

Report on
Good Practice Review
of
Complaints Procedures
in the HPSS

led by Southern Area
on behalf of DHSSPS

February 2003

CONTENTS

	Page
1.0 Acknowledgements	4
2.0 Introduction	5
3.0 Membership of the Review Group	7
4.0 Policy and Legislative Framework	8
5.0 Methodology	10
6.0 Aim of the Good Practice Review	12
7.0 Principles for Good Practice	13
7.1 Complaints in Context	13
7.2 Training	13
7.3 Confidentiality	14
7.4 Fear of Repercussions	15
7.5 Alternative Formats	16
7.6 Communication	16
7.7 Timescales	17
7.8 Undertaking the Investigation	18
7.9 Support for Staff	19
7.10 Support for Complainants	10
7.11 Monitoring	20
8.0 Implementation Plan	21
APPENDICES:	
1 Analysis of Stage I and Stage II Equality Consultations re Complaints Management	22
2 Summary of initial views from key section 75 groups	23
3 Summary of consultation workshop with Convenors and Lay Chairs	28
4 Questionnaire	30
5 Results of questionnaire	39

6	Report of public consultation events in June 2002	50
7	Summary of Issues arising from face to face meetings	61
8	Summary of issues raised at consultations with staff	74
9	Recommended standards:	88
	• Good Practice Principles for Front Line Staff	
	• Good Practice Principles for Staff undertaking Complaints Investigations	
	• Good Practice Principles for Staff undertaking Complaints Management	
	• Sample Complaints Leaflet	

1.0 **Acknowledgements**

The review group wish to thank all those who participated in the work of this Good Practice Review.

In particular, the Review Group are grateful to the many consultees who took the time to meet with them, to attend consultation events or to complete questionnaires.

The Review Group are also grateful to the very many members of staff who again gave of their time to engage in this work.

2.0 **Introduction**

The Southern Area on behalf of the Department of Health and Personal Social Services (DHPSS) family of organisations undertook to conduct a best practice review of complaints management within the Health and Personal Social Services. This report sets out the findings of this review along with best practice principles for future complaints management.

The concept of best practice reviews arose out of the statutory requirement placed on designated public authorities (which includes the HPSS family of organisations) to screen their policies to determine any inherent inequalities - see section 4 policy and legislative framework below for further detail of these statutory requirements.

It became apparent during the policy screening process (which was conducted collaboratively by the HPSS family) that there were a number of cross cutting themes which arose irrespective of which policy was being subjected to scrutiny. Such recurring themes included:

- Staff attitudes and training
- User involvement
- Access to services
- Access to information
- Complaint procedures.

With the endorsement of consultees it was decided to conduct a number of “Good Practice Reviews” to compliment the on-going work of Equality Impact Assessments. Further, good practice reviews were viewed as having the potential to produce both an immediate and positive impact in terms of promoting equality of opportunity and good relations for the affected groups.

The Department of Health, Social Services & Public Safety, in collaboration with Health & Social Services Boards, Trusts, Councils and Agencies, submitted to the NI Equality Commission in June 2001, details of 5 Good Practice Reviews along with their proposed programme of Equality Impact Assessments. The Equality Commission for NI agreed to these proposals.

It was agreed that Good Practice Reviews would be conducted on the following areas:-

- Access to Information
- Access to Services
- User Involvement
- Staff Attitudes/Training
- Complaints Procedures

3.0 **Membership of the Review Group**

The Complaints Procedures Good Practice Review has been undertaken by the Southern Area Complaints Forum. In addition, Mrs Lynda Gordon, Head of the Equality Assurance Unit at Craigavon and Banbridge Community HSS Trust joined the group. We are grateful to Lynda for her advice, assistance and valuable input during this process.

The following are the members of the group:

Karen Braithwaite, Southern Health & Social Services Board
Edel Corr, Craigavon Area Hospital Group Trust
Lynda Gordon, Craigavon and Banbridge Comm HSS Trust
Jacky Kingsmill, Craigavon and Banbridge Comm HSS Trust
Irene Knox, Armagh & Dungannon HSS Trust
Marian Fitzsimons, Newry & Mourne HSS Trust
Colette Hart, Southern Health and Social Services Council
Daphne Doran, Registration and Inspection Unit
Kenny McMahon, Northern Ireland Ambulance Service
Sharon Fulton, Association of Doctors on Call
Richard Graham, Dental Practice Adviser

4.0 **Policy and Legislative Framework**

Section 75 of NI Act 1998

Under Section 75 of the Northern Ireland Act 1998, public authorities, in carrying out their functions, are required to have due regard to the need to promote equality of opportunity between:-

- persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- men and women generally
- persons with a disability and persons without, and
- persons with dependants and persons without.

A public authority is also required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

There are various requirements under the Act to be fulfilled by public authorities. One of these is the requirement to consider the possible equality implications of a policy and where one or more are identified, to consider what measures might lessen any adverse impact the policy may have on the promotion of equality of opportunity. Public authorities must also consider how any alternative policies might better achieve the promotion of equality of opportunity.

This review considered both duties under section 75 of the NI Act 1998, ie the promotion of equality and good relations. Standards have been drawn up for good complaints handling in the health and personal social services.

Complaints Procedures

Within the HPSS there are two main complaints procedures in operation:-

- HPSS Complaints Procedure
- Children (NI) Order Representation and Complaints Procedure

(i) HPSS Complaints Procedures

The HPSS Complaints Procedure was established in April 1996 as a result of the Wilson report 'Being Heard'. This complaints procedure covers complaints arising in the health and personal social services, including Family Health Services Complaints, with the exception of complaints under the Children (NI) Order 1995.

During the period January 1999 – December 2000 a 2 year national review of the NHS Complaints Procedure was undertaken by independent consultants. The results of the review were published in September 2001, with a period of pre-consultation and full consultation to follow. At the time of compiling this review the N Ireland consultation document is awaited.

(ii) Children (NI) Order Representation & Complaints Procedure

This procedure promotes the consideration of representations including complaints concerning the service provided to children in an open and non-defensive manner. This procedure is only to be used where it concerns a representation or complaint about a service that a child is, or should be receiving under part IV of the Children (NI) Order 1995 and for representations or complaints arising under schedule 5, paragraph 6 (matters regarding the exemptions to the "usual fostering limit").

Whilst these two procedures constitute the formal complaints mechanisms in the HPSS, cognisance must also be taken of the fact that the Registration and Inspection Unit has powers of investigation under its own legislation.

5.0 **Methodology**

In undertaking this review, the following methodology was adopted.

- Review of Stage I and Stage II of the Screening and Prioritisation of policies for Equality Impact Assessment
- Initial contact with key Section 75 groups to establish if there were key aspects in relation to complaints management which should be a focus of the work in this review
- Consultation with Convenors and Lay Chairpersons involved in the Complaints Procedure – 25 March 2002
- Compilation and issue of a questionnaire to approximately 600 consultees
- Two public consultation events on 27 June 2002 – Craigavon Civic Centre and Ballybot House, Newry
- Individual face to face meetings with various Section 75 groups
- Consultation events for staff in November 2002 – one event in each Board area.

The appendices attached to this report show the results of each of these aspects of consultation

Appendix 1	Results of analysis of Stage I and Stage II of equality consultations in relation to complaints management
Appendix 2	Summary of initial views from key section 75 groups
Appendix 3	Summary of consultation workshop with Convenors and Lay Chairs
Appendix 4	Questionnaire
Appendix 5	Results of questionnaire
Appendix 6	Report of public consultation events in June

	2002
Appendix 7	Summary of Issues arising from face to face meetings
Appendix 8	Summary of issues raised at consultations with staff
Appendix 9	Recommended standards: Good Practice Principles for Front Line Staff Good Practice Principles for Staff undertaking Complaints Investigations Good Practice Principles for Staff undertaking Complaints Management Sample Complaints Leaflet
Appendix 10	Implementation of Good Practice Principles

6.0 Aim of the Good Practice Review

The aim of this review was to assess the current mechanisms within the health and personal social services for complaints management. It appraised issues such as the accessibility and user friendliness of current procedures. It also considered how lessons learned from complaints could be applied throughout the service. Good practice standards have been drawn up for adoption throughout the health and personal social services.

Objectives were:

- 1 To conduct a review of the operation of current complaints procedures.
- 2 To involve in the process all relevant stakeholders, Boards, Trusts, Health and Social Services Councils, Registration and Inspection Units, Family Health Services practitioners.
- 3 To engage Section 75 representative groups in discussions about complaints management and best practice principles which should be adopted.
- 4 To further analyse the evidence already provided by consultees throughout Stage I and Stage II of the equality consultation.
- 5 To take cognisance of the national review of the complaints procedure and the recommendations contained therein.
- 6 To produce a practical document which describes good practice and effectiveness.
- 7 To suggest mechanisms for the monitoring and review of these standards.

7.0 Principles for Good Practice

The good practice principles proposed in this review are detailed in the boxes at the end of each sub-paragraph.

7.1 Complaints in Context

Not everyone wants to make a complaint. A process should be available to allow a suggestion or comment or compliment to be made and followed up as appropriate.

“There needs to be further development of a system for recording compliments because we always dwell on the negative”

- Complaints leaflet should be drafted to allow for comments, suggestions or compliments as well as complaints.

7.2 Training

Training was cited by consultees – both from section 75 representatives and from staff as a major issue. It was evident from our consultations with staff that in some areas training was provided regularly and in other areas training was never provided.

It was found that in areas where facilities consisted of a smaller number of staff, eg General Practice and the Independent sector. there tended to be less training available to staff.

Capacity to attend training, even if provided, varied and depended on the availability of resources to provide cover for staff during their absence while attending training.

There is a lack of training for complaints managers in a Northern Ireland context.

In addition to training specifically on complaints, it was highlighted that training on customer awareness, which may include training on aspects such as cultural diversity, anti-racism would be worthwhile.

“Staff at the first point of contact with patients/clients should be appropriately trained in how to deal with minority groups ...”

“There is a big need for ongoing training for practice staff – this could be undertaken by Board or Trusts”

- General complaints awareness training should be given to all staff
- Training should also include cultural diversity, disability awareness and customer care principles
- More specialised training should be provided to staff in line with their area of responsibility

7.3 Confidentiality

Most consultees cited the area of confidentiality as key to any complaints investigation. Complainants wish to be assured that their complaint will be treated confidentially and details shared only with those who need to be informed.

Linked to the area of confidentiality is the area of consent. Legislation such as the Data Protection Act 1998 requires explicit informed consent for the release of records.

It was discussed during one consultation that the giving of consent versus the ability to make an anonymous complaint or have a complaint taken forward on an individual's behalf by a representative organisation would be a barrier to certain communities in making a complaint.

“Confidentiality and support throughout the process are important to me”

“Anonymity for persons from the gay community is needed, along with an assurance of confidentiality”

- Patient and Client confidentiality must be observed at all times.
- Ensure compliance with consent requirements and other relevant legislation.

7.4 Fear of Repercussions

Many consultees stated that the fear of repercussions had or would prevent them from making a complaint. Examples were given of particularly vulnerable people e.g. the elderly, disabled persons, persons availing of general practice services, minority ethnic groups.

“As a person with a disability, I would be afraid to complain due to the fear of loosing services ..”

“Young people are particularly vulnerable and very dependent groups such as those with mental health problems and women with children with disabilities – feelings of fear that their services will be withdrawn if they complain”

“Elderly people feel they cannot raise their voice and complain, for fear of being victimised in the future.”

“What is important to me is being dealt with confidentially, with less bureaucracy and with no repercussions”.

- Ensure on-going health and social care needs are met.

7.5 Alternative Formats

The availability of appropriate information on making a complaint and the actual making of a complaint may be a barrier to persons making a complaint.

Organisations should ensure that they have adequate procedures in place to ensure that language, sensory disability, learning disability, physical disability, etc are not barriers to making a complaint.

It will be important to take account of the good practice review on accessible information.

“The availability of information in alternative formats is needed if people are to have access to the complaints procedure”

“It was suggested that a video is made on how to complain so that people with a hearing problem can access the information”

- Provide complainant with leaflet/information on complaints procedure.
- Be mindful of requirements for information in alternative formats and facilitate where required.
- Ensure compliance with the Good Practice Review on Accessible Information.

7.6 Communication

Closely linked to alternative formats is the important area of communication. Care needs to be exercised in understanding a complainant’s communication needs and meeting these effectively. Care should be taken in the use of appropriate means of communicating, using jargon free language, or an interpreting service.

“Effective communication is key – often a simple explanation that the GP is running late would negate a complaint.”

“Within the travelling community problems of literacy exist, however, communication networks within the travelling community are effective, once one knows, all know”

“Deaf (sign language users) need to be aware that they have the right to make a complaint and know who to make a complaint”

- Consider most appropriate method of response to complainant, eg letter or meeting.
- Use jargon free language and advise complainant and if unfamiliar terminology or abbreviations are used ensure that they are explained.
- During investigation keep line of communication open with complainant – use most appropriate method, eg phone, face to face meeting, etc.
- Consider venue arrangements and timing of meeting and be sensitive to personal circumstances of complainant and staff in arranging meetings.

7.7 Timescales

There was a general consensus that the current timescales are in the main unrealistic and unobtainable. Consultees from section 75 groups discussed the length of time it can/should take to respond to a complaint. There was a general feeling that adhering to timescales should not be at the expense of providing a full and complete response to a complaint. What was cited as important in this instance was that complainants were advised if there was a delay in providing a response and when the response can be expected.

“The 20 day deadline for responding to complaints is unreasonable”

“As a patient I believe that timescales should be adhered to and where this is not possible a reason should be given to the complainant”

- Comply with internal timescales.
- Advise complainant of any delay.

7.8 Undertaking the investigation

Many consultees expressed a view that they would rate a full and thorough investigation higher than a response within timescales which did not fully address their concerns.

“The emphasis should not be on days to respond – there is a need to dig deeper and concentrate on the quality of the response”

“It is important to keep staff informed during the investigation of a complaint”

- Provide response on every aspect included in the complaint
- Ensure that information provided and included in the response to the complainant relates specifically and is relevant to the complaint.
- Check information in response to ensure that it is accurate and verified against relevant documentation.
- Avoid impersonal or standard responses.

7.9 Support for Staff

It was recognised that a complaint investigation can be very stressful for staff. It was also recognised that a complaints investigation can last for many months and that staff need to be supported throughout the process.

“The process is very unfair to staff – it is always loaded in favour of the complainant”

“Levels of support for staff is different in different practices – it seems to depend on the individual GP and how s/he handles the issue”

- Identify and meet staff support needs
- Provide staff with up-to-date information on the progress of the complaint and the outcome.

7.10 Support for Complainants

It was identified through the consultations that many individuals did not have a knowledge about the complaints procedures in operation throughout the health and personal social services, nor did they know where to access help should they require it.

“It is important to have someone to understand my perspective and who is able to listen and take action ..”

“Confidentiality and support throughout the process are important”

- Make complainant aware of assistance available to them, eg Patient Advocacy Service, Health and Social Services Councils, Citizens Advice Bureau, Elected Representatives, Voluntary/ Support Groups, etc.

7.11 Monitoring

It was acknowledged that complaints can be an extremely valuable source of information which indicates the quality of service/practice and identifies areas where changes in service/practice can lead to improvement and benefits for all. It was therefore highlighted that complaints and the implementation of changes resulting from a complaints investigation should be monitored and reviewed.

“Staff would like feedback regarding patient expectations so these can be matched with staff expectations/capabilities.”

“There is a need to have effective mechanisms in place to report outcomes of complaints ... ie improvements & changes made as a consequence of a complaint”.

- Identify and report on trends and information in accordance with internal arrangements.
- Sharing of learning from complaints across organisations.

8.0 IMPLEMENTATION PLAN

The Good Practice Principles, as contained in Appendix 9, have been developed out of this review. It is recommended that the implementation plan is adopted by the Regional Equality Steering Group. These principles could then be circulated throughout the service for implementation by all health and social care, including family health service, organisations.

DRAFT IMPLEMENTATION PLAN

	PROGRESS	TARGET DATES
1.	Initial draft of the Good Practice Principles for Complaints Management report distributed to members of the Southern area group for comments and discussion .	February 2003
2.	Further to amendments members signed off Good Practice Principles for Complaints Management report.	19 February 2003
3.	Document forwarded to Regional Equality Steering Group for consideration and approval to undertake regional consultation for a period of 8 weeks.	
3.	Consultation opened for 8 weeks.	
4.	Consultation document to be made available on the DHSSPS website.	
5.	Consultation closes.	
6.	Southern area group to be reconvened to take account of outcome of consultation and make amendments as appropriate to the Good Practice Principles.	
7.	Final report to be signed off and issued to the Regional Equality Steering Group.	
9.	Regional Equality Steering Group to issue guidance document to HPSS organisations for implementation.	

AUDIT OF ISSUES WHICH CONSULTEES RAISED AT PAST EQUALITY CONSULTATION EVENTS IN RESPECT OF COMPLAINTS PROCEDURES

Information trawled through:-

- Summary & analysis of Stage 1 consultation exercise (March 2001)
- Outcome of meetings held during June 2001 on Stage 2 consultation
- Summary & analysis of Stage 2 Consultation exercise (June 2001)

(It should be noted that no consultation was specifically designed to debate complaints procedures, therefore the issues noted below were raised by consultees when discussing equality issues).

Issues raised in relation to complaints procedures:

- Does the service use complaints process as a guide for any inequality issues?
- Ease of access) for people with disabilities,
for people from minority
- Accessible language) ethnic groups, the elderly
- Don't assume that lack of complaints from minority ethnic communities means that there aren't any problems – language barriers may create this.
- Simplified processes should be used
- Need for user-friendliness in procedures
- Publication of complaints procedures

Office of the Chief Executive
Equality Unit
Direct Line: 028 3741 4603

25 April 2002

Dear

Good Practice Review of Health and Social Services (HSS) Complaints Procedures

Under the Equality Statutory Duty (Section 75 of the NI Act 1998) HSS Boards are leading various Good Practice Reviews. The Southern Board is undertaking a Good Practice Review of Complaints Procedures.

Presently we are planning to hold consultation workshops at the end of June. In order to make the consultation as meaningful and interesting we are intending to structure these around various case studies. I would therefore be interested if you could advise me of any key issues or themes which are particularly pertinent to the individual or groups you represent which could be built into case studies.

We also intend to issue a questionnaire to consultees as an additional means of gathering information about developing good practice in complaints management. I attach a first draft of questions which may be used - I would welcome your views on amendments or additions to this.

In order to hold the consultation workshops before the summer break I would welcome your response by **8 May 2002** at the latest so that the necessary preparations can be made.

Thank you for your assistance in this matter.

Should you wish to discuss this matter with me please contact me on 028 3741 4603.

Yours sincerely

K. Braithwaite.

Karen Braithwaite
Equality Unit Manager

GOOD PRACTICE REVIEW – COMPLAINTS PROCEDURES

Possible questions for Questionnaire/Consultation Events – Brainstorm

1. Have you ever felt like making a complaint?
2. If you have used a complaints procedure, what were the good and bad aspects?
3. What puts you off making a complaint/using a complaints procedure?
4. What factors are important to you in a complaints procedure?
5. What would make a complaints procedure easier for you to use?
6. Do you know how to make a complaint about your GP / local hospital / community services?
7. What would you expect as an outcome from a complaints procedure – explanation / apology / things put right? Other
8. What difficulties are experienced by, or do you consider are experienced by the 9 equality groups?

Above letter sent to the following:

Community Relations Council
Equality Commission
 Committee on Administration of Justice
 NI Commissioner for Complaints
 NI Human Rights Commission
 Citizen’s Advice Bureau, Belfast
 Citizen’s Advice Bureau, Banbridge
 Citizen’s Advice Bureau, Dungannon
 Citizen’s Advice Bureau, Newry

Religious Belief	Political Opinion	Racial Group
Most Rev & Rt Hon Lord Eames, Church of Ireland Archbishop Rev H Good, Methodist Church Dr I Paisley, Free Presbyterian Church Rt Rev D Morrow, Presbyterian Church Most Rev S Brady, Roman Catholic Church Quakers Society	Mr J Wells Mr P Berry Mr M Carrick Ms J Carson Mr J Fee Ms M Gildernew Mr D Haughey Mr D Kennedy Mr F Molloy Mr M Morrow Mr M Murphy Mrs B Rodgers Mr D Trimble	Al Nur Assoc Craigavon Travellers Support Comm Mr Paul Yam Multi-Cultural Resource Centre NI Council for Ethnic Minorities Travellers Movement, Belfast

Age	Marital Status	Sexual Orientation
Age Concern, Dungannon Age Sector Reference Group Help the Aged Lurgan Carers Assoc N&M Carers Assoc Portadown Carers Concern Barnardos, Belfast Children's Law Centre First Key NI NSPCC, Belfast NSPCC, Craigavon Putting Children First VOYPIC Youth Council for NI		Coalition on Sexual Orientation Gay & Lesbian Youth NI Rainbow Project

Men & Women generally	Persons with/without a disability	Persons with/without dependants
Women's Aid, Newry Women's Aid, Belfast Women's Aid, C'avon Press for Change	Mencap, Belfast Mencap, Armagh Mencap, Dungannon Mencap, Newry Disability Action, Belfast Disability Action, Dungannon Disability Action, Newry RNIB RNID Equality 2000	

Responses were received from:-

- Ombudsman's Office
- Councillor Paul Berry, MLA
- Mr Mervyn Carrick, MLA
- Ms Theresa Gerrity, Children's Law Centre
- Mr Chambers, Presbyterian Church
- Mr Daniel Holder, MCRC
- Equality Commission (acknowledgement only)

REGIONAL COMPLAINTS WORKSHOP – 25 MARCH 2002

Outcome of Afternoon Workshop Discussions
Response of Workshop Group 2

Question for Discussion

In terms of equality what ‘best practice principles’ would you suggest to improve the current procedures in terms of accessibility, user friendliness, improved effectiveness and increased satisfaction?

In terms of promoting equality of opportunity for all those listed under the categories covered in the legislation the group said that:

- there should be adequate consultation on the procedures;
- they should be user friendly,
- staff should have appropriate training for dealing with minority groups, and
- the procedures should be monitored and tested to prove their credibility and effectiveness in relation to the various categories covered in the Act.

Consultation

Equal representation and a balanced view of all the groups must be ensured by public bodies who must allow for the fact that some minority groups have highly skilled representatives while other have none.

Consideration must be given to how general awareness of the procedures among minority groups can be raised and how all relevant information can best be disseminated.

Apart from a written document inviting comments, consultation should include workshops, meetings with the groups and their representatives, inserts in relevant publications or other appropriate public relations methods.

Language should be user friendly. Jargon and difficult words should be avoided. Positive language and words should be used where possible – for example ‘complaints procedures’ might be replaced with ‘process of redress’.

User Friendly

There should be a balance between written communication and the use of the telephone or meetings. Explanations should be clear and free of jargon.

Staff Training

Staff at the first point of contact should be appropriately trained in how to deal with minority groups and in how to draft letters correctly. A culture of awareness or equality issues should be fostered by all organisations.

GOOD PRACTICE REVIEW
of
COMPLAINTS PROCEDURE

QUESTIONNAIRE

Responses should be sent by 28 June 2002 to:

Karen Braithwaite
Equality Unit Manager
Southern Health and Social Services Board
Tower Hill
ARMAGH BT61 9DR

Name:

Organisation (if appropriate)

Position (if appropriate)

Address:

Tel:

Fax:.....

E-mail:.....

I am responding: as an individual on behalf of an organisation

Do you want your response to be confidential?

Yes

No

Aim of the Good Practice Review

The Southern Health and Social Services Board is reviewing how complaints about health and social care services are managed within the National Health Service. The aim is to establish what works well and what does not, to find out your views – including what you think is good or bad/wrong about the current procedures eg how easy it is to make a complaint, whether the procedure is user-friendly etc. It is hoped that lessons can be learnt from your comments and that standards of good practice can be drawn up for use throughout Health and Social Services.

Even if you have not made a complaint about health and social care services there are some issues on which we would appreciate your feedback.

Not all the questions may apply to you – some are for those who have made a complaint and some are for those who have not. Please answer the questions appropriate to you own situation.

Q1. Have you ever felt like making a complaint about some aspect of the Health Service?

Yes No

Did you make a complaint?

Yes No

If yes, what service were you unhappy with?

- Hospital
- Community
- HSS Board
- Family Health
(GP, Dentist, Pharmacist, Optician)
- Ambulance
- Residential & Nursing Homes
- Other, please specify

Was your complaint dealt with under (please tick)

- HPSS Complaints Procedure
- Children Order Representation & Complaints Procedure
- Don't Know

Q2 Are you aware of the procedure for making a complaint about health and social care services?

Yes No

Q3 If you have used a complaints procedure how would you rate the various aspects noted below Excellent = 5 Good = 4 Average = 3 Below Average = 2 Bad = 1 (please circle the number which applies)

Knowing where to start	5	4	3	2	1
Procedures were properly explained	5	4	3	2	1
Kept informed throughout process	5	4	3	2	1
Sympathetic handling by staff	5	4	3	2	1
Fairness	5	4	3	2	1
Accurate and detailed response	5	4	3	2	1
Response provided within timescale	5	4	3	2	1

Other:

Q4 If you have never made a complaint what would put you off?

Not aware that there was a Complaints Procedure

The procedure is not user friendly: (tick all that apply)

- too long
- too difficult to understand
- fear of repercussions
- no confidence in process

Other (please specify):

.....

Q5 What factors are important to you in a Complaints Procedure (please tick all that apply)?

Knowing/being told you have the right to make a complaint

Easy to use

Simple procedure

Getting the matter resolved quickly

Being treated with respect/courtesy

Being assured of an open, independent and transparent investigation

Being kept informed throughout

Being assured of confidentiality

Appropriate measures being put in place to prevent reoccurrence

Receiving an apology if appropriate

No negative repercussions

Independent help in making my complaint

Other (please specify):

.....

Q6 What would make a complaints procedure easier for you to use e.g. a designated person to complaint to, information available in a range of accessible formats etc?

.....

.....

.....

Q7. What would you expect as an outcome from a complaints procedure?
(please tick all that apply)

- A full investigation
- An explanation
- An apology
- Action taken to improve the service
- Measures put in place to prevent reoccurrence
- Confidence in the service

Other:

Q8. What difficulties are experienced by, or do you consider are experienced by the 9 equality groups in making a complaint? (The 9 equality groups are people of different religious belief, political opinion, racial group, age, marital status, sexual orientation, men and women, persons with/without disability and persons with/without dependants).

.....
.....
.....

Q9 Are you aware there are two stages to the HPSS Complaints Procedure – local resolution and independent review?

Yes No

An Independent Review may be requested from the Convenor at the Health Board by complainants who remain dissatisfied with the outcome of their original complaints investigation.

Have you ever requested an Independent Review?

Yes

No

If you have not, what would put you off doing so?

Process takes too long

No confidence in the outcome

Think that process is too complicated

If you have, how would you rate the various aspects noted below

Excellent = 5 Good = 4 Average = 3 Below Average = 2 Bad = 1
(please circle the number which applies)

Was reassured by the independent element 5 4 3 2 1

Procedures were properly explained 5 4 3 2 1

Kept informed throughout process 5 4 3 2 1

Sympathetic handling by staff 5 4 3 2 1

Fairness 5 4 3 2 1

Accurate and detailed response 5 4 3 2 1

Response provided within timescale 5 4 3 2 1

Other:

Even if you have not had experience of Independent Review, what in your opinion would you expect from an Independent Review?

.....
.....

Q10 Have you heard of the Health and Social Services Councils?

Yes

No

If you have ever made a complaint, did you get help from the Health and Social Services Council?

Yes

No

If you have used the services of a Health and Social Services Council what did you find good about it? (please tick all that apply)

Independent

Confidential

Free

Procedures properly explained in a way I could understand

Able to contact the Council at any stage for further advice

Sympathetic handling by staff

Help that was appropriate to my situation

Accessible building

Home visit

Contact by telephone

Contact at outreach point (Ballybot House,
Newry / South Tyrone Hospital, Dungannon)

Other

.....

Was there anything that was bad about the service you received from the Health and Social Services Council – or anything that could have been done better?

.....
.....
.....

If you were wanting someone to help you to make a complaint what would be important to you?

.....
.....
.....

Thank you for completing this questionnaire.

APPENDIX 5

GOOD PRACTICE REVIEW OF COMPLAINTS PROCEDURE QUESTIONNAIRE - ANALYSIS

24 Responses received in total

Breakdown

Voluntary Organisations	10
Statutory Bodies	8
Individuals	6

When asked if respondents wished their response to remain confidential
Answers received were

	Number	%
YES	7	29
NO	12	50
DID NOT TICK	5	21

Q1 Have you ever felt like making a complaint about some aspect of the Health Service?

	Number	%
YES	16	67
NO	7	29
DID NOT TICK	1	4

Did you make a complaint?

	Number	%
YES	4	16
NO	17	71
DID NOT TICK	3	13

If yes, what service were you unhappy with?

Of the 4 respondents who did make a complaint: 3 were unhappy with a community service and one with a hospital service.

Of the 17 respondents who felt like making a complaint and did not make a complaint they were unhappy with the following services:

Hospital	5
Community	2
HSS Board`	1
Family Health (GP, Dentist, Pharmacist, Optician)	3
Ambulance	1
Residential & Nursing Homes	2
Other,	

Of the four respondents who made a complaint, their complaint was dealt with under the HPSS Complaints Procedure.

|
Q2 Are you aware of the procedure for making a complaint about health and social care services?

Answer	Number	Percentage
Yes	14	59
No	8	33
Did not tick	2	8

Q.3 If you have used a complaints procedure how would you rate the various aspects noted below:

This section was completed by 7 respondents

	Excellent/Good	Average	Below Average/Bad
Knowing where to start	3	1	3
Procedures were properly explained	5	1	1
Kept informed	3	2	1

throughout process			
Sympathetic handing by staff	1	5	1
Fairness	3	3	2
Accurate and detailed response	3	3	1
Response provided within timescale	4	2	1

Q4 If you have never made a complaint what would put you off?

Not aware that there was a complaint procedure – 4 respondents indicated this.

This section was completed fully or partially by 16 respondents- the results summarized below –

The procedure is not user friendly:

Too long	5	31%
Too difficult to understand	11	69%
Fear of repercussions	8	50%
No confidence in process	7	44%

Other reasons listed:

- Would not be happy with a Health Board or Trust investigating themselves.
- Complaints Procedures are never user friendly, depending on who is dealing with the public making a complaint can cause older people a lot of stress and concern. (did not want this questionnaire to be confidential)
- Not knowing who to contact about a complaint
- Lack of accessible formats, and other access issues.
- Fear of losing a service.

Q5 What factors are important to you in a Complaints Procedure (please tick all that apply)?

Over 50 % of respondents ticked all the factors, however popularity of choices are shown below:

Factor	No of ticks	%
Knowing/being told you have the right to make a complaint	17	71
Easy to use	21	87
Simple procedure	16	66
Getting the matter resolved quickly	18	75
Being treated with respect/courtesy	19	79
Being assured of an open, independent and transparent investigation	20	83
Being kept informed throughout	15	62
Being assured of confidentiality	19	79
Appropriate measures being put in place to prevent reoccurrence	23	96
Receiving an apology if appropriate	20	83
No negative repercussions	18	75
Independent help in making my complaint	14	58

Q6 What would make a complaints procedure easier for you to use eg a designated person to complain to, information available in a range of accessible formats etc?

Answers

- Better promotion of complaints procedure and that they are open, independent and transparent with no negative repercussions.
- Both of the above, the complainant being regularly informed of what stage the complaint is at and information regarding any appeals procedure.
- For older people one person with good communication skills to sit down with older people and assist them to prepare the complaint.

- A designated person to complain to, all staff understanding how to deal with a verbal complaint.
- Mentoring, meeting individual needs of disabled people.
- Deaf (sign language users) need to be aware that they have the right to make a complaint and know how to make a complaint.
- Independent Complaints Officer – of course it is vitally important to have the information available in a range of formats.
- Designated person, accessible format, not to feel intimidated.
- Designated person to complain to, confidentiality and fairness
- Explanatory information regarding the process.
- Confidence that system is confidential – being able to complain for a third party without having to use their name (if possible).
- Independent, fully resourced body.

Q7 What would you expect as an outcome from a complaints procedure?

Outcomes	Ticks	%
A full investigation	17	71
An explanation	22	92
An apology	16	67
Action taken to improve the service	21	87
Measures put in place to prevent reoccurrence	20	83
Confidence in the service	16	67
Other: Disciplinary action against those not carrying out their duties	1	

Q8 What difficulties are experienced by, or do you consider are experienced by the 9 equality groups in making a complaint? (The 9 equality groups are people of difference religious belief, political opinion, racial group, age, marital status, sexual orientation, men and women, persons with/without disability and persons with/without dependents)

RESPONSES

- Independent help in making a complaint.

- The procedure and way in which the complaint is handled must give a complainant from any of the 9 equality groups reason to have confidence in the procedure because from the outset the reason for making the complaint is that they feel they are being discriminated against.
- Many older people do not have the ability, energy, confidence and knowledge of their rights to participate in the complaints procedure.
- In some cases a language barrier or if a deaf person wants to make a verbal complaint, the availability of a text phone operator or someone who understands how that phone operates.
- Accessibility/Discrimination.
- Too much English in the leaflets, Deaf people will not understand what to do and how to make a complaint. Fear in writing in English will put them off in making a complaint.
- People of pension age adopt a laissez-faire attitude. Women aren't empowered to make decisions – because of bureaucracy.
- Racial Group – language barrier.
Age – difficulties for older/young people – advocacy rules
Sexual orientation – perhaps confidentiality and stigma.
With disability – fear of losing vital services – advocacy role.
With/without dependants – fear of losing vital services.
- Lack of awareness – communication.
- People with a disability that is not understood such as HIV, where staff feel in general confidentiality policies should be adhered to but for people affected by HIV, these policies change.
- People of any grouping can be overwhelmed by faceless bureaucracy.
- Young people are particularly vulnerable and very dependent groups such as mental health and women with children with disabilities have difficulties – feelings of fear that their services will be withdrawn.
- Elderly people can find the processes confusing and are often uncertain of who to complain to eg MP/Board/Trust/DHSSPS- 20

working days response is of little use to a disabled person whose wheelchair breaks and needs a repair or advice immediately.

Q9 Are you aware there are two stages to the HPSS Complaints Procedure – local resolution and Independent Review?

	Number	%
YES	12	50
NO	11	46
DID NOT TICK	1	4

Have you ever requested an Independent Review?

	Number	%
YES	1	4
NO	21	88
DID NOT TICK	2	8

If you have not, what would put you off doing so?

	Number	%
Process takes too long	11	46
No confidence in the outcome	4	17
Think that process is too complicated	6	25

If you have how would you rate the various aspects noted below:
 Excellent = 5 Good = 4 Average = 3 Below Average = 2 Bad = 1
 (please circle the number which applies)

Note only 1 respondent completed this section – response below

Was reassured by the independent element	5	4	3	2	1
Procedures were properly explained	5	4	3	2	1
Kept informed throughout process	5	4	3	2	1
Sympathetic handling by staff	5	4	3	2	1
Fairness	5	4	3	2	1
Accurate and detailed response	5	4	3	2	1
Response provided within timescale	5	4	3	2	1

Even if you have not had experience of Independent Review, what in your opinion would you expect from an Independent Review?

- Fairness, full explanation, right of appeal, face to face meeting with the person (convenor), sympathy to the complainant's situation, full investigation with **all** parties involved. Full explanation from the outset what their remit is/is not.
- A completely independent view of the complaint.
- Thorough investigation through interviewing all those concerned on every aspect and full report.
- To make it more accessible to deaf users.
- Full independent investigation and outcome.
- Impartiality facts to be used.
- Just that it would be looked into and treated seriously.
- Impartiality, openness, transparency and outcomes.
- An objective view regarding a complaint.
- Quality of staff, information provision, detailed response in preferred format within appropriate timescale.
- I would expect appropriate professionals to investigate the complaint (with their peers name removed and location of service removed) with a non-professional perspective to balance the opinion.
- Case presented to a body of people who represent other bodies eg statutory/voluntary/community/medical all issues discussed. The complainant would preferably have support.
- Open, honest and thorough investigation - redress if something is proven to have gone wrong and improvements put in place.

Q10 Have you heard of the Health and Social Services Councils?

	Number	%
YES	19	79

NO	3	13
DID NOT TICK	2	8

If you have ever made a complaint, did you get help from the Health and Social Services Council?

	Number	%
YES	2	9
NO	8	33
DID NOT TICK	14	58

If you have used the services of a Health and Social Services Council what did you find good about it?

Note - 2 respondents completed this section

Factors which apply	Ticks
Independent	1
Confidential	2
Free	1
Procedures properly explained in a way I could understand	1
Able to contact the Council at any stage for further advice	-
Sympathetic handling by staff	1
Help that was appropriate to my situation	-
Accessible building	-
Home Visit	-
Contact by telephone	2
Contact at outreach point (Ballybot House, Newry/South Tyrone Hospital, Dungannon)	-
Other comments made:- <ul style="list-style-type: none"> ▪ Organisation is not able to cover demand considering population of 300,000 in Board area. ▪ No advice given in helping me to make a 	

<p>decision.</p> <ul style="list-style-type: none"> ▪ Distant/impartial – could not advise only write what I say. I was left very must to point out where I wasn't happy – no support to help me only agreement when I mentioned it. ▪ Funded by Board – not necessarily independent. 	
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Was there anything that was bad about the service you received from the Health and Social Services Council – or anything that could have been done better?

2 comments only were made as follows:

- Not bad but could act in advisory role to assist people decide what they should/shouldn't complain about.
- More physical contact in community.

If you wanted someone to help you to make a complaint what would be important to you?

Comments recorded below:

- Ability to explain in plain English the procedure.
- Totally independent, someone I could trust, good knowledge on how to put the complaint on paper, knowledge of social services, a knowledge of disability issues.
- Understanding – high tolerance level – that I would be afforded the same time, commitment as any other member of the public regardless of age.
- They're complete independence from any Health Board or Trust. An in-depth knowledge of how bodies work.
- Someone who was sympathetic, someone who has a good knowledge or how the process works.
- They would need to be impartial and have the power to investigate the complaint.

- Well trained polite discreet and understanding.
- The person helping would be fully aware of the procedure and what can and cannot be achieved.
- Support, guidance, advice, knowledge or process, positive approach etc, understanding of anxiety regarding problem.
- Very accessible – use British sign language interpreter – but will need an information evening to explain how complaints procedure/HSSC works – (with a BSL interpreter present), then deaf people will know about it.
- That they gave me time and listened to me. That they could explain the process. That I felt I could go back to them during the process.
- Someone to understand my perspective, and who is able to listen and take action, advocacy.
- Confidentiality and support throughout the process.
- Being dealt with confidentially and with less bureaucracy and with no repercussions.
- The personal touch – sympathetic and impartial advice.

Additional Note from Disability Action

“This is a difficult format for an organisation to complete and in fact might in our view not be appropriate. We would however point out the following in relation to the leaflet:

- 1 Type font size should be a minimum of 14 and there may be a number of other issues for people with visual impairment.
- 2 There is no telephone number for you, the Commissioner for complaints or the SHSSC.
- 3 The leaflet is not offered in alternative formats.

Report of consultations held on 27 June 2002

**Section 75 – Consultation Workshops on
Good Practice Review of Complaints Procedure**

Thursday, 27 June 2002
Civic Centre, Craigavon

Introduction: Karen Braithwaite

Facilitator: Colette Hart

WORKSHOP RESPONSE TO QUESTIONNAIRE:

Not everyone dissatisfied makes a complaint.

Patients and clients frightened – negative impact on treatment, especially Primary Care – fear of being struck off by GP – Some had seen that happening. Fear they will be treated in the same way.

Some complainants go through complaints procedure to gain information for litigation.

Disabled perturbed about having to make a complaint about waiting for a wheelchair and do not want to make a formal complaint.

Nursing Homes - Long term residents, Home have good communication with relatives. Some fear the clients will suffer, after all it is their home.

Health Councils agree - people feel vulnerable. Older people particularly those needing ongoing contact with the service fear kick back repercussions.

In order to maintain confidentiality no record of complaint is held in medical record. Strictly on a need to know basis. Complainants encouraged to do so for the good of other people as well as themselves.

There should be more effort to sort out complaints at local level. All front-line staff should know about their Complaints Procedure.

Front-line staff often afraid of complaints, spend a lot of time dealing with queries not logged as a complaint. That is where Complaints Officers spend a lot of time but Trusts gain respect with public. No resolution to waiting lists, some complainants consider if you complain you will get what you want.

Front-line – staff training must be provided on a regular basis for both new staff and existing staff. Staff working in the community sometimes get missed out. Customer satisfaction not given the same priority as clinical updates, training often patchy.

In Primary Care complainants should be told to contact their MP and ask them to lobby more money for the health service. Instead their MP writes to Trust on their behalf.

Trusts often have a culture of blame on staff. Some Trusts are open to legitimacy and how can be put things right.

Complainants consider there is an in-built bias – investigation by Trust of Trust services.

General public does not accept there is a risk of making mistakes. Health and Social Services is a high risk service. Mistakes are made but there must be openness to mistakes having been made.

Clinical governance will encourage staff to say so when things have been done wrong.

In one Trust new training had been introduced for front-line staff using role playing and de-escalation tactics.

Management has a major role but often tend to apportion blame.

When staff cover up mistakes it comes to the surface as a major problem. Staff should come to management as soon as mistakes are made.

There is need for a cultural change, fair blame, no blame or explanation.

Complainants will think totally on staff side – staff totally complainants side.

Press can be quick to get involved.

Staff need support, there should be automatic referral to Occupational Health service.

Some staff refer to Trade Union. Most Trusts have a counselling service.

There must be openness with staff.

Sometimes line management are quick to make a decision but those investigating realise there are several sides to a complaint.

Confidentiality is essential in ensuring that the complaint is kept to a certain environment.

Some members of the public are more inclined to make an inquiry rather than a complaint.

Some considered there was a lack of knowledge as to where to contact regarding complaints.

Some Trusts had the services of a Patient Advocate which was helpful in relation to their Complaints Procedure and one Trust had a Patients Council.

WHAT IS GOOD AND BAD ABOUT COMPLAINTS PROCEDURE:

- Issue about knowing organisation structure.
- Photo board structures in existence in some Trusts but no medical photo boards.
- Staff easily identified by name badges.
- Knowing who is in charge of the department is helpful when a service user has concerns.
- If only leaflets are available the complainants will have to make a complaint.
- Being able to identify the line manager is helpful.

- Approach to resolve at local level – the problem will not reach complaint stage.
- Education and Library Boards have Service Charters where staff are encouraged to go back to the service user.

Ambulance Service offers the complainant an interview meeting but a written response is also provided.

When meeting complainants in their homes, it can be very intimidating if two people are present yet there is the issue of going out to peoples homes alone. It should be explained that two people will be coming but the complainant is given opportunity to have someone there also.

Provision of information in all formats in order to meet Equality legislation, Braille, Interpreters, other languages.

INDEPENDENT REVIEW:

Essential that staff are supported – non judgmental approach, thorough and painstaking, but do not take sides. Re-assuring for staff being investigated by someone else. Experience very positive.

Panel try to make staff feel at ease. Panel open and honest. In some Boards staff felt really intimidated.

Opportunity for expert witness input.

Sometimes breakdown between Complaints Managers and staff. Trust should support their staff during this process.

Some complainants view the Independent Review Panel as the service policing service.

Health and Social Services Councils provide Independent Review support to complainants.

Complainants are glad to get their complaint out of the Trust or GP environment, they want someone to look at their complaint independently and get an objective assessment.

Complainants feel they were listened to by the Independent Review Panels. Independent Review Panels want to hear how complainants have been treated through the Trust complaints process.

Number going to Commissioner/Ombudsman

5/6 to Ombudsman per year

Never had decisions challenged.

Twice since established in 1996 has the Ombudsman re-looked at complaints.

Other opportunities - Professional bodies
- Litigation
- Ombudsman

Council advise on different options.

Issue of fairness for professionals

Civil action

Professional organisation

Staff demoralisation

Length of time for staff and complainants before conclusion is reached.

Complainants ringing asking about their complaint investigations. Complicated complaints require input from several disciplines and perhaps legal advice. The length of time adds to complainants frustration. Organisations must be transparent, open and honest. Many staff are turning to their Defence Union.

Professional complainers are to the fore in some Trusts.

Twenty day time frame not realistic – those who agreed that deadline must have had no experience in the Health Service.

The National Evaluation of the complaints procedure referred to the response times of 10 working days for Family Health Service complaints and 20 working days for general complaints.

It was suggested the matter of response times should be raised with the Regional Working Group.

When complaints are made by a relative consent must be obtained otherwise contravening Data Protection Act.

Mental Health clients normally have someone acting on their behalf.

Complainants knowledge of Health and Social Services Councils often depends on the geographical location of the Council. Outreach centres have been established in SHSSB Some Trusts acknowledgement letter advises complainants of the existence of the Health and Social Services Councils. Other complainants get a leaflet which includes reference to the Health and Social Services Council.

Health and Social Services Councils link with Citizens Advice Bureaux, Local Groups, Women's Groups etc. all of whom raise awareness.

There should be provision for staff to make complaints about clients/patients. Guidance on verbal abuse should be available to staff.

Interpreter Service should be dealt with locally, on the spot. Service available 9am to 5pm but night service is often difficult to provide. Some complainants maybe cannot read or write but they should be asked how they would like to be communicated with.

CONCLUSION – Linda Gordon

Better insight required by the public many of whom find this extremely intimidating
NICVA/Rural Development Council offer facilitation services
Better if partnerships are developed.

Other Issues Which Emerged

- Title – Patient Advocate
- Front line staff training
- No blame/support staff
- Knowing who to complain to – Badges, photoboards
- Meeting complainants
- Alternative formats to meet language/literacy needs
- Communication
- Industrial Relations lack of support from Trusts
- Other avenues
- Fairness
- Realistic timescales
- Data Protection MLAs
- Councils greater awareness
- Greater networking H&SS and voluntary groups

Thanks for participation. Many written responses received – process to be completed by end of December 2002.

Any other comments send to Karen Braithwaite at Southern Health and Social Services Board.

**Section 75 – Consultation Workshops on
Good Practice Review of Complaints Procedure**

Thursday, 27 June 2002
Ballybot House, Newry

Introduction: Karen Braithwaite

Facilitator: Colette Hart

Whether you ever felt like making a complaint - what were your experiences.

Voluntary and community groups – know individual groups/users would not be aware of Complaints Procedure.

Depends on vulnerability of the Group, e.g. women, disabled, mental health – afraid services will be removed.

Depends what stage a person is at, need to feel strong and confident – people in a crisis situation therefore more difficult to make a complaint.

Council experience – people don't make a complaint at the time.
Go home and wonder why you had not said something at the time.

Organisations under-resourced to deal with such issues.

Ombudsman's office receives calls asking how to make a complaint, particularly about GPs and fear of being struck off, will their name be made known to the Practice, afraid of the consequences.

GPs are humans – complaints can be very personal

CSA would allocate another GP

If a complaint made GP should investigate

GP not obliged to give reason for removal from list

Ethical guidelines are available

Difficulty getting registered with a GP.

How to improve the System – what is important in making a complaint.

Know that someone is taking you seriously

That someone has been told you are not happy

If dealt with on the spot, need to be taken seriously

Someone there to speak to, initially
Frontline response important.

Ease or difficulty in getting information on the Complaints Procedure
Would not have known about Complaints Procedure until working on an
Audit of complaints
Leaflets are not available at home
Number of people with literacy problems
Language barriers, Greater IT technology and home access to
computers.

Community groups are not getting the necessary information. The public
are reliant on what information is in GP surgery.
Health and Social Services Council, Board and Trust representatives go
and talk to groups but there are resource issues.

Trusts should identify the users of the service and assess a means of
getting information to them.
People do not look at leaflets and posters when they are in vulnerable
situations
Northern Ireland Housing Executive send information to their tenants,
they also have consumer panels.
All organisations get serial complainants.
If people were paying for the service they should be aware of the
standards.

People given a 9am appointment, but Consultant comes in at 9.30am
There should be respect and communication, information for patients.
Businesses focus on those aspects but public service does not.

It takes a lot of energy to make a complaint.

What can service providers do to make it easier?
Create a more open – positive environment
Standards of service more accessible – transparent open and honest
Learning from complaint outcomes must be looked at positively.

Best changes in practice have come from User Groups.

Should Trusts be more proactive and reactive?

Northern Ireland Housing Executive approach whereby complaints are
analysed on a monthly basis. There is a Continuous Tenant Omnibus

Study NI wide which highlights perceptions of poor service and includes office complaints. In-house surveys of target groups are also carried out e.g. repairs. Issues would emerge which help improve the service. Some organisations are moving away from complaints to a User Involvement and Quality Assurance focus. Some Trusts are proactive involving users.

Generally if people are happy with the service they will not respond.

People who respond are those who have a negative experience.

EXAMPLES OF GOOD OR BAD PRACTICE:

No matter how trivial complaints should be dealt with seriously. Complainants often seen as troublemakers and stigmatised amongst staff.

INDEPENDENT REVIEW:

Obligation to make complainants aware of Independent Review when being signed off by the Trust.

Timescales – established but not easy to adhere to at times due to complexity of some complaints. Complainants should be kept informed as to what is happening.

Acknowledgement letter (Northern Ireland Housing Executive) identifies who to contact and anticipated timescale for response.

Complainants have an expectation that at that stage their complaint will be thoroughly reviewed and they will have an opportunity to present their views.

Communication – written response, reply, meet with service provider.

Trusts also have opportunity to invite complainants to a meeting and talk about their complaint.

ROLE OF COUNCILS IN ASSISTING COMPLAINANTS WITHIN NHS:

Level of awareness - Lurgan base
 - Outreach - Dungannon South Tyrone Hospital
 - Newry, Ballybot House

How links could be improved

Accessibility important, someone you can contact gives courage and strength to move on.

Sometimes easier if people have a form they can complete.

Linda Gordon - Send back questionnaires to Karen Braithwaite, Southern Health and Social Services Board.

- Some responses already returned from those who could not attend
- Organisations who want someone to meet them individually can be facilitated.

APPENDIX 7

Detail of Consultation Meetings with Additional Section
75 Groups

Note of key issues raised during meeting held on Tuesday 6th August 2002

Present: Inez Keenan, Craigavon Travellers Support
Committee
Karen Braithwaite, Equality Manager, SHSSB
Lynda Gordon, Head of Equality Assurance Unit CBC
Trust

Purpose of meeting:

To explore issues faced by the Travelling community in relation to how complaints are managed within the Health and Social Services

Main Issues Arising:

- ❖ Lack of understanding - on both sides i.e. health service staff and the limitations they face -v- the cultural needs of the Travelling community.
- ❖ Lack of appreciation/understanding, on the part of Travellers of the need to queue or wait.
- ❖ Expectation, on the part of Travellers, that issues pertinent to them are addressed now - immediately. If not - "it is because you don't like me because I am a Traveller" - which may in turn lead to conflict if not managed effectively i.e. sensitivity.
- ❖ Consequently, there is a need for education and awareness training to foster a better appreciation from both perspectives - service user -v- service commissioner/provider.
- ❖ Travellers often feel they are talked down to - generating feelings that they are unimportant.
- ❖ Personality/attitudes held, on the part of health service staff, are governing factors as to how service provision is viewed by the Travelling community - varying from very caring and sensitive to more autocratic styles - which do not foster good relations.
- ❖ Lack of sensitivity, adoption of superior attitudes on the part of health service staff in their handling of Travellers. Health service

staff may not necessarily be aware of these prevailing attitudes - highlighting again the lack of cultural understanding and greater appreciation of diversity.

- ❖ Need for a greater appreciation of cultural needs of Travellers e.g. children need to see parent, grandparent following an operation - there could be as many as 8 around a bed at anyone time. Very much a part of their culture to be seen to visit family members.
- ❖ Maternity Unit - CAHGT - Travellers experience has been very positive.
- ❖ Travellers are aware of their right to complain - but things have to be very bad before they complain.
- ❖ Some would persist with a complaint whilst others may give up because of a feeling that nobody cares.
- ❖ Majority face literacy problems.
- ❖ Confidentiality does not appear to present as a problem for the Travelling Community - not a big issue. Travelling community are generally very open although there are issues that remain within the immediate family e.g. cancer.
- ❖ Fear of repercussions - in general, often put people off from pursuing with a complaint. This would not appear to be a problem for the Travelling community. Example given where one Traveller was satisfied with an apology insisting that the individual did not lose their job as a consequence.
- ❖ Pain threshold - quite low for Travelling community.
- ❖ Name of Complaints Officers should be made known to the Travelling community.
- ❖ Communication - again reference made to literacy problem. However, communication networks within the Travelling community are very effective - once one knows, all know.
- ❖ Stages of complaints - independent review - would not go through the process on their own without assistance.
- ❖ Often an apology would suffice and assurance that measures have/are being taken to avoid repetition.
- ❖ Litigation - matters to the Travelling community. Gaining compensation is important. Evidence that use has been made of the more recently introduced Race Relations Order 1997.
- ❖ Lack of compensation under the general complaints procedure would not however put them off pursuing a complaint. Litigation has provided a means whereby they feel they are important people after all - leading to better self-esteem.

Meeting with Multi Cultural Resource Centre on 8th August 2002

Present: D Holder, MCRC
N Foley, MCRC
K Braithwaite, SHSSB
L Gordon, CBC Trust

Purpose: Review of Complaints Management within SHSSB

- Karen outlined the purpose of the review and Lynda summarised progress to date.
- D Holder acknowledged that this was an extremely important exercise the Board was currently engaged in.
- He continued, stating that cultural values often deterred ethnic groups from making complaints citing the Bangladeshi, Muslim community by way of example.
- Making a complaint - was viewed as being ungrateful.
- Fear of repercussions would be a paramount factor in the reluctance to complain. There is a reluctance to complain about people in elevated/superior position. Amongst certain ethnic groups there is a reverence for those holding professional status.
- Ethnic groups would prefer to have issues recorded rather than the matter being viewed as a complaint/criticism of a service/member of staff.
- Scope for greater awareness raising of the complaints procedure and of the availability of interpreters - charter of rights perhaps one way of addressing this and widely communicated.
- Need to demonstrate that complaints will lead to improvements - if things can be improved for communities - then this could be a real motivator - broader communal benefits.
- Need to make procedures ethnic minority sensitive - i.e. address cultural linguistic/language barriers, medical terminology - need for translated documentation.

- Effective communication is key - often a simple explanation that the GP is running late would negate a complaint.
- Registration difficulties with GPs was flagged.
- D Holder pointed to the need for a resourced advocacy worker who understands the process together with a community worker (who could align oneself with the culture of that community) - as a way forward. The community worker and advocacy worker could act as a conduit to raise issues on an individuals behalf.

Meeting with Coalition on Sexual Orientation (COSO) 4th October 2002

Present: James Knox, COSO
K Braithwaite, SHSSB
L Gordon, CBC Trust

Summary note of issues discussed:

- Karen outlined the purpose/rationale of the good practice review in the context of the regional equality work programme signed up to by the HSSPS family
- The consultative process to date was outlined and the purpose of the follow up meetings, now set in train, to ensure that all 9 equality groupings had an opportunity to input into the review process.
- It was noted that Lassie, contactable via the Down Town Women's Centre, were a source of qualitative data/research for gay and lesbians.
- The standard questionnaire, previously issued to consultees, formed the basis of discussion
- In response to Q1. Have you ever felt like making a complaint about some aspect of the Health Service? - James responded yes. Whilst he felt like making a complaint he had not actually done so.
- In response to the subsidiary question in Q1 i.e. What services were you unhappy with? James stated all areas but perhaps less so the Ambulance and Residential & Nursing Homes. However, he would not rule out these two latter areas.
- In response to Q2. Are you aware of the procedure for making a complaint about health and social care services? He responded

no - but added that he would know how to go about it - in that his confidence would shine through.

- In response to Q3 & 4 (refer to questionnaire) James felt it was important within a complaints procedure to have one's complaint dealt with seriously and in a sympathetic manner. Of key importance was the need for staff training on sensitive issues pertaining to sexual orientation. Positive staff/non-discriminatory attitudes were important. People can discriminate e.g. they can keep you waiting longer in a waiting room if they hold a prejudice against the gay and lesbian community. An accurate and detailed response was also viewed as important. With respect to the length of a complaint James expressed a view - that if there were too many complaints this would have negative impact on patient care.
- In response to Q5 - What factors are important to you in a complaints procedure? James noted that all areas listed were of importance. In addition he pointed out that he was not aware of the Southern Health and Social Services Council, its role and that its services were free.
- In response to Q7 - What would you expect as an outcome from a complaints procedure? - James noted that all areas listed were important in terms of outcome.
- Question 8 - What difficulties are experienced by COSO in making a complaint?

The biggest problem faced by gays and lesbians is the issue of **confidentiality**. Fear of the lack of confidentiality would deter individuals from bringing a complaint in the first instance. In particular James sought confirmation if it would be appropriate for COSO to raise a complaint on behalf of an individual - in the interest of safe guarding their identity. This provoked a protracted discussion raising complex issues of consent. Karen explained the requirement of authorisation i.e. even if an individual wanted COSO to be their advocate the Board would still need signed authorisation from the complainant to enable COSO to act on their behalf.

On **general** issues there was no difficulty envisaged with COSO raising issues of concerns directly with the Board/Trust/Agency in question - but as evidenced in the discussion - the situation is

somewhat more complex when dealing with individual complainants.

By way of further explanation Karen provided a brief outline of the complaints process. James sought further clarification as to how many people would have access to the information gleaned from the complainant and to whom this was passed. There was an apparent fear of identity being made known along with the complainant's personal details e.g. home address etc.

It was agreed to note the issue of confidentiality and anonymity as of key importance from COSO's perspective in the handling of complaints management.

- Q9 - Are you aware that there are two stages to the HPSS complaints Procedure - local resolution and independent review? James was not aware of this division.
- Q10 - Have you heard of the Health and Social Services Councils - as noted above James was not aware of the Council's role nor existence

Other comments:

- How widely circulated is the complaints leaflet?
- Is the complaints leaflet provided in alternative formats e.g. for ethnic minority groups?
- Consideration of a standard form to assist individuals who wish to complain - perhaps provided on an optional basis for those who would find this helpful
- Lack of understanding of what gay people want - they want the same treatment - not more than anyone else
- Training for those who handle complaints to promote awareness of the need to promote equality of opportunity for all 9 equality categories; to eradicate discriminatory practice; and to challenge negative attitudes where they prevail. Training provision to be extended to members of the independent review panel.

- Complainant to be advised from the outset of realistic time scale within which a complaint is likely to be addressed
- Confidentiality and anonymity were the main key issues raised by COSO with respect to complaints management.

**MEETING WITH NI COUNCIL FOR ETHNIC MINORITIES ON
FRIDAY 25TH OCTOBER 2002**

Present: **Tansy Hutchinson, NICEM**
 Karen Braithwaite, Equality Manager, SHSSB
 Lynda Gordon, Head of Equality Assurance Unit,
 CBC Trust

Background and Purpose:

Karen and Lynda thanked Tansy for the opportunity to meet with NICEM to bring them up to speed with the Best Practice Review on Complaints Management being lead by the Southern Health & Social Services Board on behalf of the HSSPS family.

Karen detailed the purpose of the review, progress to date and outlined the general approach to this morning's discussion.

Tansy welcomed the opportunity to participate in this review saying that she was keen to see how the review would work out in practice i.e. would it promote equality of opportunity in terms of outcome pointing out that the EQIA process was designed to draw out the equality implications in a systematic way.

Lynda reassured Tansy that the series of best practice reviews were not to be seen as a substitute for an EQIA. The best practice reviews had won the support of consultees during the screening process with many viewing them as a means of securing relatively quick outcomes on cross cutting themes.

Karen explained that a central tenant of the complaints review was to ensure that the complaints process was accessible to the 9 equality groupings i.e. user friendly and accessible. It was noted that the review was limited in that it could not change the actual complaints process.

The structured questionnaire was used as a basis for directing the discussion.

Key Themes Emerging:

Tansy pointed out that written consultation was not viewed as consultation rather it was a means of disseminating information.

She was glad to learn that a variety of consultation methods were being employed by the Board in conducting this current review. Further, she pointed out that it was important to come out and meet with groups in their own environment.

She added that it was important to use the various established networks to reach the grass route groups. She was pleased to note that the local ethnic minority groups in the Southern Board's geographical area had been engaged in this process i.e. Paul Yam, Inez Keenan, Catherine Moustafa etc.

She suggested that there were other groups that had not been covered as well citing Filipino nurses/doctors as one such group. It was noted that the NI Filipino Association had a large number of affiliated Nurses - Eva, NICEM being a contact person. Karen pointed out that the Board was in the process of setting up 4 workshops for staff to gauge the internal perspective of complaints management. She undertook to ensure that arrangements would be made to target such staff. Tansy cited other key groups as the Chinese Welfare Association, NI Traveller Movement and Indian Community.

It was noted that NICEM had put in place a Health Care Advocacy Worker - who Tansy recommended engaging in this current review - having a wealth of experience and knowledge on Health and related issues.

At this point of the discussion Tansy suggested issuing Karen and Lynda with a set of NICEM's Consultations principles for information.

Questionnaire 1 - Have you ever felt like making a complaint about some aspect of the Health Service?

Response: people often feel like making a complaint however there are barriers that inhibited them from doing so such as physical access to the procedure itself, language barriers, the lack of interpreters, unsure if they have something legitimate to complain about - people need to be

educated as to their rights and entitlements, often people simply want to receive advice.

Would their cultural perspective put them off from complaining?

Tansy felt that this was "very likely an issue for ethnic minority groups" and as such it was best to explore this directly with the grass route groups themselves.

In terms of sighting which specific services ethnic minority group were unhappy with - Tansy was of the view that Primary Care access was where the bulk of the problem lay i.e. the first point of contact which often prevented/prohibited groups from accessing other services.

Question 4 - If you have never made a complaint what would put you off?

Responses included: not familiar enough with the procedure - an issue in itself, ability to understand the process i.e. technical jargon, generally not knowing about the procedure, the process, remedies/outcomes. Unfamiliarity with the process was cited as the most "significant" in terms of putting people off from complaining especially so for people not familiar with the National Health Service (NHS) and new arrivals.

How would you overcome these difficulties?

Responses received:

Raise awareness of the procedure(s), ensure people know/are aware of their right to complain and their rights generally i.e. right to healthcare, right to see a female GP if preferred, right to have an interpreter, dual issues - knowing what one's entitlements are.

Produce leaflets and disseminate widely, work with community groups to promote awareness generally e.g. South and East Belfast Trust - Community Development Team - as well as key organisations.

Conduct a series of road shows to promote awareness, short presentation/launch, need to maintain momentum in terms of profile, go to where the groups are meeting i.e. use existing mechanisms.

Questions 5 - What Factors are important to you in a complaints procedure?

All aspects listed on the questionnaire were seen as extremely important - especially independent help in making a complaint i.e. someone from a similar background was seen as an important factor.

Question 6 - What would make a complaints procedure easier for you to use e.g. a designated person to complain to, information available in a range of accessible formats etc?

See also - 5 above. Flexibility in terms of how complaints are received and responses given, being responsive to the complainant, demonstrating that the process itself is flexible having an informal and formal aspect were all seen as important considerations. Integrating different types of complaints and bringing them under the one umbrella was also seen as a positive approach to complaints management.

Question 7 - What would you expect as an outcome from a complaints procedure?

All areas listed were seen as important especially measures put in place to prevent reoccurrence and having confidence in the system.

Question 8 - What difficulties are experienced by, or do you consider are experienced by the 9 equality groups in making a complaint?

The issue of multi-identities was seen as an important consideration in this context e.g. black women v black men. Each will have their own different needs. Awareness of overlapping issues and the potential for discriminatory practices along multi dimensions such as sex, religion, disability, race etc were seen as key.

Question 9 - Are you aware there are two stages to the HPSS Complaints Procedure - local resolution and independent review?

Not aware of the two stages - majority are not.

Karen explained that the independent review process was a relatively long process taking anything up to 5-6 months to complete - dependant on the nature of the complaint i.e. how serious the issue was.

Would this lengthy process put people off? Tansy felt that the time taken should be proportionate to the degree of seriousness of the complaint itself. The more serious the complaint the longer it would take to

process. This would not in itself deter people from complaining. Importantly the complainant should be kept informed throughout.

In terms of the impartiality Tansy felt - personally speaking - given that the people involved are part of the system this in itself may undermine the degree of impartiality. However, Tansy felt it was more an issue of communication and understanding of how the independent review process actually operated. This coupled with reassurance of the independent nature of the review process - should allay any fears in this regard.

Providing people with information as to the existence of the independent review element at an early stage was seen as important in terms of confidence building. Much hinges on people's perceptions - e.g. promoting the reality of the process may lead to a realer understanding/appreciation of the impartial nature of the process.

Question 10 - Have you heard of the Health and Social Services Councils?

Yes, aware of the Councils and their Equality Schemes. Need to generate greater awareness generally re. the role of the Councils and their existence. Disseminate information to people. It was noted that there was potential overlap in the good practice reviews in terms of the complaints management and access to information generally.

APPENDIX 8
Notes of Consultations with Staff

MEETING ON WEDNESDAY 11TH NOVEMBER 2002
ULSTER HOSPITAL, DUNDONALD

BACKGROUND AND PURPOSE

Karen thanked all present for the opportunity to meet and discuss the progress to date in respect of the Good Practice Review on Complaints Management. By way of introduction Karen detailed the purpose of the review, progress to date and outlined the general approach to the afternoons discussion. This was supplemented by a position paper, which was tabled for those present.

The following is a summary of the discussion.

GPs and dental practices are isolated in getting feedback and information – need some way of becoming more involved – if things are posted out, post to practice manager rather than GP to ensure action/cascading. Recently new forum for Dental Practitioners set up – will be useful avenue for information for then.

Feel that complaints handling (like everything else) is over bureaucratic in Trusts and Boards – everything has to be in writing and formal – distinction in general practice is small environment and close working relationships and complaints are mainly received verbally and dealt with on the spot.

Only consider “formal” complaints are those put in writing – these are the only ones included in the returns made – very very few of these.

In general, leaflets were drawn up from the original guidance received – just personalised it for each practice and put in leaflet form (suggestions rather than complaints!). Feel this is jargon free and generally understood easily.

Users not consulted in planning and implementing – have now set up “User Groups” in some practices and in some cases invited Councils to participate but limited use.

Not generally available in other languages, braille etc, but would do so if requested. Have some use of “language line” (24 hour interpreter service) – no experience of having been asked really.

Policy never reviewed since implementation – aware of need. Generally all present have been involved in investigating and responding to a complaint.

Re guidance for staff in undertaking above – followed guidance in original paper received.

Re support for staff – feel different in different practices – seems to depend on individual GPs and how they handle things, some very poor experiences.

Re monitoring and recording – use of “complaint book” - usually normal “Customers” in this frequently. Depends on interpretation of the seriousness of the issue whether it gets recorded or not but as above, only complaints in writing are included in statistical returns.

Sometimes complaints can be used as a “political tool” – ie, to get more staff where waits are complained about but difficult to get patients to put these in writing because they don’t want to “do that to the wee nurse” etc.

GPs will visit patients in their homes by nature of their service and therefore do deal with some minor complaints there – no experience of others in attendance at patient home to deal with complaint.

Re training – provided for new staff at “induction” and included in “induction pack”. Some have guidance leaflets for staff. **BIG NEED FOR ONGOING TRAINING FOR PRACTICE STAFF – TO BE DONE BY BOARDS OR TRUSTS – LACKING IN THIS AREA – need information re legal issues, etc.**

Would like feedback from somebody (? Councils) re patient expectations so these can be matched with staff expectations/capabilities – also need some balance about staff expectations and rights.

Process very unfair to staff – always loaded in favour of complainant. 70% of patients are in the wrong and that is never picked up. Not common knowledge that staff can complain and patient will be called in to see the Trust Complaints Officer.

No knowledge or not much knowledge of staff care or appreciation that staff are traumatised by complaints made against them and also by the treatment they receive from some complainants.

Need further development of system for recording compliments because we always dwell on the negative.

Generally unaware of independent review process and also generally no use made of Councils.

MEETING ON WEDNESDAY 13TH NOVEMBER 2002
NORTHERN HEALTH AND SOCIAL SERVICES BOARD

BACKGROUND AND PURPOSE

Karen thanked all present for the opportunity to meet and discuss the progress to date in respect of the Good Practice Review on Complaints Management. By way of introduction Karen detailed the purpose of the review, progress to date and outlined the general approach to the afternoons discussion. This was supplemented by a position paper, which was tabled for those present.

The following is a summary of the discussion.

Recommended that Good Practice Review group contact RNID for their involvement in the Good Practice Review.

Users are not happy with jargon used in leaflet.

Procedure is publicised through posters and leaflets, to new patients.

Complaint Leaflet will be reviewed for Family and Childcare.

New Leaflet welcomed within Trust with staff.

GPs have own complaints procedure – complaint leaflet available at reception desks.

Some organisations have complaint leaflet available in different languages.

“Complaint” – generally this is viewed as negative.

Difficulty with reporting of resolved informal complaints to Complaints Department.

Commendations are noted within Annual Report.

Training is vital – include customer care training – this is now part of induction training.

Important to keep staff informed during investigation of complaint.

Reports disseminated down through the Trust (quarterly reports) not just to management.

Emphasis should not be on days to respond – dig deeper. Look at quality and satisfaction of users.

Staff, if necessary, visit complainants at home – 2 members of staff carry out visit.

May be intimidating for complainants to have meeting in Trust Facility.

More face-to-face meetings should be arranged.

Health & Social Services asked for guidance on dealing with “emergency” complaints.

A lot of people deterred from making complaints against GP due to fear of being struck off.

Procedure for mischievous complaint.

Southern Area Board uses “Mediation Network”.

Conciliation could be used more.

Local resolution meetings vary greatly – more guidance needed.

GPs – funding for training.

Pro –forma sent to Line Managers two weeks after close of complaint for completion re lessons learnt, further investigation.

Holywell has a PALS.

Independent Reviews

Northern Board deal directly with staff.

Venue for Independent Reviews should be considered ?outside Trust/Board area.

Need for information to be relayed to complainant as to what to expect.

Health and Social Services Council

GPS in leaflets inform patients of Health & Social Services Council in leaflet.

Representatives from Health & Social Services Council get involved in complaint training within trust.

MEETING ON WEDNESDAY 19TH NOVEMBER 2002
CRAIGAVON AREA HOSPITAL

BACKGROUND AND PURPOSE

Karen thanked all present for the opportunity to meet and discuss the progress to date in respect of the Good Practice Review on Complaints Management. By way of introduction Karen detailed the purpose of the review, progress to date and outlined the general approach to the mornings discussion. This was supplemented by a position paper, which was tabled for those present.

For the purpose of the discussion a set of predetermined questions had been drawn up.

Local Resolution

Those present were asked about their general awareness of the Trust's Complaints Policy/Procedure, if it was easy understood/accessible and their experience with dealing with it.

Responses were as follows: -

- High level, in particular front line staff are 100% aware
- It was thought that there was a lot of paperwork involved with the complaints procedure, which proved to be time consuming, and a lot of time spent chasing up and recording information
- Each ward within CAH have access to the complaints policy. Nurses are aware and advise patients regarding same, however medical staff may not be as aware of the procedures
- Policy was felt easy to use and understand
- Responses sometimes may not be co-ordinated, particularly when dealing with a multi-professional complaint
- Response times were thought to be difficult to meet
- Small number of staff involved in dealing with complaints and there is not enough resources to manage complaints effectively
- Suggestions were in order to give an effective, co-ordinated response it is essential for the key staff involved in the complaint to meet and discuss the various issues. It was felt that this would be particularly difficult for Consultants due to their tight appointments
- Information leaflets were widely available throughout the Trusts

Level of Support

- When asked about the support and guidance offered to staff, responses were that staff tend to take complaints personally rather than accepting that the complaint is in relation to the organisation
- There is no formal method of supporting staff when a complaint was made against them, therefore staff can feel victimised, stressed and may also be involved in police enquires and may be unable to work for a period of time
- It was noted that there were other mechanisms for supporting staff, for example, Occupational Health and Staff Care Agency - staff can self refer
- There is no mechanism for dealing with persistent complainants and there was no exit strategy where the Trust can effectively deal with and complete the complaint rather than starting the whole complaints process over again
- Mediation never/rarely utilised

Health & Social Care Council

- Those present were asked about the level of awareness on the existence of Health & Social Services Councils and their role. It was generally felt that there was a lack of awareness of the existence and role of Councils. Many saw Councils as working in an independent way from both the Trusts and the Southern HSS Board, however they were not a mediator as such.
- Staff and clients/patients are aware of the Councils through the Trust's Complaints leaflet
- It was also emphasised that there were other methods of making a complaint, for example, through an MLA or a Solicitor. There are issues in relation to receiving a complaint from the same person through a number of different people.
- It was thought that raising the Councils' profile would raise awareness, for example, User groups.
- Staff are generally aware of informative points - regularly monitored

Alternative Formats

- Alternative formats available
- Use made of interpreters

Feedback - Outcome of Complaints

- In response to the question, do staff generally receive a draft response prior to it being forwarded to the complainant, community staff stated that yes, they received a draft copy of the response before it goes to the complainant. However, hospital staff said they did not

always see the response before it went to the complainant. It was noted that under Clinical & Social Governance complaints information circulates upwards in the organisation, however it hasn't filtered down throughout the organisation

- There was a consensus of opinion that there should be a formal mechanism for reporting back positive feedback to the Complaints Manager, for example, Ward Managers copy letters of appreciation to the Complaints Manager, other positive comments received are verbal which are slow to pass through the organisation.
- It was also thought that there was a general feeling that complaints were usually negative particularly in light of the name. It was suggested a new name for the management of complaints could be introduced. E.g. WHSSB have scheme citing comments, complaints and complements
- Not everyone who is dissatisfied with their services actually makes a complaint
- The number of interactions with clients is huge in comparison to the number of complaints received, therefore it was suggested by raising an awareness amongst the public on the length of time involved in dealing with complaints could make them more appreciative of the process

Time limits

- It was noted that when staff are on annual leave it is difficult to meet the 20 day deadline and in more complex complaints it was even more difficult to do so
- It was also stated that GPs target for response to complaints is 10 days
- 20 virtually impossible to achieve

Fairness

- Staff try to resolve issues before they become a complaint and they know when they can and cannot deal with a complaint.
- Other staff felt that complaints stick and that they never get the better of them - never really feel absolved from blame
- No formal mechanism for helping staff through complaints process - as a result don't recover well and are left feeling stressed
- Training - delivered in a combination of ways - identified training, induction training, targeted training, plenty of practice - hands on training.

Independent Review

- There was a consensus that managers and those involved in the Independent Review process were generally aware of the process as well as front line staff
- Those that had been through the process felt that it was very daunting and threatening to staff
- It was thought that there should be training for staff going through the process, particularly as staff involved are usually junior staff
- There also needs to be a clear structure to support staff, advising them what the purpose of the process is and advising on the likely questions to be asked
- It was suggested that standardisation of approach taken on a panel should be considered
- Suggested need for coaching, particularly junior staff who have never been exposed to the process
- Need for training for panel members - standardised approach. Presently approach can vary greatly depending on chair' style.

Ombudsman

- People involved in the complaints procedure are generally aware of the Ombudsman, however the majority of staff would not be aware of same.

Patient Advice & Liaison Officer

- It was thought that the management of complaints is difficult even if there is a Patient Advice & Liaison Officer available and that front line staff are not going to be saved from the initial problems of complaints
- Training front line staff helps with dealing with complaint as they are able to diffuse the situation and de-personalise the situation

SHSSC

- Role of SHSSC was patchy
- Those present generally aware of role of SHSSC, all else less aware
- Council has a role to facilitate complaints although it is somewhat limited i.e. no medical training/nor nursing background – the way to further redress.

MEETING ON THURSDAY 20TH NOVEMBER 2002
OMAGH

BACKGROUND AND PURPOSE

Karen thanked all present for the opportunity to meet and discuss the progress to date in respect of the Good Practice Review on Complaints Management. By way of introduction Karen detailed the purpose of the review, progress to date and outlined the general approach to the afternoons discussion. This was supplemented by a position paper, which was tabled for those present.

For the purpose of the discussion a set of predetermined questions had been drawn up.

Local Resolution

Those present were asked about their general awareness of the Trust's Complaints Policy/Procedure.

Responses were as follows:-

- Very mixed - depends on ones position in the organisation
- No uniformity with approach within organisations
- Staff don't perceive complaints management as an issue for them but rather view it as the patient's advocate role
- Communication appears to be the major problem
- Complaints management could be dealt with better if there was a clear understanding as to ones role and the process as a whole
- Fear element - junior staff afraid to "whistleblow" because of the perceived repercussions for themselves
- Independent providers -generally aware of complaints procedure and what to do forms part of their induction training

Level of Support

- Limited and varies
- Independent sector - resources limited. Do not see it as a major issue compared to issues like staffing levels.
- Altnagelvin Hospital - generally feel staff are well supported. Support stems from the top down

- However, it was noted that experience was variable across other Trusts i.e. sometimes communication not as effective as it should be
- A view was expressed that at times there may be an imbalance between support provided to staff and the complainant with the complainant receiving more support - it was felt that this imbalance should be addressed.
- Altnagelvin Hospital - training ongoing and widely available
- Independent sector - training not available to the same extent as within Trusts, mainly attributed to funding
- Generally staff have access to complaints leaflet, however the same could not be said with the independent sector - not same grasp or organisational structure in the independent sector
- Pharmaceutical sector - complaints rarely get to formal stage, more often resolved at local level, as such many complaints may be inconsequential when resolved/admitted to much earlier on in the process
- Consensus of opinion was that the concept of a no blames culture should be advocated and actively promoted
- It was felt that having someone neutral to support staff through the complaints process, particularly the independent review process was desirable.

Alternative Formats

- In response to the question is the complaints procedure available in other languages and/or formats the response was yes, examples cited were tape, Braille, larger formats, however there had not been a huge uptake especially with regards to tapes and Braille. One possible explanation being the lack of awareness of its availability in alternative formats. Similar experiences were cited in other Board areas.
- Independent sector, in terms of providing alternative formats, funding again was seen as an issue and as such may not be treated as a priority.
- It was noted that in terms of alternative formats, complainants were offered support in framing a complaint, i.e. staff would take the essence of their complaint and formalise same.
- The consensus of view was the first point of contact for the complainant i.e. the response and support given were vital in diffusing a situation.
- One suggestion was muted i.e. the possibility of greater scope for networking and doing things jointly in terms of providing alternative

formats, thus enabling the costs to be spread across a number of organisations.

Feedback - Outcome of Complaints

- In response to the question, do staff generally receive a draft response prior to it being forwarded to the complainant, those present stated that yes, that was the case i.e. staff see the response before it is signed and forwarded to the complainant
- It was noted that Altnagelvin have effective mechanisms in place to report outcome of complaints, both on a quarterly and annual basis. Reports included nature of complaint, outcomes of complaint - i.e. improvements - changes made as a consequence of a complaint. Further it was noted that all complementary letters/correspondence were included in these quarterly and annual reports.
- There was a consensus of opinion that it was important to put a positive slant on complaints and that the process should be used as a means to effect positive outcomes.

Time limits

- It was generally the consensus of opinion that the 20 day deadline for responding to complainants was unreasonable, where the 20 day deadline could not be adhered to a holding letter was issued where delays were expected.

Fairness

- Do you think the complaints process is fair to both users and staff? In response to this question there was mixed feelings i.e. it depended very much on how a complaint was processed depended on the effective management of the complaint and sustained communication throughout plus follow up. All of which were seen as "linch pins" to securing a sense of fairness and equity.
- Patient Liaison/Advocacy Worker was reported to have worked effectively in Altnagelvin Hospital with 99% of complaints being resolved at an early stage. This was in the main attributed to the fact that the patient Liaison Advocacy worker was accessible (day/night) and was able to intervene in complaint resolution at an early stage.
- It was noted that Sperrin & Lakeland was in the process of introducing a Patient Advocacy Worker.

Independent Review

- It was noted that the Independent Review process was covered in the training imparted to staff, however it was acknowledged that staff, aside from those involved in complaints management would have

no detailed knowledge of how the Independent Review process operated.

- All concurred that it would be useful in future training to provide more information on the Independent Review process, i.e. what is expected from staff, extent of information required and support for staff to enable them to cope through the process.
- It was noted that some Trusts had begun work to extend knowledge on the Independent Review process by visiting Primary Care Teams.

Health & Social Care Council

- Those present were asked about the level of awareness on the existence of Health & Social Services Councils and their role. It was generally felt that there was a lack of awareness of the existence and role of Councils, with one participant saying that they would have a vague idea. Many staff don't see it as a service for them to draw on. Others saw Councils as a subsidiary of the Board, whilst others confused it with the Registration and Inspection Unit. Some viewed it as a "older persons service" evidenced in the filtration of complaints that came in.
- It was noted that the SHSSC produced leaflets. Again there was scope for raising the profile of such documentation. Further, it was felt that there was opportunity to jointly produce literature by cultivating network mechanisms and spreading the cost of same.
- In terms of training it was agreed that this would be availed of, especially if it was provided on a no cost basis, in particular a view was expressed that the Independent sector should not be left out of such arrangements.
- Resources, in terms of manpower and monetary were cited as the main factors in uptake of training.

GOOD PRACTICE PRINCIPLES FOR FRONT-LINE STAFF IN DEALING WITH COMPLAINTS

- ❑ Ensure immediate health and social care needs are met.
- ❑ Know who handles complaints within your organisation and how to contact them. (including Patient Advice and Liaison Services).
- ❑ Ensure you have received recent training on how to deal with complaints and how they are processed.
- ❑ Afford all complainants due courtesy and respect confidentiality at all times.
- ❑ Be aware of alternative forms of assistance and support, eg Health & Social Services Council, Citizens Advice Bureau.
- ❑ Be aware of individual needs, eg culture, language, interpreting, access, etc and make suitable arrangements.
- ❑ Attempt to resolve complaint at point it is received. If this is not possible advise complainant accordingly.
- ❑ Identify yourself to the complainant.
- ❑ Be aware of support mechanisms available to you and other staff, eg Line Manager, Peer Support, Staffside Organisation, Occupational Health.
- ❑ Be aware of timescales for processing complaints.
- ❑ Complete all relevant documentation and forward to appropriate person.
- ❑ Ensure that information on the Complaints Procedure is prominently displayed.

***GOOD PRACTICE PRINCIPLES FOR STAFF UNDERTAKING
COMPLAINTS INVESTIGATIONS AND COMPLAINTS MANAGEMENT***

- Ensure you have a full knowledge and understanding of the Complaints Procedure(s)
- Ensure you maintain confidentiality at all times
- Attend training and update your skills and knowledge as required

**STAFF UNDERTAKING
COMPLAINTS INVESTIGATION**

- Give priority to investigation.
- Ensure on-going health and social care needs are met.
- Treat all people involved with respect and dignity.
- Provide response on every aspect included in the complaint.

**STAFF UNDERTAKING
COMPLAINTS MANAGEMENT**

- Actively find out if Complainant has any communication requirements, eg Interpreter, alternative formats.
- Make complainant aware of assistance available to them, eg Patient Advocacy Service, H&SSCs, CAB, Elected Representative, voluntary/Support Groups etc.
- Ensure you comply with consent requirements and other relevant legislation.
- Provide Complainant with leaflet/information on Complaints Procedure.

- Comply with internal timescales.
- Keep written record of all action taken.
- If unfamiliar terminology or abbreviations are used ensure that they are explained.
- Ensure that information provided relates specifically and is relevant to the complaint.
- Check information in response to ensure it is accurate and verified against relevant documentation.
- Advise Complaints Manager of any delay in responding and the reason for it.
- Identify and meet staff support needs.
- During investigation keep line of communication open with Complainant – use most appropriate method, eg phone, face to face meeting.
- If delay occurs, explain and advise complainant of reason. Record in complaint file.
- Use jargon-free language, and if unfamiliar terminology or abbreviations are used ensure that they are explained.
- Consider most appropriate method of response to complaint, eg letter or meeting.
- Consider venue arrangements and timing of meeting and be sensitive to personal circumstances of Complainant and staff in arranging meetings.
- Ensure all aspects of the complaint are addressed.
- Avoid impersonal or standard responses.
- Provide staff with up-to-date information on the progress of the complaint and the outcome.
- Identify and report on trends and information in accordance with internal arrangements.

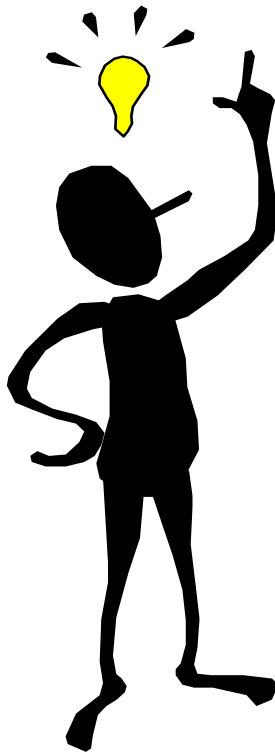
Good Practice Review Complaints Procedure
REFERENCE MATERIAL
(This is not an exhaustive list)

- Equality – Section 75 of NI Act 1998
- Human Rights Act 1998
- Disability Discrimination Act 1995
- Race Relations Order 1997
- Sex Discrimination Act 1976 amended 1980
- Fair Employment and Treatment Order 1998
- NHS Complaints Guidelines 1996 and 2000
- National Review of Complaints Procedure Report (March 2001)
- Children Order Representation and Complaints Procedure Guidance
- Child Protection Guidance
- UN Convention on the Rights of the Child
- Policy and Procedures for the Protection of Vulnerable Adults
- Mental Health Act
- Service First Guidance re a Complaint
- Protection and Use of Patient and Client Information (June 1999)
- Access to Health Records
- Data Protection Act 1998
- Freedom of Information Act (2000)
- A Charter for Patients and Clients

Sample Complaints Leaflet

**Organisation
LOGO**

MISSION STATEMENT



WE VALUE YOUR VIEWS

Please tell us what you think of our services.

XXXXXXXXXXXXXXXXXXXX Trust is committed to providing a high quality service to all our users and we value your opinions of the services provided.

You can help us improve our services by telling us what you think. Your views are much appreciated and will be treated confidentially.

You may want to:

- ❖ Make a comment or suggestion for improvement;
- ❖ Tell us what was good about your experience; or
- ❖ Make a complaint about any of our services.

If it helps, you may want to use the form attached.

Assistance

If you require assistance, of any kind, we will be happy to help. There are other organisations that can also assist you, e.g. Citizens Advice Bureau, Elected Representatives, Health and Social Services Councils, and Voluntary / Support Groups, such as: RNIB, RNID, Disability Action, Age Concern, etc..

Information can be provided in other languages and formats, e.g. Audiotape, Braille etc.

Comments and Suggestions

The quality and type of the services we provide, or should provide, is very important. We continually try to improve in all areas. People who have experienced or observed our services can make useful comments and suggestions on how to improve. We would be very grateful to hear any suggestions you may have. We will consider all your comments and ideas, share them with the relevant staff and make changes if possible.

Compliments

The staff who provide services to you often work in difficult circumstances. Therefore, we are always very grateful to hear when things have worked out well and what has made a difference for you. We will pass on your compliments to the relevant staff and departments and use them to highlight good practice and transfer learning across our organisation.

Complaints

If you are unhappy about any aspect of our services we would like to know immediately. Firstly, you should express your concerns to the person with whom you are in contact.

If you do this and are still not satisfied, you can make a formal complaint, within six months, by:

- ❖ Completing the form attached;
- ❖ By telephoning; or
- ❖ By calling in person.

If you are making a complaint on behalf of another, you may be asked to provide their written consent.

Making a complaint does not affect any of your rights and will not result in the loss of services you have been assessed as requiring.

Your Comments, Suggestions, Compliments or Complaints should be made to:

XXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX

Telephone: 028
Textphone: 028
Fax: 028
Email:

If you remain unhappy

You may apply for a further review of your complaint, within 28 days of the date of response. This is called an Independent Review.

To request an Independent Review you contact the Convenor of your local Health and Social Services Board at:

XXXXXXXXXXXX Health and Social Services Board

Telephone: (028)

If you remain concerned

You can contact the Northern Ireland Ombudsman at:

The NI Ombudsman
Freepost BEL 1478
Belfast BT1 6BR

Freephone: 0800 343424

Or 028 9023 3821 (Switchboard)
Fax: 028 9023 4912

If you are making a complaint please make sure you either give it to staff or post it. Please do not put complaint in comments / suggestion/ compliments box as this may cause a delay in receiving a response.

Please tick the appropriate box.

Comment Suggestion Compliment Complaint

Your name:

Your address:

Your postcode:

Your phone number:

If you are making this complaint on behalf of another please provide the following information:

Their Name:

Their Address

Their Post code

Their phone number:

Your relationship to that person

Please write your comments, suggestions, compliments or complaint here.

Your signature:

Date: / /

TRUST NAME
&

**ADDRESS
&
CONTACT DETAILS**