THE MANAGEMENT OF COMPLAINTS AND USER VIEWS**

**1) Introduction and Context**

**1.1**   
The Foyle Hospice (hereafter referred to as the “Hospice”) Complaints Policy   
has been based on and complies with the Complaints in Health & Social Care   
Standards and Guidelines for Resolution & Learning April 2009, and legislative   
principles contained in the Health and Social Care Complaints Procedure   
Directions (Northern Ireland) 2009 and The Children (NI) Order 1995. It   
provides a stream lined complaints process which applies to all departments   
within the Hospice. As such, it provides a simple, consistent approach for   
staff who handle complaints and for raising complaints against Foyle Hospice.

**1.2**   
This policy should be read in conjunction with other associated policies and   
 documentation, located in the policy files.

**1.3**   
Feedback from service users is an important aspect of the Hospice’s   
governance arrangements, and helps the Hospice to improve the quality of  
 the services we offer and safeguard high standards of care and treatment. All   
complaints, enquiries, comments/suggestions and compliments are   
encouraged, and will be taken seriously as they are viewed as a positive   
opportunity for learning and improving services.

**2) Definitions**

Throughout the policy and procedure the following terms have meanings set out below:

**Complaint –** “an expression of dissatisfaction that requires a response.”  
  
 **Complainant –** An existing or former patient, client, resident, family,   
 representative or carer (or whoever has raised the complaint).

**Chief Executive –** means the Chief Executive of Foyle Hospice.

**Local Resolution -** means the resolution of a complaint by the hospice  
 working closely with the service user.

**RQIA –** means the Regulation, Quality and Improvement Authority; the   
 regulatory body responsible for regulating, inspecting and monitoring   
 the standard and quality of health and social care services provision   
 provided by independent and statutory bodies in Northern Ireland.

**Service User –** For consistency the team service user is used throughout this   
 document to mean a patient, client, resident, carer, visitor  
 or any other person accessing Foyle Hospice.

**3) Policy Aims/Objectives/Purpose**

This guidance aims to promote an organisational culture in the Hospice that fosters openness and transparency for the benefit of all who use it or work in it. It is designed:

* to provide ease of access to those wishing to make a complaint;
* to ensure the process for dealing with complaints is simple and straightforward;
* to ensure responses to complaints are timely whilst being comprehensive, accurate and open with an emphasis on early resolution of the complaint;
* to ensure staff and complainants are treated with the same open and fair approach;
* to ensure that complaints are used positively to support learning, continuously improve the services we provide and, where possible prevent a recurrence.

**4) Policy Principles:**

* **openness and accessibility –** flexible options for pursuing a complaint and effective support for those wishing to do so;
* **responsiveness –** providing an appropriate and proportionate response;
* **fairness and independence –** emphasising early resolution in order to minimise distress for all;
* **learning and development –** ensuring complaints are viewed as a positive opportunity to learn and to improve services.

**5) Roles and Responsibilities**

**5.1 Chief Executive:**

* has overall accountability/responsibility for complaints management within the Hospice;
* will respond in writing to all formal complaints (or delegate when appropriate);
* has overall responsibility to ensure that complaints are integrated into Hospice Clinical Governance and Risk Management arrangements.

**5.2 Senior Management are responsible for:**

* seeking informal resolution of complaints raised at service level within identified timescales, if possible, as a rapid response and personal contact often results in effective complaints resolution;
* ensuring informal complaints are recorded on the Hospice’s Complaints Form and retained on file;
* ensure that the Hospice’s Complaints Policy and Procedure is included in the induction of their staff, and that staff are released to attend appropriate training;
* supporting, advising and assisting staff to resolve the issues giving rise to the complaint or enquiry, when possible;
* ensuring all formal complaint letters received by staff are forwarded immediately to the relevant Senior Manager on receipt;
* contributing to the investigation of complaints and enquiries and making sure statements and reports address all of the issues raised;
* ensuring that statements/reports are returned to the CEO within the required timescales;
* identifying learning and developing action plans to prevent the problem recurring. Introducing service improvements and making sure that all relevant information is disseminated throughout the hospice teams and Clinical Governance meetings as necessary;
* making sure a ‘fair and just’ organisational culture is maintained. Ensuring that staff members are informed if a complaint is made against them, receive a copy of the complaint, are given the opportunity to provide their version of events and are made aware of the process and timescales of responding to complaints. Such staff should receive feedback on the outcome of the complaint and appropriate support from their line manager before, during and after the investigation into the complaint;
* ensuring completion and return of the monthly record of Compliments and Gifts received.

**5.3** **All staff** are responsible for:

* attempting to resolve complaints, as they arise, in an informal, sensitive and confidential manner;
* ensuring that the hospice complaints information leaflets are available and accessible to service users to encourage all types of user feedback;
* 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 the Senior Managers/CEO on how to proceed;
* keeping their line manger 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 team and returning statements, reports and other information to Investigating Staff within requested timescales;
* informing their line manager and other team members (if appropriate) when they receive a written compliment from service users and ensuring that this is noted on the monthly return form for recording compliments.

**6) Scope of the Policy**

**6.1**

This Policy is applicable to all services provided by the Foyle Hospice.

**6.2**

A complaint may be made by any existing or former service user of Foyle Hospice services. The complaint may relate to the care offered or provided or to any service or facility offered or provided in relation to care. A complaint may also be made by a third party on behalf of an existing or former service user or by anyone who has their consent. Where a person is unable to act for him/herself, his/her consent will not be required.

**6.3**

The Complaints Procedure will be suspended where the complainant explicitly indicates an intention to take legal action in respect of the complaint.

**6.4**

The policy is concerned with the local resolution of complaints and is not part of any Hospice disciplinary process. However, the result of any complaints investigation may be taken into account in considering the need for or conclusions of the disciplinary process.

**7) Training and Education**

**7.1**The Hospice will ensure that training and information on The Management of Complaints and User Views is available for staff at the appropriate level. This must be included within:

* induction for all new staff.
* annual mandatory training;
* appropriate training days within all departments in the hospice;
* all staff to familiarise themselves with the complaints policy and procedure, particularly when reviewed.

**8) Information for Service Users**

**8.1**The Hospice will produce information for service users on how to provide feedback on services which will be well publicised, simple and clear, and available in all service areas across the Hospice.

**8.2**A copy of the Hospice Complaints Policy and Procedure will be provided and left on display for patients and their relatives/next-of-kin to access as required.

**8.3**All service users will be made aware of the independent service provided by the Patient and Client Council.

**9) Monitoring, Audit and Review**

**9.1** Compliance against relevant complaints handling standards will be regularly monitored by the CEO/Senior Management Team. Any necessary actions following Audit will be implemented and monitored.  
  
**9.2** The Policy will be reviewed every three years and as necessary due to developments and initiatives as driven by external and internal influences.

**10) Equality and Human Rights Considerations**

**10.1**This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998.

The Hospice aims to handle all complaints fairly and honestly regardless of who makes a complaint. The Hospice treats all members of the community equitably and will not show bias to any particular individual or group.

**11) Complaints Procedure/Making a Complaint**

**11.1 General Notes**

* All providers of independent regulated services are required , in accordance with legislation, to operate a complaints procedure which ensures:
  + That all complaints are fully investigated;
  + That processes and actions are recorded; (Appendix 1)
  + That the complainant is kept fully informed of the process, outcome ad any actions taken in response to their complaint.
* The Foyle Hospice will ensure that there are clear lines of accountability for the handling of complaints (Standard 1, Appendix 2).
* RQIA Inspectors will, in their normal programme of inspections, ensure that all such providers have in place and operate an appropriate complaints procedure.
* Complaints are normally best dealt with by the complainant and the provider of the service concerned.
* Complaints in relation to a provider’s failure to comply with Regulations will, in addition to the normal complaints process, be dealt with through the RQIA’s normal inspection and enforcement processes.
* Responses to complainants will not be made electronically.

**11.2**

A complaint is “an expression of dissatisfaction that requires a response”. Complainants may not always use the word “Complaint”. They may offer a comment or suggestion that can be extremely helpful. It is important that staff recognise these comments that are really complaints and need to be handled as such.

**11.3**

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 within Foyle Hospice as an organisation. They must also be advised on the types of help available through front-line staff, the Management Team of the Hospice and the CEO. The Hospice promotes and encourages open and flexible access to the complaints procedure and other less formal avenues in an effort to address barriers to access (Standard 2: Appendix 2)

**11.4 Who can complain?**

Any person can complain about any matter connected with the provisions of Hospice services. Complaints may be made by:

* a patient or client;
* former patients, clients or visitors (including those who come in contact with the fundraising and administration departments) using the Hospices services and facilities;
* someone acting on behalf of existing or former patients or clients, providing they have obtained the patient’s or client’s consent;
* any appropriate person in respect of a patient or client who has died e.g: the next of kin.

**11.5 Consent**

**11.5.1**

Complaints by a third party should be made with the written consent of the individual concerned. There will be situations where it is not possible to obtain consent, such as:

* where the individual is incapable (e.g: rendered unconscious due to terminal stage of illness; judgement impaired by learning disability, mental illness, brain injury or serious communication problems);
* where the subject of the complaint is deceased.

**11.5.2**

When a person is unable to act for himself/herself, his/her consent shall not be required.

**11.5.3**

The Registered Manager of the Hospice, in discussion with the Senior Management Team and the CEO of the Hospice, will determine whether the complainant has sufficient interest to act as a representative. The question of whether a complainant is suitable to make representation depends, in particular, on the need to respect the confidentiality of the patient or client. If it is determined that a person is not suitable to act as a representative, the Registered Manager will provide information in writing to the person outlining the reason the decision has been taken.

**11.5.4**

Third party complainants who wish to pursue their own concerns can bring these to the Hospice Management Team without compromising the identity of the patient/client. The Hospice will consider the matter, investigate and address, as fully as possible, any identified concerns. A response will be provided to the third party on any issues which it is possible to address without breaching the patients/clients confidentiality.

**11.6 Confidentiality**

**11.6.1**

Foyle Hospice staff should be aware of their legal and ethical duty to protect the confidentiality of the service user’s information. The legal requirements are set out in the GDPR (May 2018) Regulations and the Human Rights Act 1998. The common law duty of confidence must also be observed. Ethical guidance is provided by the respective professional bodies (eg: NMC, GMC). A service user’s consent is required if their personal information is to be disclosed and respective codes of practice must be adhered to on protecting the confidentiality of service user information.

**11.6.2**

It is not necessary to obtain the service user’s express consent to the use of their personal information to investigate a complaint. However, it is good practice to explain to the service user that information from his/her health or social services records may need to be disclosed to the people investigating the complaint, but only if they have a demonstrable need to know and for the purposes of investigating. If the service user objects to this, it should be explained to him/her that this could compromise the investigation and his/her hopes of a satisfactory outcome to the complaint. The service user’s wishes should always be respected, unless there is an overriding public interest in continuing the matter.

**11.6.3**

The duty of confidence applies equally to third parties who have given information or who are referred in the service user’s records. Particular care must be taken where the service user’s records contain information provided in confidence, by, or about, a third party who is not a health and social services professional. Only that information which is relevant to the complaint should be considered for disclosure, and then only to those within the Hospice who have a demonstrable need to know in connection with the complaint investigation. Third party information must not be disclosed to the service user unless the person who provided the information has expressly consented to the disclosure.

**11.6.4**

Disclosure of information provided by a third party outside the Hospice also requires the express consent of the third party. If the third party objects, then it can only be disclosed where there is an overriding public interest in doing so.

**11.6.5**

Where anonymised information about a patient/client and or/third parties would suffice, identifiable information should be omitted. Anonymising information does not of itself remove the duty of confidence but, where all reasonable steps are taken to ensure that the recipient is unable to trace the patient/client or third party identity, it may be passed on where justified by the complaint investigation. Where a patient/client or third party has expressly refused permission to use information, then it can only be used when there is an overriding public interest in doing so.

**11.7 How complaints can be made**

**11.7.1**

Complaints can be made verbally or in writing and should also be accepted via any other method, for example, the telephone or electronically. The complainant should be asked to put the complaint in writing, or assisted to do so. It is helpful to establish at the outset what the complainant wants to achieve to avoid confusion or dissatisfaction and subsequent letters of complaint. The Hospice needs to be mindful of technological advances and consider local arrangements, eg: password protected computers, to ensure there is no breach of patient/client confidentiality.

**11.7.2**

Complaints may be made to any member of Hospice staff - for example receptionists, medical or care staff. In many cases complaints will be made orally and front-line staff may be able to resolve the complaint “on the spot” or pass it to a more senior member of staff.

**11.7.3**

Some complainants may prefer to make their initial complaint to someone within the Hospice who has not been involved in their care. In these circumstances, they should be advised to address their complaint to an appropriate senior person in the Hospice or, if they prefer, in writing to the CEO or the Registered Manager.

**11.7.4**Staff who manage the Hospice website and social media, e.g. facebook, twitter, need to be mindful of the possibility of complaints being received through this channel, and deal with the complaint as per policy guidelines immediately.

**12.0 Resolution of Complaints**

**12.1 Stage 1**

Local resolution of the complaint is the first stage of the process and is the preferred option for service users of Foyle Hospice. This is in line with the regulations outlined by the Regulation and Quality Improvement Authority (RQIA) which governs the Hospice services to recognised standards.

**12.2 Stage 2**

If the complaint is not resolved to the complainant’s satisfaction in **STAGE 1** they may then take it a step forward whereby the CEO of Foyle Hospice will carry out further investigations. The CEO will attempt to reach a satisfactory outcome for the complainant, and this may include liaison with members of the Board of Trustees for their input.

**12.3 Stage 3**

If complainants are still dissatisfied with the outcome of the Hospice complaints procedure, they should be advised of their right to refer their complaint to the Ombudsman (contact details in Appendix 3).

**12.4**

The Foyle Hospice Registered Manager will keep a record of all complaints by type (eg: service sector involved); nature of investigation; findings; conclusions; recommendations; actions taken and lessons learnt. RQIA will inspect this information during routine inspections to assist in their monitoring of the Hospice.

**12.5**

***All complaints in Foyle Hospice should include the following information:***

* Contact details
* Who or what is being complained about, including the names of staff if known;
* Where and when the events of the complaint happened;
* Where possible, what remedy is being sought – eg: an apology or an explanation or changes to services, (see Appendix 1).
* Outcome – resolved/not resolved, passed to Stage 2/3; and
* Learning acquired from the complaint and changes in practice (if any) as a result.

**12.6**

Advice and assistance will be available from the Hospice Senior Management Team to complainants and front-line staff at any stage in the complaints process (Standard 4, Appendix 2).

**12.7 Timescales for making a complaint.**

**12.7.1**

The Foyle Hospice would prefer if a complaint was made as soon as possible after the action giving rise to it, normally within six months of the event. The earlier complaints are made will inevitably lead to a more effective investigation process when memories of the event are fresh.

**12.7.2**

If a complainant was not aware that there was cause for complaint, the complaint should normally be made within ***six months*** of their becoming aware of the cause for complaint, or within ***twelve months*** of the date of the event, whichever is the earlier.

**12.7.3**

There is discretion for the CEO to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier and where it is still possible to investigate the facts of the case. The complainant will be advised that with the passing of time the investigation and response will be based largely on a review of records.

**12.7.4**

If the CEO decides not to investigate a complaint on the grounds that it was not made within the time limit, the complainant can request the Ombudsman to consider it. Details on how to pursue this should be given to the complainant.

**12.7.5**

The Registered Manager will consider the content of complaints that fall outside the time limit in order to identify any potential risk to public or patient safety and, where appropriate, the need to investigate the complaint if it is in the public’s interest to do so or refer to the relevant regulatory body.

**13.0 Handling Complaints.**

**13.1**

Accountability for the handling and considerations of complaints rests with the CEO. However, the Senior Management Team within the organisation – ie: The Director of Nursing, The Medical Director, The Administrative Services Manager and the Head of Fundraising – will take responsibility for the local complaints procedure, ensure compliance with the regulations and that action is taken in light of the outcome of any investigation. All staff within the Hospice are accountable for being aware of and complying with, the requirements of the complaints procedure. These arrangements will ensure the integration of complaints management into the Hospice’s governance arrangements (Standard 1, Appendix 2).

**13.2**

As a commissioner of services from the Hospice, the HSCB will be entitled to any and all documentation relating to any formal written complaints that arise in the Hospice. It is outlined in the contract between the Hospice and the HSCB that they are informed on a quarterly basis of any formal complaints, how they have been resolved and the learning that has occurred.

**13.3**

Complaints provide a rich source of information and should be considered a vital part of the Hospice’s performance management strategy. The Hospice needs to demonstrate that positive action has been taken as a result of complaints and that learning from complaints is embedded in the Governance and risk management arrangements with the Hospice.

**13.4**

Complaints should be used to inform and improve services, and the Hospice should aim for continuous change and improvement in it’s performance as a result of complaints. Where something has gone wrong or fallen below standard the Hospice 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 enhanced for the future.

**13.5**

Local arrangements within the Hospice will ensure that a full and comprehensive response is given to a complainant. In the handling and consideration of complaints the Hospice will co-operate with the:

* Western Health & Social Care Trust/HSCB
* Regulatory authorities e.g: professional bodies, DHSSPSNI, Pharmaceutical Inspectorate;
* NI Commissioner for Complaints (the Ombudsman); and
* Regulation and Quality Improvement Authority (RQIA).

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

**13.5.1**

The Senior Management Team who co-ordinate and manage complaints in the Hospice will be readily accessible to both the public and members of staff. They should:

* deal with complaints referred by front-lint staff;
* be easily identifiable to service users;
* be available to complainants who do not wish to raise their concerns with those directly involved in their care;
* consider all complaints received and identify and appropriately refer those falling outside the remit of the complaints procedure;
* provide support to staff to respond to complaints;
* have access to all relevant records (including personal medical records);
* take account of any corroborative evidence available relating to the complaint e.g: witness to a particular event;
* identify training needs associated with the complaints procedure and ensure these are met;
* ensure all issues are addressed in the draft response, taking account of information from reports received and providing a layman’s interpretation to otherwise complex reports;
* compile a summary of complaints received, actions taken and lessons learnt, and maintain records;
* examine trends and monitor the effectiveness of local arrangements and the action taken (or proposed) in terms of service improvement; and
* ensure compliance with standards, identifying lessons and dissemination of learning in line with Hospice governance arrangements.

**13.6**

Those managing complaints should involve the complainant from the outset and seek to determine what they are hoping to achieve from the process. The complainant should be given the opportunity to understand all possible options for pursuing the complaint and the consequences of following these options. Throughout the process those managing the complaints should assess what further action might best resolve the complaint and at each stage keep the complainant informed.

**13.7**

Information leaflets about the complaints process will be readily available throughout the Hospice organisation, (Appendix 4). This means that service users will be made aware of:

* their right to complain;
* all possible options for pursuing a complaint, and the types of help available e.g. Patient and Client Council; and
* the support mechanisms that are in place.

**13.8**

Clear lines of communication within the Hospice line management structure will ensure complainants know who to communicate with during the process of their complaint. The provision of information should help improve attitudes and communication by staff as well as support and advice for complaints.

**13.9**

All complaints received will be treated with equal importance regardless of how they are submitted (Standard 3, Appendix 2). Complainants will be encouraged to speak openly and freely about their concerns and should be reassured that whatever they may say will be treated with appropriate confidence and sensitivity. Complainants will be treated courteously and sympathetically and where possible involved in decisions about how their complaint is handled and considered. However received, the first responsibility of staff is to ensure that the patient’s immediate care needs are being met. This may require urgent action before any matters relating to the complaint are addressed.

**13.10**

Involvement of the complainant throughout the consideration of their complaint will provide a more flexible approach to the resolution of the complaint. Each complaint must be taken on its own merit and responded to appropriately. It may be appropriate for the entire process of local resolution to be conducted informally. Overall, arrangements should ensure that complaints are dealt with quickly and effectively in an open and non-defensive way.

**13.11**

Where possible, all complaints should be recorded and discussed with the Management Team in the Hospice to identify those that can be resolved immediately, those that will require a formal investigation or those that need to be referred outside the Hospice Complaints Procedure. Front-line staff will often find the information they gain from complaints useful in improving service quality. This is particularly so for complaints that have been resolved “on the spot” and have not progressed through the formal complaints process.

**13.12**

Acknowledgement of a complaint should be done in writing within ***2 working days*** of receipt. The acknowledgment letter should always thank the complainant for drawing the matter to the attention of the Hospice. With the letter there should be a statement expressing sympathy or concern over the incident. This should be seen as a statement of common courtesy, not an admission of responsibility.

**13.13**

Within the Hospice it is good practice for the acknowledgment to be conciliatory, and indicate that a full response will be provided within ***20 working days.*** Where these response timescales are not possible an explanation must be provided to the complainant. The acknowledgment should:

* seek to confirm the issues raised in the complaint;
* offer opportunities to discuss issues either with a member from the front-line staff or, if appropriate, a member of the senior management team; and
* provide information about the availability of independent support (e.g. Patient and Client Council) and advice.

**13.14**

The Hospice has established a clear system, via this policy, to ensure an appropriate lead of investigation. The purpose of investigation is not only “resolution” but to ascertain what happened, to establish the facts, to learn, to detect misconduct or poor practice and to improve services (Standard 5: Appendix 2). Throughout an investigation it must be conducted in a manner that is supportive to all those involved, without bias and in an impartial and objective manner. The investigation must not be adversarial and must uphold the principles of fairness and consistency. The investigation process is best described as listening, learning and improving. Complaints must be approached and managed with an open mind, being fair to all parties. All those involved should be kept informed of progress throughout.

**13.15**

It is unrealistic to investigate all complaints to the same degree or the same level in the Hospice, hence the reason why discussion of all complaints is necessary. Each complaint needs to be individually assessed as to its seriousness, and following categorisation, the course of action to be taken in response will be determined. This allows serious complaints, such as those involving unsafe practice, to be identified and prevent the likelihood of recurrence.

**13.16**

The investigators need to establish the facts relating to the complaint and assess the quality of the evidence. Once the investigator has reached their conclusion they should prepare a draft report/response. The purpose is to record and explain the conclusion reached after the investigation of the complaint. Where the complaint involves clinical/professional issues, the draft response must be shared with the relevant clinicians/professionals to ensure the factual accuracy and to ensure clinicians/professionals agree with and support the draft response.

**13.17**

All correspondence and evidence relating to the investigation should be retained. The Senior Management Team should ensure that a complete record is kept of the handling and consideration of each complaint. Complaints records should be kept separate from health and social care records, subject only to the need to record information which is strictly relevant to the service users ongoing health or care needs.

**13.18**

The Hospice will regularly review its investigative processes to ensure the effectiveness of these arrangements locally, to the benefit of the Hospice as an organisation.

**13.19**

Delays in the resolution may occur for several reasons e.g: differences in complexity, seriousness of the complaint, the scale of investigative work required or the unavailability of a key staff member due to illness/holidays. Delays may also be as a result of the complainant’s personal circumstances. Whatever the reason, as soon as it becomes clear that it will not be possible to respond within the target timescales, the person investigating the complaint should advise the complainant and provide an explanation with the anticipated timescales. While the emphasis is on a complete response and not the speed of the response, the Hospice will monitor and record complaints that exceed the target timescales to prevent misuse of the arrangements.

**13.20**

Response to a complaint should normally be completed within 20 working days, following a thorough investigation (Standard 6: Appendix 2). Responses to complaints can be done in the following way:

* face-to-face meeting/verbally;
* in a detailed written letter.

**RESPONSES SHOULD NOT BE MADE ELECTRONICALLY.**

**13.21**

The response should be clear, accurate, balanced, simple and easy to understand. It should avoid technical terms, but where these must be used to describe a situation, events or condition, an explanation of the term should be provided. The response should:

* address the concerns expressed by the complainant and show that each element has been fully and fairly investigated;
* include an apology where things have gone wrong;
* report the action taken or proposed to prevent recurrence;
* indicate that a named member of staff is available to clarify any aspect of the response; and
* advise of their right to take their complaint to the Ombudsman if they remain dissatisfied with the outcome of Stage 1 and Stage 2 of this complaints procedure.

**14.0 Concluding Local Resolution**

**14.1**

The Foyle Hospice will offer every opportunity to exhaust local resolution. While the final response should offer an opportunity to clarify the response this should not be for the purposes of delaying “closure”.

**14.2**

Once the final response has been signed and issued, the person investigating the complaint, on behalf of the CEO, should liaise with all relevant staff in the Hospice to ensure that all necessary follow-up action has been taken. The Registered Manager of the Hospice will regularly monitor any outcomes from the complaints process to ensure they are actioned. Where possible, the complainant and those named in the complaint should be informed of any change in system or practice that has resulted from their complaint.

**14.3**

This completes the Foyle Hospice Complaints Procedure. Complainants must be advised of their right to refer their complaint to the Ombudsman if they remain dissatisfied with the outcome of the complaints procedure carried out in the Hospice.

**15.0 Learning from Complaints.**

**15.1**

The Foyle Hospice has a legal duty to operate a complaints procedure and is required to monitor how the Hospice deal with and respond to complaints.   
  
The Hospice must:

* regularly review its policies and procedures to ensure they are effective;
* monitor the nature and volume of complaints;
* seek feedback from service users and staff to improve services and performance; and
* ensure lessons are learnt from complaints and use them to improve services and performance.

The Hospice is also required to keep a record of all complaints received, including copies of all correspondence relating to complaints. The Hospice must ensure that records of complaints are kept for review by RQIA and the HSCB during regular inspections.

**15.2**

The Standards for Complaints (Appendix 2) help provide criteria the Hospice can operate to assist in monitoring the effectiveness of the complaints-handling arrangements, locally. The Hospice will involve service users and staff to improve the quality of services and effectiveness of complaints–handling arrangements locally.

**15.3**

The Hospice is expected to manage complaints effectively, ensure appropriate action is taken to address issues highlighted by complaints and make sure that lessons are learned, to minimise the chance of mistakes recurring. The Hospice must demonstrate that learning is taking place at different levels throughout – individuals, team, organisational.

**15.4**

Learning is a critical aspect of the Hospice Complaints Procedure and provides an opportunity to improve services and contribute to and learn from regional, national and international quality improvement and patient safety initiatives. RQIA and the Trust must share the intelligence gained through complaints. Learning from reports will be disseminated via RQIA’s Annual Report.

**16.0  
*Anonymous Complaint***

When the Hospice receives an anonymous complaint it will be forwarded to the Registered Manager to be dealt with under the Hospice’s Policy for the Management of Complaints if appropriate.

**17.0 The Regulation and Quality Improvement Authority   
 (RQIA)**

**17.1**

The Regulation and Quality Improvement Authority (RQIA) is an independent non-departmental public body. RQIA is charged with overall responsibility for regulating, inspecting and monitoring the standard and quality of health and social care services provided by independent and statutory bodies in Northern Ireland.

**17.2**

RQIA has a duty to assess how the Foyle Hospice handle complaints in light of the standards and regulations laid down by the DHSSPSNI. As part of its governance reviews and investigations into specific incidents, RQIA will assess the effectiveness of local procedures and will use information from complaints to identify wider issues for the purposes of raising standards.

**17.3**

RQIA has a duty to encourage improvement in the delivery of services and to keep the DHSSPS informed on matters concerning the provision, availability and quality of services.

**17.4**

***RQIA may be contacted at:***

* 9th Floor, Riverside Tower

Lanyon Place

Belfast

BT1 3BT

Tel: 028 90 517500

Fax: 028 90 571501

<http://www.rqia.org.uk/home/index/cfm>

**18.0**  **The Patient and Client Council**

The Patient and Client Council was established under legislation on 1st April 2009 as part of the reform of Health and Social Care in Northern Ireland, replacing the Health and Social Services councils.

**18.1**The Patient and Client Council is the independent voice on health and social care issues and they will help patients/service users to complain about any part of health and social care, to include the following:

* Give information on how to complain and who to complain to;
* Help write letters of complaint;
* Attend meetings about patient/service users’ complaints and make sure their concerns are responded to;
* Work with health and social care organisations to improve services as a result of any complaint.

**18.2**Patient and Client Council may be contacted by:  
  
 - Telephone  
 0800 917 022

- Post  
 FREEPOST,  
 Patient and Client Council

- E-mail  
 [info@pcc@hscni.net](mailto:info@pcc@hscni.net)

- Visit  
 1st Floor, Ormeau Baths,  
 18 Ormeau Avenue  
 Belfast  
 BT2 8HS

- [www.patientclient](http://www.patientclient)council.hscni.net

**19.0** Matters Excluded from the Hospice Complaints Procedure.

Some matters are excluded from investigation through the Hospice complaints procedures, to include:

* Legal Action;
* Disciplinary Action;
* Staff Grievances;
* Investigation by professional regulatory bodies;
* Independent enquiry and criminal investigation;
* Complaints outside the HPSS;
* Issues related to Data Protection/Freedom of Information;
* Coroner’s Cases;
* Protection of Vulnerable Adults.

**APPENDIX 1**

**Complaints Form**



**Original Complaints**

**File is located in the  
HR Department,  
Inpatient Unit.**



**COMPLAINT FORM**

(To be completed by staff receiving

any formal/informal verbal / written complaint

and given to the appropriate line manager)

**Date & Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Involved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary of complaint. If necessary continue overleaf.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In order that we can respond to the complaint, enter contact details:**

**Complainants Name:**

**Patient’s Name: Unit No:**

**(If applicable)**

**Complainants Address:**

**Postcode:**

**Telephone Number day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ evening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of person receiving complaint  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**ACTION**

**Complaint resolved**

**Immediately:**

**Yes Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No/ Complaint forwarded to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigation by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary of Action Taken:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Learning Points:**

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**Date to Complaints file \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPENDIX 2**

**STANDARDS FOR COMPLAINTS HANDLING**



**APPENDIX 2**

**STANDARDS FOR COMPLAINTS HANDLING**

**Standards for complaints handling**

1. The following standards have been developed to address the variations in the standard of complaints handling within Foyle Hospice. These will assist the Hospice in monitoring the effectiveness of their complaints handling arrangements locally and will build public confidence in the process by which their complaint will be handled.
2. These are the standards to which HSC organisations are expected to operate. These standards complement existing Controls Assurance Standards, the Quality Standards for Health and Social Care, the Nursing Homes and the Residential Care Homes Standards. The standards for complaints handling are:
   * **Standard 1 : Accountability**
   * **Standard 2: Accessibility**
   * **Standard 3: Receiving complaints**
   * **Standard 4: Supporting complainants and staff**
   * **Standard 5: Investigation of complaints**
   * **Standard 6: Responding to complaints**
   * **Standard 7: Monitoring**
   * **Standard 8: Learning**

**STANDARD 1: ACCOUNTABILITY**

Foyle Hospice will ensure that there are clear lines of accountability for the handling and consideration of complaints.

**Rationale:**

Foyle Hospice will demonstrate that they have in place clear accountability structures to ensure the effective and efficient investigation of complaints, to provide a timely response to the complainant and a framework whereby learning from complaints is incorporated into the clinical, and organisational governance arrangements.

**Criteria:**

1. Managerial accountability for complaints within Foyle Hospice rests with the Chief Executive/Director.
2. Foyle Hospice must designate a senior person in each department, ie: nursing, administration and fundraising, to take responsibility for complaints handling and responsiveness locally;
3. Foyle Hospice must ensure that complaints are integrated into clinical governance and risk management arrangements;
4. Foyle Hospice will include complaints handling within its performance management framework and corporate objectives;
5. Foyle Hospice must ensure that the person dealing with complaints is of appropriate authority and standing and has appropriate support;
6. All staff must be aware of, and comply with, the requirements of the complaints procedure within their area of responsibility;
7. Where applicable, Foyle Hospice will ensure that independent provider contracts include compliance with the requirements of the Hospice Complaints Procedure.
8. The Foyle Hospice is responsible for quality assuring its complaints handling arrangements.

**STANDARD 2: ACCESSIBILITY**

All service users will have open and easy access to the Foyle Hospice Complaints Procedure and the information required to enable them to complain about any aspect of service.

**Rationale:**

Those who wish to complain will be treated impartially, in confidence, with dignity and respect and will not be adversely affected because they have found cause to complain. Where possible, arrangements will be made as necessary for the specific

needs of those who wish to complain, including provision of interpreting services; information in a variety of formats and languages; at suitable venues; and at suitable times.

**Criteria:**

1. Arrangements about how to make a complaint are widely publicised, simple and clear and made available in all areas throughout the service;
2. Arrangements for making a complaint are open, flexible and easily accessible to all service users, no matter what their personal situation or ability;
3. Flexible arrangements are in place in order that individual complainants may be suitably accommodated in an environment where they feel comfortable;
4. All staff have appropriate training about the needs of service users, including disability and equality awareness training.

**STANDARD 3: RECEIVING COMPLAINTS**

All complaints received will be dealt with appropriately and the process and options for pursing a complaint will be explained to the complainant.

**Rationale:**

All complaints are welcomed. Effective complaints handling is an important aspect of the Foyle Hospice clinical governance arrangements. All complaints, however or wherever received, will be recorded, treated confidentially, taken seriously and dealt with in a timely manner.

**Criteria:**

1. Flexible arrangements are in place so that complaints can be raised in a variety of ways (e.g: verbally or in writing), and in a way which the complainant feels comfortable;
2. Complaints from a third party, where possible, have the written consent of the individual concerned;
3. Hospice staff are aware of their legal and ethical duty to protect the confidentiality of service user information;
4. Attempts to resolve complaints are as near to the point of contact as possible, and in accordance with the complainant’s wishes;
5. Where possible, the complainant should be involved in decisions about how their complaint is handled and considered;
6. Complaints are appropriately recorded and assessed according to risk in line with agreed governance arrangements;

**STANDARD 4: SUPPORTING COMPLAINANTS AND STAFF**

Foyle Hospice will support complainants and staff throughout the complaints process.

**Rationale:**

The Hospice will support service users in making complaints and will encourage feedback through a variety of mechanisms. Information on complaints will outline the process as well as the support services available. Staff will be trained and empowered to deal with complaints as they arise.

**Criteria:**

1. Foyle Hospice will ensure the provision of readily available advice and information on how to access support services appropriate to the complainant’s needs;
2. The Hospice Senior Management Team will offer assistance in the formulating of a complaint;
3. The Hospice will promote the use of independent advice and advocacy services;
4. The Hospice will facilitate, where appropriate, the use of conciliation;
5. The Hospice will adopt a consistent approach in the application of DHSSPS guidance on responding to unreasonable, vexatious or abusive complaints;
6. The Hospice will ensure that staff receive training on complaints, appropriate to their needs;
7. The Hospice will ensure that mechanisms are in place to support staff throughout the complaints process.

**STANDARD 5: INVESTIGATION OF COMPLAINTS**

All investigations will be conducted promptly, thoroughly, openly, honestly and objectively.

**Rationale:**

The Hospice will establish a clear system to ensure an appropriate level of investigation. Not all complaints need to be investigated to the same degree.   
A thorough, documented investigation will be undertaken, where appropriate, including a review of what happened, how it happened and why it happened. Where there are concerns the Hospice will act appropriately and, where possible, improve practice and ensure lessons are learned.

**Criteria:**

1. Investigations are conducted in line with agreed governance arrangements;
2. Investigations are robust and proportionate and the findings are supported by the evidence;
3. A variety of flexible techniques are used to investigate complaints, dependent on the nature and complexity of the complaint and the needs of the complainant;
4. Independent experts or lay people are involved during the investigation, where identified as being necessary or potentially beneficial and with the complainant’s consent;
5. People with appropriate skills, expertise and seniority are involved in the investigation of complaints, according to the substance of the complaint;
6. All regulatory bodies will co-operate, where necessary, in the investigation of complaints;
7. The Hospice will investigate and take necessary action, regardless of consent, where a patient/client safety issue is raised;
8. All correspondence and evidence relating to the investigation will be retained in line with relevant information governance requirements;

**STANDARD 6: RESPONDING TO COMPLAINTS**

All complaints will be responded to as promptly as possible and all issues raised will be addressed.

**Rationale:**

All complainants have a right to expect their complaint to be dealt with promptly and in an open manner.

**Criteria:**

1. The timescales for acknowledging and responding to complaints are in line with statutory requirements;
2. Where any delays are anticipated or further time required the Hospice will advise the complainant of the reasons and keep them informed of progress;
3. The Hospice will consider a variety of methods of responding to complaints;
4. Responses will be clear, accurate, balanced, simple, fair and easy to understand. All the issues raised in the complaint will be addressed and, where appropriate, the response will contain an apology;
5. The Chief Executive may delegate responsibility for a complaint where, in the interests of a prompt reply, a designated senior person may undertake this task;
6. Complainants should be informed, as appropriate, of any change in system or of practice that has resulted from their complaint;
7. Where a complainant remains dissatisfied, he/she should be clearly advised of the options that remain open to them.

**STANDARD 7: MONITORING**

Foyle Hospice will monitor the effectiveness of complaints handling and responsiveness.

**Rationale:**

The Hospice is required to monitor how they, or those providing care on their behalf, deal with and respond to complaints. Monitoring performance is essential in determining any necessary procedural change that may be required. It will also ensure that organisations have taken account of the issues and incorporated improvements where appropriate.

**Criteria:**

1. The Hospice should ensure the regular and adequate reporting on complaints in accordance with agreed governance arrangements;
2. The Hospice must produce and disseminate, where appropriate, an Annual Report on Complaints;
3. The Hospice must ensure that they have in place the necessary technology/information system to record and monitor all complaints and outcomes;
4. The Hospice should have a mechanism to routinely request feedback from service users and staff on the operation of the complaints process;
5. The Hospice must review the arrangements for complaints handling and responsiveness.

**STANDARD 8: LEARNING**

Foyle Hospice will promote a culture of learning from complaints so that, where necessary, services can be improved when complaints are raised.

**Rationale:**

Complaints are viewed as a significant source of learning within the Hospice and are an integral aspect of its patient/client safety and quality service ethos. Complaints will help the Hospice to continue to improve the quality of its services and safeguard high standards of care and treatment. The Hospice must have effective structures in place for identifying and minimising risk, identifying trends, improving quality and safety and ensuring lessons are learnt and shared.

**Criteria:**

1. The Hospice will monitor the nature and volume of complaints so that trends can be identified and acted upon;
2. The Hospice will ensure there are provisions made within governance arrangements for the identification of learning from complaints and the sharing of learning locally and regionally;
3. Learning will take place at different levels within the Hospice (individual, team and organisational);
4. The Hospice will ensure that they have adequate mechanisms in place for reporting on progress with the implementation of action plans arising from complaints;
5. The Hospice will incorporate learning arising from any review of findings of an investigation;
6. The Hospice will contribute to, and learn from, regional, national and international quality improvement and patient safety initiatives;
7. The Hospice will include learning from complaints within its Annual Report on Complaints.

**APPENDIX 3**

**THE N.I. COMMISSIONER FOR COMPLAINTS (OMBUDSMAN) CONTACT DETAILS**



**APPENDIX 3**

**THE N.I COMMISSIONER FOR COMPLAINTS**

1. The N.I Commissioner for Complaints (the Ombudsman) can carry out independent investigation into complaints about poor treatment or service or the administrative action of health and social care organisations. If someone has suffered because they have received poor service or treatment or were not treated properly or fairly – and the organisation or practitioner has not put things right where they could have – the Ombudsman may be able to help. The purpose of the Public Services Ombudsman Office is to ensure that the people of N. Ireland are served by a fair and efficient public administration that is committed to accountability, openness and quality of service.
2. ***The Ombudsman’s contact details are:***
   * Ms Margaret Kelly

Northern Ireland Ombudsman

Progressive House

33 Wellington Place

Belfast

BT1 6HN

Tel: 028 90 23382

1. Further information can be accessed at :

[www.ni-ombudsman.org-uk](http://www.ni-ombudsman.org-uk)

**APPENDIX 4**

ILLUSTRATION OF INFORMATION LEAFLET IN FOYLE HOSPICE ON HOW SERVICE USERS CAN MAKE A COMPLAINT



**APPENDIX 4**

***Illustration of Information Leaflet in Foyle Hospice on how service users can make a complaint.***

***Making a Complaint***

What to do if you have a complaint about the treatment or service you have received from Foyle Hospice.



**Making a complaint**

Although we work hard to offer high standards of service and care at all times in Foyle Hospice, things can sometimes go wrong. Should this happen, we will do all that we can to put things right for you and to make sure that the same thing does not happen again.

Foyle Hospice views complaints as a positive opportunity to learn how we can improve.  
  
Hopefully we will be able to answer/resolve your concerns quickly

**Talking it through**

If you have a complaint about treatment or care received it is best to try and sort it out straight away. If you are an inpatient or visiting a patient, the best person to talk to is the nurse in charge of the ward. If you are attending Day Hospice, please talk to the Day Hospice Nurse Manager or Nurse in Charge. If the care or treatment has been provided in your own home please ring the number on the calling card the nurse provided you with.

**What if I’m not satisfied?**

If you are not happy with the response you receive you can make a complaint in writing to either:   
  
Mr Donall Henderson  
CEO/Registered Provider  
61 Culmore Road  
Derry/Londonderry  
BT48 8JE  
Tel No: 028 71 351010

**What happens next?**

When we receive a written complaint we will write back to you within two working days to confirm we have received your letter. We will then ask a senior manager to look into your concerns. The manager may ask to meet you to discuss your concerns further. You can ask to meet with them if you feel that would be helpful.

Your complaint will not be recorded in your medical notes and will not affect your future care in any way.

We will always do our best to give you a full reply as quickly as possible. We aim to give a complete reply within 20 working days from the receipt of your complaint.

However, it may take us longer to investigate your complaint fully, especially if the issues are complicated. If a delay occurs we will still write to you within 20 working days to update you on how the matter is progressing.

We will always try to focus on corrective action.

**What if I’m still not satisfied?**

If you feel that you would like to take your complaint further you can contact the following:

Chairperson of Foyle Hospice Trustees

Foyle Hospice

61 Culmore Road

Derry

BT48 8JE

***Or***

Ms Margaret Kelly

Northern Ireland Ombudsman

Progressive House

33 Wellington Place

Belfast BT1 6HN

Tel: 082 90 23382