



POLICY AND PROCEDURE ON THE MANAGEMENT AND HANDLING OF COMPLAINTS AGAINST RQIA

September 2011

CONTENTS

	Page
<u>SECTION A</u>	
1.0 Introduction	1
2.0 Scope	1
3.0 Policy Statement	2
4.0 Responsibilities	2
5.0 Training	3
6.0 Monitoring/ Evaluation of Policy	3
7.0 Equality Statement	3
8.0 Review of the Policy	4
9.0 Development and Consultation	4
 <u>SECTION B</u>	
The Complaints Procedure	5 – 9
Stages of the Complaints Procedure	10 - 14
 Appendices	
	15
1 Flowchart for Handling Complaints at Stage 1	
2 Flowchart for Handling Complaints at Stage 2	
3 Written Complaints Record Form (for internal recording purposes)	
4 Stage 1: Complaint Agreement Proforma	
5 Proforma for Recording Non Investigation of Complaint Decision	
6 Monitoring Action Plan	
7 Employee Support	
8 DHSSPS Guidance on the Handling of Unreasonable, Vexatious or Abusive Complainants	
9 Implementation Plan	

SECTION A

1.0 Introduction

RQIA is a non-departmental public body, established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is charged with providing independent assurance about the quality, safety and availability of health and social care services provided by independent and statutory bodies in Northern Ireland.

RQIA recognises the importance of having a systematic, accessible and impartial process for dealing efficiently and effectively with complaints about its own performance. RQIA is committed to listening to people with whom we have contact, and to learning from their experiences of interacting with RQIA.

For the purpose of this document this policy will be referred to as 'RQIA Complaints Policy and Procedure'.

Purpose of the Policy

RQIA regards the effective management of complaints about the organisation's performance as a key component of its quality improvement agenda. The purpose of this policy and procedure is to provide the mechanism for complaints to be addressed in a timely and effective manner and provide a framework for RQIA to learn from complaints, in order to improve RQIA as an organisation.

Principles

RQIA Complaints Policy and Procedure has been developed around four key principles:

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

2.0 Scope

All employees of RQIA are required to adhere to this policy and procedure.

This policy should be read in conjunction with the following RQIA documents: RQIA Disciplinary Procedure and RQIA Grievance

Procedure (Refer to Section B 1.7.1 and B 1.7.2), RQIA Investigation Policy and Procedure (Refer to Section B 2.3.3), Data Protection Act 1998 and Human Rights Act 1998 (Refer to Section B 1.8) and the Enforcement Policy and Procedure – Regulated Sector (Refer to Section B 1.7)

3.0 Policy Statement

RQIA welcomes comments and complaints, as a source of information about the public's experience of the organisation. RQIA takes all complaints seriously. RQIA will try to reach an early resolution to complaints, through engagement with the complainant and thorough investigation.

RQIA aims to provide the highest possible standard of service in the management of complaints. All complaints received by RQIA will be responded to promptly, in accordance with the timescales stipulated in the Department of Health and Social Services and Public Safety (DHSSPS) Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning (2009).

RQIA will monitor complaints to ensure any action required to effect improvements is taken.

All decisions and reasons for the decision will be communicated to the complainant and, where appropriate, RQIA will provide an apology for any action or omission which may have given rise to a complaint about its services.

Definition of a complaint

The following definition is taken from the DHSSPS guidance document (Complaints in Health and Social Care: Standards & Guidelines for Resolution & Learning, 2009):

A complaint is - "an expression of dissatisfaction that requires a response".

4.0 Responsibilities

- 4.1 RQIA Board** - is responsible for approving the policy and procedure and holds the Chief Executive accountable for its implementation.
- 4.2 Chief Executive** - has overall responsibility for the handling and consideration of complaints within RQIA.
- 4.3 Directors** - are accountable for the management of complaints within their own areas of specific responsibility. This includes ensuring that complaints are dealt with promptly and action is taken to disseminate any learning, to avoid any likelihood of recurrence of the complaint.

4.4 Heads of Programme - are responsible for carrying out investigations at Stage 1, ensuring that local resolution has been fully exhausted. They will draft a report and a proposed response to the complainant for consideration by the Chief Executive.

4.5 Complaints Manager - has overall day to day responsibility for the implementation of the Complaints Policy and Procedure and is responsible for coordinating the complaints arrangements and managing the process.

The Complaints Manager is responsible for the effective reporting and management of the systems and processes for handling complaints.

4.6 RQIA Chairman - is responsible for convening a Stage 2 Complaints Panel.

4.7 Stage 2 Complaints Panel - is responsible for reviewing the process of investigation and resolution at Stage 1. The Panel will provide a report for the Chairman detailing the Panel's findings, conclusion and any actions to be taken.

4.8 Chair of the Stage 2 Complaints Panel - is responsible for coordinating with the Complaints Manager, the arrangement of any Complaints Panel meetings.

4.9 Serious Concerns Group (SCG) - is responsible for agreeing the recommendations contained in the action plan arising from investigations and the implementation of these by the operational teams.

4.10 Complainants - are expected to respond to RQIA in a timely manner if asked to provide information to support their complaint.

5.0 Training

RQIA will ensure that all staff are aware of the Complaints Policy and Procedure and steps will be taken to promote awareness of the complaints policy during the induction of staff into the RQIA. (Refer to the Implementation Plan in Appendix 9).

6.0 Monitoring/Evaluation of Policy

This policy will be monitored on a regular basis by the Chief Executive. The implementation of the policy and procedure and any deficiencies within the policy will be noted by the Chief Executive and any proposed amendments will require to be approved by the Board.

7.0 Equality Statement

This policy was equality screened in August 2010 and 20 July 2011. It was considered to have a neutral impact for equality of opportunity and therefore does not require to be subjected to a full equality impact assessment.

8.0 Review of the Policy

This policy will be reviewed three years following date of approval.

9.0 Development and Consultation

This policy has been developed in consultation with all staff within RQIA, Board members and shared with the Joint Negotiation and Consultative Forum.

SECTION B: The Complaints Procedure

1.0 Background to the Complaints Procedure

1.1. Who can complain?

Anyone directly affected by the way in which RQIA has carried out its functions, or anyone acting directly on such a person's behalf, may make a complaint under RQIA's Complaints Policy and Procedure. This includes individuals or a relevant person acting on behalf of an organisation.

1.2 How can complaints be made?

Complaints should be made in writing either by letter or email to the RQIA Complaints Manager at the following address:

RQIA Complaints Manager
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

By email:

info@rqia.org.uk

Complaints initially received by email will be acknowledged by a letter and complainants will be asked to provide a postal address to the Complaints Manager. All subsequent correspondence regarding the investigation of the complaint and the reporting of the outcome of a complaint will be responded to by a letter to the complainant or with the consent of the complainant, a letter to the complainant's representative.

If a person feels unable to communicate a complaint and requires assistance to submit their views in writing, the staff of the Patient Client Council can offer independent advice and support. (Refer to Section B 1.11)

1.3 Timescales within which complaints will be considered

A complaint should be made as soon as possible after the action giving rise to it, normally within six months of the event. However, in exceptional circumstances, if a complainant can demonstrate that they became aware of the circumstances relating to the complaint after 6 months, the Chief Executive, if he/she deem it to be in the public interest to do so, can extend this time limit to a period not exceeding 12 months.

1.4 Timescales within which complainants will receive a response

Correspondence will be sent as follows:

- a written acknowledgement will be sent to the complainant within 2 working days of receipt of complaint
- if a Stage 1 investigation is undertaken, the findings will normally be sent to the complainant within 20 working days of receipt of a complaint
- if a Stage 2 review is undertaken, the findings will normally be sent to the complainant within 40 working days of receipt of a request for a Stage 2 review.

Complainants will be advised by the Complaints Manager if there is likely to be a delay in responding to their complaint within the specified timescales and where reasonably practicable, will keep the complainant informed about the progress of the investigation.

1.5 Complaints about RQIA

Complaints may concern any aspect of RQIA's business but usually refer to the way RQIA has carried out, or failed to carry out, any aspect of its work and fall into one of two categories:

- complaint concerning an individual employee; or
- complaint relating to how RQIA conducts its business.

The complainant will be asked what they would like to see happen as a result of having made a complaint.

1.6 Complaints that RQIA will not investigate

Where a complaint is of a vexatious nature, it will be dealt with in accordance with the DHSSPS guidelines (Complaints in Health and Social Care: Standards & Guidelines for Resolution & Learning, 2009) set out in Appendix 8.

RQIA will not investigate complaints which are considered vexatious. Any such decision will require the authorisation of the Chief Executive and this will be recorded on the relevant template. (Appendix 5)

Unreasonable, vexatious or abusive complainants, along with threats or abuse of staff will not be tolerated and, where appropriate, will be referred to the Police Service of Northern Ireland.

1.7 Matters Excluded from this Procedure

The following matters are excluded from this policy and procedure:

- any matter relating to a representation under the RQIA Enforcement Policy and Procedure from a provider concerning a point of law and/or fact. These matters will be considered by the RQIA Enforcement Review Panel
- any matter about which a group of service providers or their representative body has an issue of general concern. This should be raised directly with the Chief Executive of the RQIA for discussion and consideration
- any matter relating to employee relations, either in respect of a dispute regarding a contract of employment or representations from applicants about the interview and selection process. These will be dealt with under the RQIA human resources policy and procedure
- any matter relating to the content of inspection reports. The appropriate way to seek a correction of inaccuracy with the content of a draft inspection report is through the process of proposing factual accuracy changes and/ or making comments within 28 days of the issue of the draft inspection report
- any matter arising out of RQIA's alleged failure to comply with data subject requests made under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000. These matters will be considered under the Data Protection Act and the Freedom of Information Act respectively
- any matter which is being or has been investigated by the Northern Ireland Commissioner for Complaints (NI Ombudsman)
- any matter which is the subject of an independent inquiry or legal proceedings.

1.7.1 Staff Grievances

The RQIA has procedures for handling staff grievances and therefore internal complaints of this nature are not covered by this policy.

1.7.2 Disciplinary Procedure

A complaint in relation to a member of staff will firstly be considered under the Complaints Policy and Procedure and if it is to be investigated under the Disciplinary Procedure, the member of staff will be informed.

1.7.3 An Investigation by Professional Regulatory Bodies

The complainant and the member of staff involved in the complaint should be advised that any information obtained during the complaints investigation may be passed to any relevant regulatory body.

1.7.4 Legal Action

If a complainant's initial communication is received by RQIA through a solicitor's letter, the inference should not necessarily be that they have decided to take legal action. Complainants will be asked to confirm if litigation is pending against RQIA or due to be initiated. In such circumstances, the complaint investigation should cease under the RQIA's Complaints Policy and Procedure.

1.7.5 Statutory Obligations

In fulfilment of its statutory obligations, RQIA will, where necessary, liaise, with other investigatory agencies, e.g. PSNI, Police Ombudsman, the Coroner and the Prisoner Ombudsman, to agree the conduct of the investigation.

1.8 Consent and Confidentiality

RQIA staff must be aware of the legal and ethical duty to protect the confidentiality of third party information. The legal requirements are set out in the Data Protection Act 1998 and the Human Rights Act 1998. The common law duty of confidentiality must be observed. Ethical guidance is provided by the respective professional bodies.

Complaints by a third party should be made with the written consent of the individual concerned, unless the individual is a child under 18 years, lacks capacity or is deceased. RQIA staff should ensure that, where necessary, they receive written copies of consent from the person on whose behalf the complaint is being made, except in the specific circumstances outlined above.

A third party's consent is required if his/her personal information is to be disclosed with a clear explanation of the purpose of seeking the information. This will be recorded by the Complaints Manager.

1.9 Reporting Requirements

In line with the DHSSPS Guidance, RQIA must prepare reports at quarterly intervals for the Board's information. The Complaints Manager will collate information on complaints for inclusion in the Corporate Performance Report and maintain a register of all complaints.

These reports will specify the number of complaints received about RQIA and addressed within the provision of the RQIA Complaints Policy and Procedure. The reports will also identify to whom lessons learned have been disseminated, within an agreed timescale.

The Board will be kept updated on the type of complaints and how recommendations have been implemented.

The Complaints Manager will also report to the Audit Committee quarterly, specifying the number of complaints initiated, on-going and completed within each quarter and any external investigations of RQIA by other bodies.

1.10 Learning from Complaints

All recommendations arising from investigations of complaints will be outlined in an action plan (refer to Appendix 6) by the Complaints Manager. The Complaints Manager will bring the action plan to the Serious Concerns Group and discuss this with the relevant Directors. Once agreed, each Director will ensure that actions plans are implemented within their respective areas of responsibility.

It is important to identify areas of learning from complaints investigations and disseminate this learning to all relevant staff groups, in order to improve performance and reduce the likelihood of any recurrence of the actions/omissions giving rise to the complaint.

1.11 Supporting Complainants and Staff during Investigations

Advice and assistance is available to complainants at any stage in the complaints process from the Complaints Manager by contacting RQIA on (028) 9051 7500.

In addition, independent advice and support for complainants is available from the Patient and Client Council. Details are available from the Complaints Manager within RQIA or can be obtained on the PCC website www.patientclientcouncil.hscni.net.

RQIA recognises that being the subject of a complaint can be distressing to staff. Sources of support that are available to staff are outlined in Appendix 7.

2.0 STAGES OF THE COMPLAINTS PROCEDURE

RQIA aims to provide full, fair, timely and appropriate responses to those who make a complaint.

2.1 Oral Complaints/Concerns/Comments

All oral complaints about RQIA, or members of staff within RQIA, should first be directed to the Complaints Manager, who will advise the complainant of the complaints process and request confirmation of the complaint in writing. The complaint will follow the stages within RQIA's complaints handling process.

2.2 Written Complaints

If the complainant wishes to make a written complaint he/she can write to the Complaints Manager, RQIA.

The two stages used by RQIA to resolve complaints are as follows:

Stage 1: Local Resolution

- Early Resolution
- Formal Local Resolution

Stage 2: Review by a Stage 2 Complaints Panel

2.3 Stage 1: Local Resolution

2.3.1 The complaint should be made to the RQIA Complaints Manager who will acknowledge the complaint in writing within 2 working days of receipt of complaint. The Complaints Manager will notify the relevant Director/Head of Programme within one working day of receipt of the complaint.

2.3.2 Stage 1 of Local Resolution is expected to be completed normally within 20 working days of receipt of a complaint received by RQIA, and every effort will be made to inform the complainant of the findings within this timescale. If the Director/Head of Programme cannot complete his/her investigation within 20 working days he/she should inform the Complaints Manager who will advise the complainant. (Refer to Section B 1.4)

2.3.3 The Director/Head of Programme is required to familiarise themselves with the relevant documentation relating to the complaint, along with documents relating to any relevant regulated or inspected services involved. The Director/Head of Programme should follow the RQIA Investigations Policy and Procedure in his/her investigation of any complaint at formal resolution.

2.3.4 If the complaint is about the actions or omissions of a member of staff, the member of staff involved will be informed of the nature of the complaint by the relevant Director/Head of Programme and unless determined otherwise, will be given a copy of the letter of complaint, within 2 working days of the receipt of the complaint. The staff member will be advised of the type of investigation that will be undertaken (following the Director/Head of Programme's telephone call to the complainant) and will also be informed of the outcome, any further action to be taken and supports that can be provided. (Refer to Appendix 7)

2.4 Early Resolution

2.4.1 This stage of the procedure must be used to seek resolution to the problem at the point where it arises. The Director/Head of Programme should make telephone contact with the complainant within 4 working days of receipt of the complaint being received in RQIA. If resolution is achieved at this stage, the Director/Head of Programme will follow up the telephone conversation with a letter. This letter will be copied to the Chief Executive and to the Complaints Manager who will record on the complaints database that the complaint was resolved by early resolution.

2.4.2 Following telephone contact, if the Director/Head of Programme cannot resolve the complaint informally, he/she will arrange a date for a meeting with the complainant normally within 6 working days of receipt of the complaint being received in RQIA. They will also inform the Complaints Manager by email that the complaint requires to be taken to formal resolution stage.

2.5 Formal Local Resolution

2.5.1 A meeting will be held between the Director/Head of Programme and the complainant, to give the complainant an opportunity to clarify his/her matters of dissatisfaction, together with their desired outcomes. The complainant and Director/Head of Programme will complete the 'Complaint Agreement Proforma'. (Refer to Appendix 4)

2.5.2 The Director/Head of Programme will contact any other relevant persons to arrange a date to interview them, to gain a full understanding of events surrounding the complaint. He/she should be contacted normally within 7 working days of receipt of the complaint and a date for interviews to take place should be arranged within 9 working days of receipt of a complaint being received in RQIA.

2.5.3 The Director/Head of Programme should appoint a note taker who will record each of the interview statements. After completion of any interview, the Director/Head of Programme will arrange for the note taker to type up the interview statements. These will be sent to interviewees for factual accuracy of the statement, their signature and return to RQIA (Director/Head of Programme) within an agreed timeline.

2.6 Reporting on the Outcome of the Investigation

- 2.6.1 The Director/Head of Programme should produce a report in plain English and free of jargon, demonstrating that conclusions are based on clearly stated evidence and differentiating between fact and opinion. The confidentiality of any third party not directly concerned with the complaint will be protected as set out in Section B 1.8 of the complaints procedure.
- 2.6.2 The Director/Head of Programme will draft a letter to the complainant for consideration by the Chief Executive, outlining any findings from the investigation and outcomes. This should be completed within normally 15 working days of receipt of the complaint.
- 2.6.3 The draft letter of response to the complainant must make explicit the findings to each aspect of the complaint and indicate if the complaint (or each element of the overall complaint) is 'upheld' or 'not upheld'. If a complaint contains more than one element or if some elements are 'upheld' and some 'not upheld', the letter must clearly state whether the complaint was fully or 'partially upheld'.
- 2.6.4 Where the complaint is fully or partially upheld, the letter to the complainant should contain an expression of apology.
- 2.6.5 The Chief Executive will forward the final agreed response to the complainant and any person subject to the complaint, normally within 20 working days of the receipt of the complaint.
- 2.6.6 The Chief Executive, in the final agreed response, will advise the complainant that if they are not satisfied with the response, they can write to the Chairman of RQIA (within 7 working days from the date the letter of findings was issued by the Chief Executive) to request a Stage 2 Review by the Complaints Panel. The complainant must outline the specific areas of dissatisfaction with the Stage 1 investigation and what resolution he/she seeks.

2.7 Stage 2: Review by the Stage 2 Complaints Panel

- 2.7.1 Where the complainant requests a Stage 2 Review by the Complaints Panel, the Chairman, in consultation with the Complaints Manager, will acknowledge receipt of this letter within 2 working days.
- 2.7.2 The Stage 2 Review is normally expected to be completed within 40 working days of the Chairman receiving the request for the complaint to be progressed to Stage 2.
- 2.7.3 The Chairman will convene a Stage 2 Complaints Panel and agree with the Complaints Manager, a date for the Panel to meet, which will normally be within 5 working days of receipt of the request for a Stage 2 Review.

- 2.7.4 The Stage 2 Complaints Panel will consist of at least two Board Members and a Director (not involved in the Stage 1 investigation). The Chairman will ensure there is a balance of gender on each Panel and will nominate a Board member to Chair the Panel.
- 2.7.5 If in the event that all Directors have previously been involved with the Stage 1 investigation, the Chairman can, if he so chooses, appoint another Board member to the Stage 2 Complaints Panel.
- 2.7.6 The Chairman, with support from the Complaints Manager, will provide the Stage 2 Complaints Panel with all relevant information relating to the investigation of the complaint at Stage 1.

The Terms of Reference for the Stage 2 Complaints Panel will be:

1. To examine the previous process of investigation and resolution.
 2. To consider whether the findings at Stage 1 were fair reasonable and proportionate, and made in accordance with the evidence presented.
- 2.7.7 At the initial meeting (normally within 5 working days of receipt for a Stage 2 review), the Stage 2 Complaints Panel will review all relevant documentation relating to the complaint, the areas of dissatisfaction cited by the complainant with the Stage 1 investigation, and the resolution sought.
- 2.7.8 The Stage 2 Complaints Panel should convene a second meeting, normally within 5 working days of the initial meeting. At this meeting, if the Stage 2 Complaints Panel concludes that the Stage 1 investigation process was followed correctly or alternatively that any defect in the process has not had a material effect on the outcome, the Panel will proceed to consider the evidence and, having considered all the evidence available at Stage 1, will complete its report confirming whether or not the outcome was a) fair, reasonable and proportionate and b) whether or not the Panel agrees with the previous findings made. A draft letter should also be prepared for the Chairman to send to the complainant, detailing the Panel's findings, conclusions and any recommendations for RQIA, within 35 working days (from the receipt of the request for a Stage 2 review).
- 2.7.9 The Chairman will forward the final agreed letter to the complainant indicating the findings of the Panel, within 5 working days from receiving the Stage 2 Complaints Panel draft letter and report. The letter will advise the complainant that if he/she remains dissatisfied, they have the right to refer their complaint to the NI Commissioner for Complaints (NI Ombudsman).

2.7.10 If however, the Stage 2 Complaints Panel finds that there was a defect in the manner in which the complaint was investigated and that this had a material effect on the outcome of the Stage 1 investigation, then the Chair of the Panel, through the Complaints Manager, will refer the complaint back for further investigation by a Director/Head of Programme, not previously involved in the case. The complainant will be advised in writing of the decision of the Panel to request a further investigation.

2.7.11 The Director/Head of Programme will be contacted by the Complaints Manager within 10 working days of receipt of the request for a Stage 2 Review. The appointed Director/Head of Programme will have a further 15 working days to reinvestigate the complaint and will provide the Complaints Panel with a report. The Stage 2 Complaints Panel will meet again to consider the report before reaching their conclusions.

2.7.12 The Stage 2 Complaints Panel will draft a letter of their findings, and send it to the Chairman within the specified timescale for completion of a Stage 2 Review.

2.7.13 The Chairman will send out the final letter of response to the complainant, normally within 40 working days from when the request for a Review was first received. This letter will also advise the complainant that if they remain dissatisfied, they have the right to refer their complaint to the NI Commissioner for Complaints (NI Ombudsman).

2.8 The Northern Ireland Commissioner for Complaints (NI Ombudsman)

If a complainant remains dissatisfied with the outcome of a Stage 2 Review from RQIA they may wish to refer their complaint to the NI Ombudsman.

The NI Ombudsman is independent and investigates complaints of maladministration against any Public Body. The NI Ombudsman will not generally investigate a complaint until it has first been progressed through local procedures.

Contact details for the NI Ombudsman are as follows:

In person: The Ombudsman Office
Progressive House
33 Wellington Place
Belfast

In writing: The Ombudsman
Freepost BEL 1478
Belfast
BT1 6BR

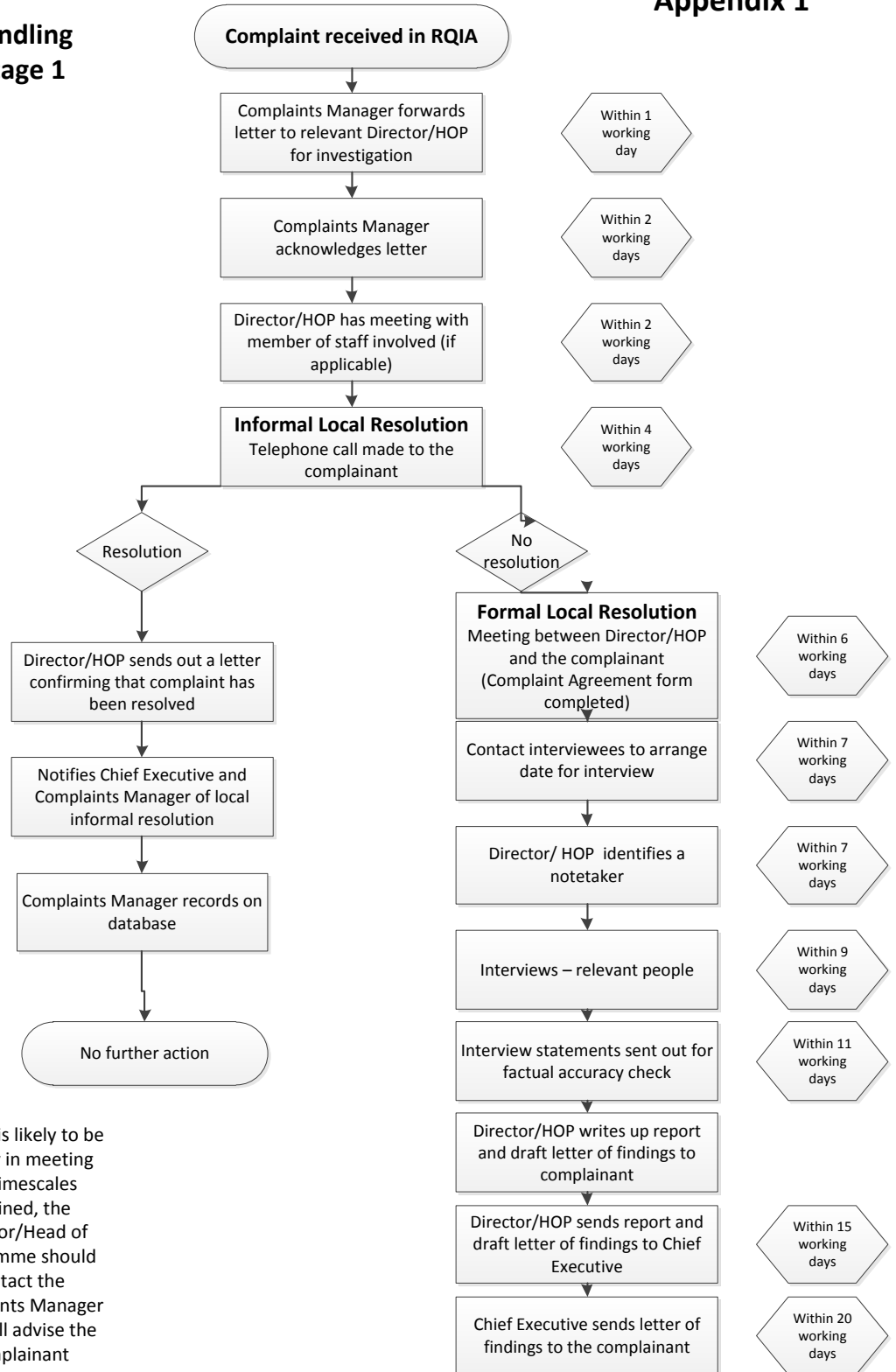
Telephone: 0800 34 34 24 (free-phone number)
Or 028 9023 3821 (switchboard)

Fax: 028 9023 4912

Email: ombudsman@ni-ombudsman.org.uk

APPENDICES

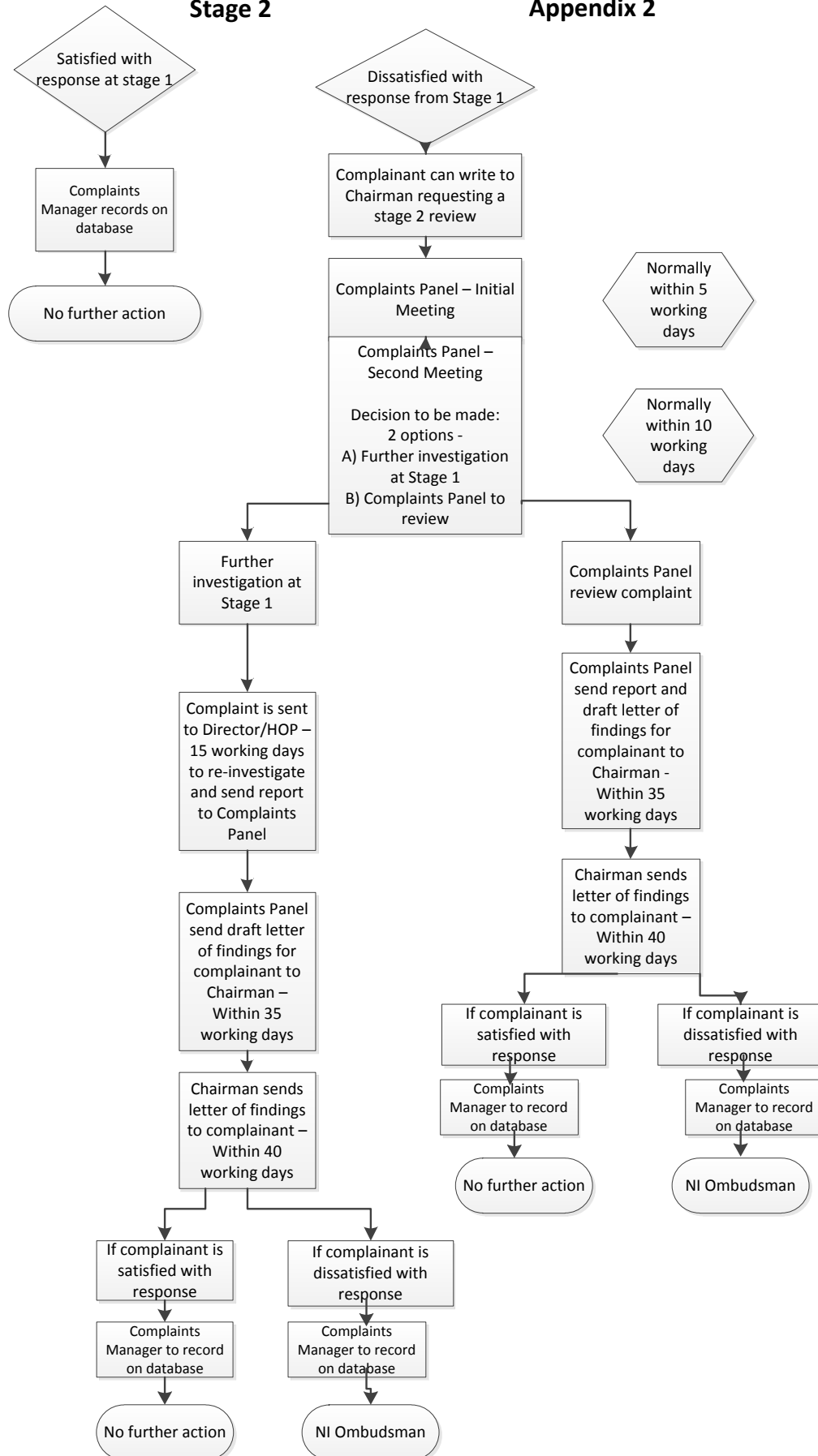
Flowchart for Handling Complaints at Stage 1



If there is likely to be a delay in meeting the timescales outlined, the Director/Head of Programme should contact the Complaints Manager who will advise the complainant

Flowchart for Handling Complaints at Stage 2

Appendix 2



Complaints Record	
Ref No: _____	Date Received: _____
Date acknowledged: _____	Within 2 days:(Y/N) _____
STAGE 1	
Date passed to Director/Head of Programme: _____	
Name of Director/Head of Programme: _____	
Informal Local Resolution	
Date of Tel Call: _____ Resolved:(Y/N) _____	
Date letter sent to complainant: _____	
Date Complaints Manager informed: _____	
Date recorded on database by Complaints Manager: _____	
Formal Local Resolution	
Date of meeting with complainant: _____	
Interviews required: (Y/N) _____ Date for Interviews: _____	
Date statement sent to interviewee (s) for factual accuracy: _____	
Date statement returned by interviewee: _____	
Report and draft letter of findings sent to CE: _____ Within 15 working days: _____ (Y/N)	
Date response sent to complainant: _____ Within 20 working days: _____(Y/N)	

Delay in responding to complainant within 20 working days: _____(Y/N)

Reason for delay in responding to complainant:

Date complainant was informed of delay: _____

Overall Findings: _____ (Upheld/ Not Upheld/ Partially Upheld)

Date recorded on database by Complaints Manager: _____

STAGE 2

Date request received for Stage 2 Review: _____

Date acknowledged: _____ Within 2 days: (Y/N) ____

Chair of Complaints Panel: _____

Members of Complaints Panel: _____

Date of Complaints Panel initial meeting: _____
(Within 5 days)

Date of Complaints Panel second meeting: _____
(Within 10 days)

Decision of Complaints Panel:

A) Further investigation at Stage 1

B) Complaints Panel to review

A) Further investigation required at Stage 1: (Y/N) _____

**Name of Director/Head of Programme
investigating further:** _____

**Date report sent to
Complaints Panel:** _____ **Within 15 days: (Y/N)** _____

**Date report and proposed draft letter
sent to Chief Executive:** _____

Within 35 days: (Y/N) _____

B) Complaints Panel to review complaint: (Y/N) _____

**Date report and proposed draft letter
sent to Chief Executive:** _____

Within 35 days: (Y/N) _____

Date letter of findings sent to complainant: _____

Within 40 days: _____(Y/N)

Reason for delay in responding to complainant:

Date complainant was informed of delay: _____

Date recorded on database by Complaints Manager: _____

STAGE 1: COMPLAINT AGREEMENT PROFORMA

Please complete in Capital Letters and in ink

SECTION 1 – Complainants Name and Address

Surname:		Mr/Mrs/Miss/Ms/Dr:
Forename (s):		
Address:		
		Postcode:
Telephone:	Home:	Mobile:

SECTION 2 – Details of Complaint

2c How have the actions of the RQIA affected you?

2d On or about what date did the action complained of occur?

--

2e What outcome do you hope to achieve as a result of your complaint?

--

2f If there has been a delay of more than 6 months in telling us of your complaint please state why.

--

SECTION 3 – Declaration by Complainant

Please sign the statement below

I wish the RQIA to carry out a Stage 1 investigation into my complaint.

Signed (complainant):	Date:
----------------------------------	--------------

If you are not the complainant please state your connection to the complainant, if they have given consent and indicate why that person is unable to make the complaint him/herself.

Relationship to complainant: Reasons why complainant is unable to act for themselves:
--

SECTION 4 – Declaration by Director/ Head of Programme

Please sign the statement below

I acknowledge receipt of your complaint and agree to action a Stage 1 investigation in accordance with the RQIA Complaints Procedure

Signed:	Date:
----------------	--------------

Proforma for Recording Non Investigation of Complaint Decision
(Ref B 1.6)

Surname:		Mr/Mrs/Miss/Ms/Dr:
Forename (s):		
Address:		
		Postcode:
Telephone:	Home:	Mobile:

Nature of Complaint:

Reason that RQIA will not investigate this complaint:

Signed: _____
Chief Executive

Date: _____

**Action Plan following <NAME OF COMPLAINT> Complaint Investigation < Stage X >
Date: <DATE>**

Type	Nº.	Recommendation	Action Required	Responsible Person	Timescale for Completion	Actions Taken	Completion Date	DISSEMINATION TO STAFF		
								Date	To which staff	By whom

Chief Executive

Date

Director of Operations

Date

Director of Quality Assurance

Date

Employee support

- 1.1 Employees who are the subject of a complaint under investigation must be assured that at all times the focus of the investigation is to ensure that an open, fair, objective and thorough investigation is carried out to establish all the facts of the case. Employees must be confident that they will be given every opportunity to contribute to the investigatory process prior to the conclusion of the investigation.
- 1.2 It is important that all those involved are sensitive to the fact that the employee may well have difficulty talking about incidents relating to the complaint and may become distressed during any interview. It is particularly important that support is continually offered to the employee throughout the process and is available for the employee when the outcome of the investigation is made known to them.
- 1.3 Employees subject to investigation can be accompanied by a colleague, trade union or professional association representative at any meeting or interview.
- 1.4 Line Managers will be informed that an employee within their team is the subject of a complaint investigation. They will treat this information confidentially and ensure that the employee has access to all means of support that they wish, to help them throughout the process. In addition to their Line Manager this support may also be from:
 - staff care
 - Trade Union representative
 - Human Resources representative
 - Other colleagues
- 1.5 The employee's Line Manager must discuss with them the support that they wish to have throughout the process and should also positively support the employee to continue to carry out their role while the investigation is being carried out. Line Managers must also give consideration to a range of factors when deciding whether or not the employee should continue either in the short term or the long term as the inspector for the facility the complainant is associated with..

These include:

- the employee's view of whether this is possible and desirable;
- the degree of risk associated with further contact between the employee and the complainant and whether this is manageable;
- the nature and seriousness of the allegations made;
- the impact on the reputation and credibility of the employee and the RQIA if case transfer takes place;

- the impact on the reputation and credibility of the employee and the RQIA if there is no case transfer;
 - the view of the complainant, where this has been stated; and
 - whether or not there has been an irretrievable breakdown in the relationship between the employee and the service.
- 1.6 If, during an investigation, other employees require to be interviewed, they should be offered the same level of support as the employee who is the subject of the complaint. Employees interviewed as part of an investigation will be bound by their contract of employment in respect of confidentiality regarding the details of the complaint.
- 1.7 Where a complainant names an individual employee(s), the employee(s) being investigated with their representative will be advised by their Line Manager of the proposed resolution. Whilst the Chief Executive will retain the authority to determine the final content and wording of any correspondence, the employee(s) will have the opportunity where there are genuine professional differences of opinion to:
- submit comments at any point in the investigation
 - be advised of the resolution of the complaint at the same time as the person raising the complaint. All parties will also be advised if the complaint(s) has been upheld, not upheld or partially upheld.
- 1.8 Under the terms of the RQIA's Grievance Procedure the named employee may exercise a right to raise a grievance if they believe the investigation has been conducted inappropriately or confidentiality was breached.

Guidance on the Handling of Unreasonable, Vexatious or Abusive Complainants

(taken from DHSSPS Complaints in Health and Social Care: Standards & Guidelines for Resolution & Learning, April 2009)

1. HSC staff must be trained to respond with patience and empathy to the needs of people who make a complaint, but there will be times when there is nothing further that can reasonably be done to assist them. Where this is the case and further communications would place inappropriate demands on HSC staff and resources, consideration may need to be given to classifying the person making a complaint as an unreasonable, demanding or persistent complainant.
2. In determining arrangements for handling such complainants, staff need to:
 - Ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed;
 - Appreciate that even habitual complainants may have grievances which contain some substance;
 - Ensure a fair approach
 - Be able to identify the stage at which a complainant has become habitual.
3. The following Unacceptable Actions Policy (16) should only be used as a last resort after all reasonable measures have been taken to resolve the complaint.

Unacceptable actions policy

4. This policy sets out the approach to those complainants whose actions or behaviour HSC organisations consider unacceptable. The aims of the policy are:
 - To make it clear to all complainants, both at initial contact and throughout their dealings with the organisation, what the HSC organisation can or cannot do in relation to their complaint. In doing so, the HSC organisation aims to be open and not raise hopes or expectations that cannot be met;
 - To deal fairly, honestly, consistently and appropriately with all complainants, including those whose actions are considered unacceptable. All complainants have the right to be heard, understood and respected. HSC staff have the same rights.
 - To provide a service that is accessible to all complainants. However, HSC organisations retain the right, where it considers complainants' actions to be unacceptable, to restrict or change access to the service;
 - To ensure that other complainants and HSC staff do not suffer any disadvantage from complainants who act in an unacceptable manner.

Defining Unacceptable Actions

5. People may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to a complaint. HSC organisations do not view behaviour as unacceptable just because a complainant is assertive or determined. In fact, it is accepted that being persistent can be a positive advantage when pursuing a complaint. However, the actions of complainants who are angry, demanding or persistent may result in unreasonable demands on the HSC organisation or unacceptable behaviour towards HSC staff. It is these actions that HSC organisations consider unacceptable and aim to manage under this policy. These unacceptable actions are grouped under the following headings:

Aggressive or abusive behaviour

6. Violence is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language (whether verbal or written) that may cause staff to feel afraid, threatened or abused. Examples of behaviours grouped under this heading include threats, physical violence, personal verbal abuse, derogatory remarks and rudeness. HSC organisations also consider that inflammatory statements and unsubstantiated allegations can be abusive behaviour.
7. HSC organisations expect its staff to be treated courteously and with respect. Violence or abuse towards staff is unacceptable and a Zero Tolerance approach must be adopted. HSC staff understand the difference between aggression and anger. The anger felt by many complainants involves the subject matter of their complaint. However, it is not acceptable when anger escalates into aggression directed towards HSC staff.

Unreasonable demands

8. Complainants may make what the HSC consider unreasonable demands through the amount of information they seek, the nature and scale of service they expect or the number of approaches they make. What amounts to unreasonable demands will always depend on the circumstances surrounding the behaviour and the seriousness of the issues raised by the complainant. Examples of actions grouped under this heading include demanding responses within an unreasonable timescale, insisting on seeing or speaking to a particular member of staff, continual phone calls or letters, repeatedly changing the substance of the complaint or raising unrelated concerns.
9. HSC organisations consider these demands as unacceptable and unreasonable if they start to impact substantially on the work of the organisation, such as taking up an excessive amount of staff time to the disadvantage of other complainants or functions.

Unreasonable persistence

10. It is recognised that some complainants will not or cannot accept that the HSC organisation is unable to assist them further or provide a level of service other than that provided already. Complainants may persist in disagreeing with the action or decision taken in relation to their complaint or contact the organisation persistently about the same issue. Examples of actions grouped under this heading include persistent refusal to accept a decision made in relation to a complaint, persistent refusal to accept explanations relating to what the HSC organisation can or cannot do and continuing to pursue a complaint without presenting any new information. The way in which these complainants approach the HSC organisation may be entirely reasonable, but it is their persistent behaviour in continuing to do so that is not.
11. HSC organisations consider the actions of persistent complainants to be unacceptable when they take up what the HSC organisation regards as being a disproportionate amount of time and resources.

Managing Unacceptable Actions

12. There are relatively few complainants whose actions a HSC organisation consider unacceptable. How the organisation manages these depends on their nature and extent. If it adversely affects the organisation's ability to do its work and provide a service to others, it may need to restrict complainant contact with the organisation in order to manage the unacceptable action. The HSC organisation will do this in a way, wherever possible, that allows a complaint to progress to completion through the complaints process. The organisation may restrict contact in person, by telephone, fax, letter or electronically or by any combination of these. The organisation will try to maintain at least one form of contact. In extreme situations, the organisation will tell the complainant in writing that their name is on a "no contact" list. This means that they may restrict contact with the organisation to either written communication or through a third party.
13. The threat or use of physical violence, verbal abuse or harassment towards HSC staff is likely to result in the ending of all direct contact with the complainant. All incidents of verbal and physical abuse will be reported to the police.
14. HSC organisations do not deal with correspondence (letter, fax or electronic) that is abusive to staff or contains allegations that lack substantive evidence. When this happens the HSC organisation will tell the complainant that it considers their language offensive, unnecessary and unhelpful. The HSC organisation will ask them to stop using such language and state that it will not respond to their correspondence if they do not stop. The HSC organisation may require future contact to be through a third party.

15. HSC staff will end telephone calls if the caller is considered aggressive, abusive or offensive. The staff member taking the call has the right to make this decision, tell the caller that the behaviour is unacceptable and end the call if the behaviour does not stop.
16. Where a complainant repeatedly phones, visits the organisation, sends irrelevant documents or raises the same issues, the HSC organisation may decide to:
 - Only take telephone calls from the complainant at set times on set days or put an arrangement in place for only one member of staff to deal with calls or correspondence from the complainant in the future;
 - Require the complainant to make an appointment to see a named member of staff before visiting the organisation or that the complainant contacts the organisation in writing only;
 - Return the documents to the complainant or, in extreme cases, advise the complainant that further irrelevant documents will be destroyed;
 - Take other action that the HSC organisation considers appropriate. The HSC organisation will, however, tell the complainant what action it is taking and why.
17. Where a complainant continues to correspond on a wide range of issues and the action is considered excessive, then the complainant is told that only a certain number of issues will be considered in a given period and asked to limit or focus their requests accordingly.
18. Complainant action may be considered unreasonably persistent if all internal review mechanisms have been exhausted and the complainant continues to dispute the HSC organisation's decision relating to their complaint. The complainant is told that no future phone calls will be accepted or interviews granted concerning this complaint. Any future contact by the complainant on this issue must be in writing. Future correspondence is read and filed, but only acknowledged or responded to if the complainant provides significant new information relating to the complaint.

Deciding to restrict complainant contact

19. HSC staff who directly experience aggressive or abusive behaviour from a complainant have the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation in line with this policy. With the exception of such immediate decisions taken at the time of an incident, decisions to restrict contact with the organisation are only taken after careful consideration of the situation by a more senior member of staff. Wherever possible, the HSC organisation will give the complainant the opportunity to modify their behaviour or action before a decision is taken. Complainants are told in writing why a decision has been made to restrict future contact, the restricted contact arrangements and, if relevant, the length of time that these restrictions will be in place.

Appealing a decision to restrict contact

20. A complainant can appeal a decision to restrict contact. A senior member of staff who was not involved in the original decision considers the appeal. They advise the complainant in writing that either the restricted contact arrangements still apply or a different course of action has been agreed.

Recording and reviewing a decision to restrict contact

21. The HSC organisation will record all incidents of unacceptable actions by complainants. Where it is decided to restrict complainant contact, an entry noting this is made in the relevant file and on appropriate computer records. A decision to restrict complainant contact may be reconsidered if the complainant demonstrates a more acceptable approach. A senior member of staff will review the status of all complainants with restricted contact arrangements on a regular basis.

Implementation Plan for the Policy and Procedure on the Management and Handling of Complaints against RQIA

		Issues identified
1.	Any implementation issues arising from the development of the policy	<ul style="list-style-type: none"> • The Complaints Manager will send an email to all RQIA staff attaching the revised Policy and Procedure on the Management and Handling of Complaints against RQIA.to ensure understanding of the new policy and the roles and responsibilities of RQIA staff and Board members. • The RQIA website will provide information about the complaints policy and clear guidelines on how to make a complaint about RQIA. • The Committee Administrator will send a copy of the revised policy to all Board members.
2.	Any training implications for staff / other stakeholders	<ul style="list-style-type: none"> • All new staff to RQIA will be made aware of the complaints policy and procedure as part of their induction.
3.	Any other resource implications	<ul style="list-style-type: none"> • The complaints policy can be available in a range of formats if required.