### Policy Checklist

<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>Policy for the Management of Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of Policy:</td>
<td>To ensure that Trust staff are informed and aware of the Trust’s complaints handling process and to provide service users, patients and clients with the information they require to make a complaint.</td>
</tr>
<tr>
<td>Directorate responsible for Policy</td>
<td>Medical Directorate</td>
</tr>
<tr>
<td>Name &amp; Title of Author:</td>
<td>Margaret Marshall, Assistant Director, Clinical and Social Care Governance</td>
</tr>
<tr>
<td>Does this meet criteria of a Policy?</td>
<td>Yes/</td>
</tr>
<tr>
<td>Trade Union consultation?</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Equality Screened by:</td>
<td>Stephen Wallace</td>
</tr>
<tr>
<td>Date Policy submitted to Policy Scrutiny Committee:</td>
<td>9th July 2018</td>
</tr>
<tr>
<td>Members of Policy Scrutiny Committee in Attendance:</td>
<td>Electronically by Policy Scrutiny Committee 20/07/2018</td>
</tr>
<tr>
<td>Policy Approved/Rejected/Amended</td>
<td>Approved</td>
</tr>
<tr>
<td>Policy Implementation Plan included?</td>
<td>N/A</td>
</tr>
<tr>
<td>Any other comments:</td>
<td>Policy Review and Update</td>
</tr>
<tr>
<td>Date presented to SMT</td>
<td>N/A</td>
</tr>
<tr>
<td>Director Responsible</td>
<td>Dr Ahmed Khan Interim Medical Director</td>
</tr>
<tr>
<td>SMT Approved/Rejected/Amended</td>
<td>N/A</td>
</tr>
<tr>
<td>SMT Comments</td>
<td>N/A</td>
</tr>
<tr>
<td>Date received by Employee Engagement &amp; Relations for database/Intranet/Internet</td>
<td>20/07/2018</td>
</tr>
<tr>
<td>Date for further review</td>
<td>2 year default</td>
</tr>
</tbody>
</table>
| **Title** | Title: Policy for the Management of Complaints  
Version:2  
Reference number/document name: |
| --- | --- |
| **Supersedes** | Supersedes: Policy for the Management of Complaints, June 2013  
Description of Amendments(s)/Previous Policy or Version:  
Reviewed and updated in-line with changes to the Governance structures within the Trust and to ensure continuing compliance with regional complaints procedures. |
| **Originator** | Name of Author: Margaret Marshall  
Title: Assistant Director Clinical and Social Care Governance |
| **Scrutiny Committee & SMT approval** | Referred for approval by:  
Date of Referral: 10/07/2018  
Scrutiny Policy Committee Approval (Date) 19/07/2018  
SMT approval (Date) N/A |
| **Circulation** | Issue Date: 20/07/18  
Circulated By: Complaints Officer SHSCT  
Issued To: As per circulation List (details below) |
| **Review** | Review Date: July 2020  
Responsibility of (Name):  
Title: Assistant Direct Clinical Social Care Governance |
Policy for the Management of Complaints

<table>
<thead>
<tr>
<th>Authors</th>
<th>Margaret Marshall, Assistant Director Clinical and Social Care Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate Responsible</td>
<td>Medical Directorate</td>
</tr>
<tr>
<td>Date of Issue</td>
<td></td>
</tr>
<tr>
<td>Review Date</td>
<td>July 2020</td>
</tr>
</tbody>
</table>
3.8 Anonymous Complaints  
3.9 What are the timescales for making a complaint?  
3.10 Support for complainants  
3.11 Making a Compliment  

Section Four: Handling Complaints  

4.0 Accountability  
4.1 Co-operation  
4.2 Actions on receipt of a complaint  
4.2.1 Informal Complaints  
   Point of Service Delivery  
   Complaints made to the Trust's Corporate Complaints Officer  
4.2.2 Formal Complaints  
   Acknowledgement  
   Investigation  
4.3 Acknowledgement of delays  
4.4 Further local resolution beyond 20 days  
4.4.1 Further written response to outstanding issues  
4.4.2 Meeting with the Complainant  
4.5 Additional Measures  
4.5.1 Enhanced local resolution investigation by a second team  
4.5.2 Conciliation  
4.5.3 Involvement of Lay Persons  
4.5.4 Involvement of Independent Experts  
4.5.5 Review by Independent Panel  
4.5.6 Northern Ireland Commissioner for Complaints (the Ombudsman)  
4.6 Joint Complaint Investigations (Joint Working Processes)  
4.7 Out of Area Complaints  
4.8 Confidentiality  
4.9 Support and Advice for Trust Staff  

Section Five: Policy for handling of unreasonable, vexatious or abusive complainants  

5.0 Introduction  
5.1 Unacceptable Actions  
5.1.1 Aggressive or abusive behaviour  
5.1.2 Unreasonable demands  
5.1.3 Unreasonable levels of contact  

Southern Health and Social Care Trust  
Policy for the Management of Complaints  

Page 5 of 52
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.4</td>
<td>Unreasonable persistence</td>
<td>38</td>
</tr>
<tr>
<td>5.1.5</td>
<td>Unreasonable use of the complaints process</td>
<td>39</td>
</tr>
<tr>
<td>5.2</td>
<td>How the Trust manages aggressive or abusive behaviour</td>
<td>39</td>
</tr>
<tr>
<td>5.3</td>
<td>Managing other unacceptable actions</td>
<td>40</td>
</tr>
<tr>
<td>5.4</td>
<td>How the Trust lets people know of its decision to restrict contact</td>
<td>40</td>
</tr>
<tr>
<td>5.5</td>
<td>Appealing a decision to restrict contact</td>
<td>40</td>
</tr>
<tr>
<td>5.6</td>
<td>How the Trust records and reviews decisions to restrict contact</td>
<td>41</td>
</tr>
</tbody>
</table>

**Section Six: Learning from complaints**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0</td>
<td>Reporting and Monitoring</td>
<td>42</td>
</tr>
<tr>
<td>6.1</td>
<td>Learning</td>
<td>42</td>
</tr>
</tbody>
</table>

**Section Seven: Review and Implementation**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.0</td>
<td>Consultation</td>
<td>44</td>
</tr>
<tr>
<td>7.1</td>
<td>Approval</td>
<td>44</td>
</tr>
<tr>
<td>7.2</td>
<td>Review</td>
<td>44</td>
</tr>
<tr>
<td>7.3</td>
<td>Policy Implementation</td>
<td>44</td>
</tr>
<tr>
<td>7.3.1</td>
<td>Training and Education</td>
<td>44</td>
</tr>
</tbody>
</table>

**Appendices**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Flowchart: Process for handling concerns and complaints</td>
<td>45</td>
</tr>
<tr>
<td>2</td>
<td>Frequently Asked Questions</td>
<td>46</td>
</tr>
<tr>
<td>3</td>
<td>Useful Contacts</td>
<td>50</td>
</tr>
</tbody>
</table>
SECTION ONE: INTRODUCTION, PURPOSE AND SCOPE

1.0 Introduction to Policy
The Policy for the Management of Complaints has been based on Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning, which was published by the DHSSPSNI on 1st April 2009 (and updated October 2013). The policy also reflects the ongoing regional work with HSC to ensure best practice in the management of complaints.

A separate specific policy and procedure is in place for the management of complaints regarding services to children and young people in accordance with the Children (NI) Order 1995 Representation and Complaint Procedure.

1.1 Policy Statement
The Southern Health and Social Care Trust (hereafter referred to as the “Trust”) believes that patients, relatives and carers have a right to have their views heard and acted upon. The Trust welcomes feedback on all aspects of service and recognises the value of complaints in improving service provision for patients and the public through listening, learning and improving.

1.2 Purpose and Aims
The Trust is committed to developing a culture of responsible openness and constructive criticism, and to encouraging all service users to contribute views on all aspects of the Trust’s activities. It has introduced this policy to enable service users to raise any concerns they may have at an early stage and in the right way.

The aim of this policy is to:
- Inform staff of the Trust’s processes for complaints handling; and
- Provide service users, patients and clients with the information they require to make a complaint.

1.3 Scope of Policy
This Policy is applicable to all services provided by the Trust with the following exception for which alternative procedures are already in place: Children (NI) Order 1995 Representation and Complaints Procedure.

1.4 Legislative Compliance, Relevant Policies, Procedures and Guidance
The Health and Social Care Complaints Procedures Directions (Northern Ireland) 2009 requires HSC organisations to make arrangements in accordance with the provisions of the directions for
the handling and consideration of complaints. The Regional Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning conform to this legislative framework. Trust staff must also take cognisance of relevant professional standards and guidance to their own profession.

The Regulation and Quality Improvement Authority (RQIA) is the independent Health and Social Care regulatory body for Northern Ireland. In its work the RQIA encourages continued improvement in the quality of these services through a programme of inspections and reviews. RQIA have a duty to assess how Health and Social Care bodies handle complaints in light of the criteria drawn down from the standards and regulations laid down by the Department of Health, Social Services and Public Safety.

1.5 Equality and Human Rights Consideration
This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act 1998. Equality Commission for Northern Ireland Guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.

Using the Equality Commission's screening criteria; no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.

This policy has been considered under the terms of the Human Rights Act 1998, and deemed to be compatible with the European Convention Rights contained in that Act.

This policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.

1.6 Alternative Formats
This document is available on request in alternative formats which include large print, audio disc and in other languages to meet the needs of those who are not fluent in English. These formats can be requested from the Corporate Complaints Officer. Please refer to Appendix 3 for contact details.

We Value Your Views leaflets, which provide service users/clients with an overview of the Trust's complaints procedures and contact details, is available from the Trust Intranet in large print and other languages (http://vstrintranet.southerntrust.local/SHSCT/HTML/PandP/PandP.html).
SECTION TWO: ROLES AND RESPONSIBILITIES

2.0 Role of the Medical Director
The Trust Medical Director is responsible for ensuring that our complaints procedure is effective and that our approach ensures that appropriate investigations and actions have been completed before a response sent following the formal investigation of a complaint.

However, the responsibility for managing the requirements of this policy is delegated to the Assistant Director of Clinical and Social Care Governance. The Medical Director must maintain an overview of the issues raised in complaints and be assured that appropriate organisational learning has taken place and that action is taken in the light of the outcome of any investigation.

2.1 Role of the Assistant Director of Clinical and Social Care Governance
It is role of the Assistant Director of Clinical and Social Care Governance (CSCG) to work with the Trust’s operational, executive and corporate Governance Leads and support leads on the ongoing development of systems and procedures to monitor the implementation and effectiveness of changing professional, clinical and operational practice in improving the safety and quality of care, which takes due regard of evidence-based practice, lessons learned from reviews, complaints, incidents, accidents and public inquiries, and to provide recommendations and advice to SMT Governance on the Governance Action Plan and priority areas for action.

The Assistant Director of CSCG also ensures that a ‘Lessons Learned’ strategy and process is in place that identifies learning from clinical and social care incidents, lead the implementation and embedding of learning through co-ordination of agreed actions and integrated support from clinical and social care governance staff and workforce development and training leads, ensuring systems are in place for effective feedback to staff where issues of concern have been raised and actions identified to address same.

2.2 Role of Executive Directors
It is the role of the Executive Directors to refer any professional issues, about which they have concerns to the relevant professional body.

2.3 Role of Operational Directors, Assistant Directors and Heads of Service
All Operational Directors are responsible and accountable for the proper management of accurate, effective and timely responses to complaints received in relation to the services they manage. This responsibility also includes the prompt instigation of local investigations at an appropriate level determined by the seriousness of the complaint.
All Operational Directors will endeavour to ensure that those tasked with investigating and responding to complaints, implementing and sharing learning and improvement have the necessary resources, the co-operation of all staff and the support of senior management.

It is the responsibility of all Trust Directors, Assistant Directors, Service Heads and Senior Managers to utilize the information and trends from complaints within their governance processes to ensure learning and improvement, and to develop and monitor action and learning plans in response to issues identified from complaints.

It is the role of an Assistant Director, in complaints where concerns are raised about clinical treatment and care, to share and agree the proposed draft response to the complaint with the relevant clinician prior to it being submitted to the Director for approval.

2.4 Role of Line Managers and Front-Line Staff
Complaints may be made to any member of staff. Staff must be trained and empowered to deal with complaints as they arise. Appropriately trained staff will recognise the value of the complaints process and as a result will welcome complaints as a source of learning. Advice and assistance for staff regarding the handling of complaints is available from the relevant Directorate Governance Team or the Corporate Complaints Officer.

The first responsibility of a staff member who receives a complaint is to ensure that, where applicable, the service user’s immediate health and social care needs are being met before taking action on the complaint. Thereafter, the complainant’s concerns should be recorded and dealt with rapidly and in an informal, sensitive and confidential manner.

Some complainants may prefer to make their initial complaint to a member of staff who has not been involved in the care provided. In these circumstances, the complaint should be dealt with by an appropriate member of senior staff (i.e. line manager). The Corporate Complaints Officer and Directorate Governance Team are available to support and advise front-line staff on the handling of complaints.

Where a complainant raises a clinical or professional matter an appropriately qualified person should be asked to review it in light of the investigation and advise on accuracy and details prior to the proposed complaint response being finalised.

All staff are required to promote and maintain service user and staff confidentiality and to comply
with the requirements of legislation, for example the Data Protection Act. The need for sensitivity and confidentiality is paramount.

### 2.5 Role of Corporate Complaints Officer

The Corporate Complaints Officer (CCO) is responsible for providing a first contact for service users, signposting the service users around the organisation, assisting them in problem solving and facilitating them to access and use the Trust’s complaints process.

The CCO is also responsible for screening service user contacts and determining if these are enquiries or complaints. The CCO will facilitate either resolution of the enquiry or complaint, or they will help facilitate the complainant in their use of the Trust’s formal complaints procedure by directing the complaint to the relevant Directorate Governance Team. The CCO will provide the same support and consideration for those enquiries and complaints from third parties, such as MLAs and the Minister’s office. The CCO will alert the Directorate Governance Teams to significant issues at an early stage.

### 2.6 Role of Governance Co-ordinators and Governance Officers

The Governance Co-ordinators will lead their Directorate Governance Team in ensuring that at each level of the Directorate staff have access to timely, high quality and appropriate information in relation to complaints, and that within each service team this information is being acted upon appropriately in order to mitigate risk, improve quality of care and patient/client safety.

The Governance Co-ordinators will co-ordinate via the Directorate Governance Team the timely and appropriate responses to complaints on behalf of the Directorate. The Co-ordinators will ensure that the complaints process is conducted in accordance with Regional and Trust complaints procedures.

The Directorate Governance Team will:

- Manage all complaints received within their respective Directorates;
- Maintain a comprehensive IT system (Datix) of all complaints received;
- Provide support and advice to staff investigating/responding to complaints;
- Take account of any corroborative evidence available relating to the complaint;
- Identify training needs of staff and ensuring that appropriate programme are organised in conjunction with line managers;
- Provide the Directorate and the organisation with analysis and intelligence on complaints received to ensure that trends are identified as well as appropriate responses

*Southern Health and Social Care Trust
Policy for the Management of Complaints*
to individual complaints;

- Comply with Controls Assurance Standards criteria in respect of complaint management; and

- Be aware of the availability of and advise complainants about:
  - the support available from the Patient Client Council;
  - the role and availability of conciliation, advocacy, independent experts and lay persons; and
  - the Ombudsman/Commissioner for Complaints.
SECTION THREE: MAKING A COMPLAINT

3.0 What is a complaint?
The Trust aims to provide the highest possible standard of care and treatment to all service users, at all times, but sometimes things do not always go according to plan. When this happens, it is important for us to put things right quickly.

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

3.1 Who can complain?
Any person can complain about care or treatment, or about issues relating to the provision of health and social care.

This policy may also be used to investigate a complaint about any aspect of an application to obtain access to health or social care records for deceased persons under the Access to Health Records (NI) Order 1993 as an alternative to making an application to the courts.

Complaints may be made by:
- a patient or client;
- former patients, clients or visitors using Trust service and facilities;
- someone acting on behalf of existing or former patients or clients, providing they have obtained the patient’s or client’s consent;
- parents (or persons with parental responsibility) on behalf of a child; and
- any appropriate person in respect of a patient or client unable by reason of physical or mental capacity to make the complaint himself or who has died e.g. the next of kin.

It is important to note that making a complaint does not affect the rights of the patient/client and will not result in the loss of any services the patient/client have been assessed as requiring.

---

1 Complaints in Health and Social Care: Standards & Guidelines for Resolution & Learning (April 2009)

Southern Health and Social Care Trust
Policy for the Management of Complaints

Page 13 of 52
3.2 Issues this guidance does not cover

3.2.1 This Policy for the Management of Complaints does not deal with complaints about:
- private care and treatment or services, including private dental care\(^2\) or privately supplied spectacles; or
- services not provided or funded by the Trust, for example, provision of private medical reports.

3.2.2 Complaints may be raised within the Trust which we need to address, but which do not fall within the scope of this policy. While the Policy for the Management of Complaints does not cover the issues listed below the Trust has in place procedures to ensure that such concerns are dealt with. Such issues include:
- staff grievances;
- an investigation under the disciplinary procedure;
- an investigation by one of the professional regulatory bodies;
- services commissioned by the HSC Board;
- a request for information under Freedom of Information;
- access to records under the Data Protection Act 2018;
- an independent inquiry;
- a criminal investigation;
- the Children Order Representatives and Complaints Procedure;
- protection of vulnerable adults;
- child protection procedures;
- coroner’s cases;
- legal action.

If any complaint received by the Trust indicates a need for referral under any of the issues above in section 3.3.2, they should immediately be passed to the relevant Directorate Governance Team for onward transmission to the appropriate department. If any aspect of the complaint is not covered by the referral it will be investigated under this Complaints Policy. In these circumstances, investigation under this Complaints Policy will only be taken forward if it does not or will not, compromise or prejudice the matter under investigation under any other process. The complainant will be informed of the need for referral.

While the Trust does not investigate complaints made regarding the Northern Ireland Ambulance Service (NIAS), any complaints received by the Trust in relation to the NIAS will be passed onto the NIAS Complaints Officer.

Complaints received by the Trust in relation to GP practices and services will be passed onto the Complaints Manager at the Health and Social Care Board (HSCB).

\(^2\) The Dental Complaints Service deals with private dental and mixed health service and private dental complaints. The Dental Complaints Service can be contacted via the General Dental Council at [http://www.gdc-uk.org/](http://www.gdc-uk.org/).
3.3 Complaints about Regulated Establishments/Agencies and Independent Service Providers

On occasions the Trust may make use of Regulated Establishments/Agencies and Independent Service Providers (ISP), e.g. residential nursing homes, domiciliary care providers; to provide services for patients/clients. This form of treatment and/or care is subcontracted to the Regulated Establishment/Agency or ISP and funded by the Trust.

Regulated Establishments/Agencies and ISPs are contractually obliged to have in place appropriate governance arrangements for the effective handling of, management and monitoring of all complaints. This should include the appointment of designated officers of suitable seniority to take responsibility for the management of the in-house complaints procedures, including the investigation of complaints and the production of literature, which is available and accessible to patients/clients, which outline the establishment’s complaints procedure. On commissioning of the services it would be good practice if the commissioner (i.e. Trust staff) informs the patient/client and relatives/carers that the Regulated Establishment/Agency or ISP will have a complaints procedure in place.

If a patient/client or relative/carer has a concern or complaint relating to the contracted services provided by a Regulated Establishments/Agency or ISP they should raise the concern/complaint directly with the provider of care in the first instance. However, where complaints are raised with the Trust, the Trust must establish the nature of the complaint and consider how best to proceed. It may simply refer the complaint to the ISP for investigation, resolution and response or it may decide to investigate the complaint itself where the complaint raises serious concerns or where the Trust deems it in the public interest to do so.

The Regulated Establishment/Agency or ISP is required to investigate the concern or complaint and provide a written response to the complainant which should be copied to the Trust. If there is a delay in responding to the complainant within the target timescales the complainant will be informed and a revised date for conclusion of the investigation will be provided.

The response letter from the Regulated Establishment/Agency or ISP must advise the complainant that they can progress their complaint to the Trust for further consideration if they remain dissatisfied. The Trust will then determine whether the complaint warrants further investigation and who will be responsible for conducting the investigation. The Trust will work closely with the

---

3 Under SHSCT complaints procedure a written response should be issued to the complaints within 20 working of the establishment’s receipt of the complaint. If the establishment is unable to meet these timescales the complainant should be informed, in writing, as to the reasons why.
Regulated Establishment/Agency or ISP to enable appropriate decisions to be made.

The complainant must also be informed by the Regulated Establishment/Agency or ISP of their right to refer their complaint to the Ombudsman should they remain dissatisfied with the outcome of the complaints procedure. It is possible that referrals to the Ombudsman where complaints are dealt with directly by the Regulated Establishment/Agency or ISP without Trust participation in local resolution will be referred to the Trust for investigation and action by the Ombudsman.

The Trust has agreed arrangements in place to ensure that Regulated Establishments/Agency or ISPs provide information to annual review meetings relating to all complaints received and responded to directly by them.

It is the role of Trust staff, such as Key Workers, to ensure that patients/clients and relatives/carers are aware of the importance of raising concerns or complaint as close to the source as possible, as this allows for early resolution through discussion and negotiation. The general principle in the first instance therefore would be that the Regulated Establishment/Agency or ISP investigates and responds directly to the complainant.

Should patients/clients or relatives/carers lack confidence in the Regulated Establishments/Agencies or ISPs’ complaints handling procedures or are not happy with the response they had received from the provider of care, they can refer their complaint to the Trust’s Corporate Complaints Officer so that an investigation can begin. Contact details for the Trust’s Corporate Complaints Officer are listed below.

Corporate Complaints Officer Southern Health and Social Care Trust, Trust Headquarters, Craigavon Area Hospital, Portadown, BT63 5QQ

Telephone: (028) 3756 4600

Email: complaints@southerntrust.hscni.net
The Regulation and Quality Improvement Authority (RQIA) will monitor how complaints are handled and investigated by regulated services and the Trust. *For contact details please refer to Appendix 3.*

### 3.4 Complaints about Family Practitioners

*(family doctors, dentists, pharmacists, opticians)*

All Family Practitioner Services (FPS) are required to have in place a practice-based complaints procedure for handling complaints. The practice-based complaints procedure forms part of the local resolution mechanism for settling complaints. A patient may approach any member of staff with a complaint about the service or treatment he/she has received.

Alternatively, the complainant has the right to lodge his/her complaint with the HSC Board’s Complaint’s Manager if he/she does not feel able to approach immediate staff. The HSC Board has a responsibility to record and monitor the outcome of those complaints lodged with them.

Complainants must be advised of their right to refer their complaint to the Ombudsman if they remain dissatisfied with the outcome if the practice-based complaints procedure.

*Please refer to Appendix 3 for contact details.*

### 3.5 How can complaints be made?

**Complaints can be made to a member of Trust staff at the point of service delivery**

It is important that the Trust works closely with its service users to find an early resolution to complaints when they arise. Every opportunity should be taken to resolve complaints as close to the source as possible through discussion and negotiation, and by following the guidance in section 4.3 of this Policy.

It is important that front-line staff are trained and supported to respond sensitively to the comments and concerns raised by service users and are able to distinguish those issues which would be better referred elsewhere. Staff across the Trust can assess the “Policy for the Management of Complaints” and “Complaints in Health and Social Care: A Need to Know Guide for Staff” through the Trust’s Intranet.

Where possible complaints should be dealt with immediately and front-line staff should follow the procedures below in their handling of complaints received at point of service delivery:

1. The complaint is raised by or on behalf of the service user at the point of service delivery.
2. The member of staff who first learns of the complaint should respond immediately and directly in an attempt to resolve the matter informally, speedily and appropriately.
Where appropriate if the member of staff attempting to resolve the matter feels it would be beneficial to involve a patient’s advocate at this stage, they should seek advice from the relevant Directorate Governance Team.

3. If a member of staff has resolved a complaint ‘at point of service delivery’ they should complete all sections on the Complaints at Point of Source Delivery form and return to the Corporate Complaints Officer. A Complaints at Point of Service Delivery form can be located on the Trust Intranet under Policies & Procedures, Clinical & Social Care Governance.

If the person remains dissatisfied, they should be offered a copy of the Trust’s ‘We Value Your Views’ leaflet and advised that they may wish to contact the Corporate Complaints Officer to make a formal complaint.

It is important that if you are in this situation, you ask your supervisor or line manager for assistance, if necessary.

3.5.1 Formal Letter of Complaint received at Point of Service Delivery

If a formal letter of complaint is received by staff at a point of service delivery’ it should be sent by email the same day to the Trust’s Corporate Complaints Officer so that an investigation can begin. Please refer to Appendix 3 for contact details.

3.5.2 Complaints can be made to the Corporate Complaints Officer

Complaints may be made verbally or in writing and will also be accepted via other methods such as the telephone (including voicemail) or electronically (e.g. e-mail). It is helpful to establish at the outset what the complainant wants to achieve to avoid confusion or dissatisfaction and subsequent letters of complaint. The Trust is mindful of technological advances and has in place local arrangements which ensure that there is no breach of patient/client confidentiality. Contact details for the Trust’s Corporate Complaints Officer are listed below.

3.5.3 What information should be included in a complaint?

<table>
<thead>
<tr>
<th>A complaint need not be long or detailed, but it should include:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relevant Contact Details</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Southern Health and Social Care Trust  
Policy for the Management of Complaints

Page 18 of 52
- Their name, their address (including postcode) and their date of birth (if known)
- And please indicate your relationship to this person

| Who or what is being complained about? | ✓ Department/ward/facility where the issues occurred  
✓ Hospital site, e.g. Craigavon, Lurgan, Newry, etc.  
✓ Include the names of staff, if known |
| When the events of the complaint happened | ✓ Details of the issue(s) relevant to the complaint  
✓ Please include dates |
| Where possible, what remedy is being sought | ✓ Such as an apology, an explanation or changes to be made to our services |

### 3.6 Complaints made by a 3rd Party (including those made by MPs, MLAs and Local Councillors) and Consent

Confidentiality must be respected at all times and complaints by a third party should be made with the written consent of the patient/client concerned. If consent does not accompany the complaint the Trust will seek consent from the patient/client concerned or their next of kin where necessary. There will be situations where it is not possible to obtain consent, such as:
- where the individual is a child and not of sufficient age or understanding to make a complaint on their own behalf;
- where the individual is incapable (for example, rendered unconscious due to an accident; judgement impaired by learning disability, mental illness, brain injury or serious communication problems);
- where the subject of the complaint is deceased.

The relevant Governance Team will be able to provide further advice and guidance in relation to this matter. Consent forms can be obtained from the Complaints and User Views section of the Southern Health and Social Trust website.

(www.southerntrust.hscni.net/pdf/Patient_Client_Consent_form_May_2012(2).pdf)

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

---

Southern Health and Social Care Trust  
Policy for the Management of Complaints  
Page 19 of 52
3.7 Complaints made by staff
As staff in the Southern Trust, we all have a responsibility to protect our service users, fellow members of staff, the public and the Trust. If you have a concern as a member of staff about any aspect of the quality and safety of our services, another member of staff or about any of the functions of the Trust, those concerns can be raised as per the Trust’s Whistleblowing Policy. Staff can access the Whistleblowing Policy via the Trust’s Intranet (http://vsrintranet.southerntrust.local/SHSCT/HTML/PandP/documents/YOURRIGHTTORAISEACONCERNWhistleblowingFramework.pdf)

3.8 Anonymous Complaints
If someone approaches the Trust with a complaint we will request their name and contact details. This will enable us to acknowledge their complaint, confirm the issues causing concern and clarify or seek further information and provide information on the outcome of our investigation.

Any request to remain anonymous will be respected as all complaints received by the Trust are treated with equal importance regardless of how they are submitted. However, complaints received with anonymity may mean that a detailed investigation may not always be possible, for example when there is a need to access medical records. Also, a complaint response cannot be issued.

All complaints submitted to the Trust, whether anonymous or not, are viewed as a significant source of learning within the organisation and help us to continue to improve the quality of our services and safeguard high standards of care and treatment. The number of complaints and trends emerging from complaints are continually monitored by each Directorate’s Governance meeting and at the Patient/Client Experience Committee meetings.

3.9 What are the timescales for making a complaint?
A complaint should be made as soon as possible after the action giving rise to it, normally within six months of the event. If a complainant was not aware that there was cause for complaint, the complaint should normally be made within six months of their becoming aware of the cause for complaint, or within twelve months of the date of the event, whichever is earlier.

In any case where the Trust has decided not to investigate a complaint on the grounds that it was not made within the time limit, the complainant can request the Ombudsman to consider it. The complainant will be advised of the options available to him/her to pursue this further.

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

3.10 Support for complaints
Some people who wish to complain do not do so because they do not know how, doubt they will be taken seriously or simply find the prospect too intimidating. Support and advocacy services are an important way of enabling people to make informed choices. These services help people gain access to the information they need, to understand the options available to them and to make their views and wishes known.

Inspire Wellbeing NI (Formally Northern Ireland Association for Mental Health) is the largest and longest established independent charity focusing on mental health and wellbeing services in Northern Ireland. Inspire Mental Health offers an independent advocacy service which is designed to listen to the compliments, concerns, problems or issues that people may be experiencing whilst using mental health services. An advocate can provide patients/clients with information in relation to the options available to them under four broad areas: clinical, legal, treatment and environment. An advocate will help patients/clients to express any concerns and to pass these on to relevant professionals. Advocates will support the individual to be heard and all discussions will be treated confidentially. Please see below for contact details.

In the Southern Health and Social Care Trust, Disability Action’s Centre on Human Rights provides an advocacy service specifically for people with learning disabilities. This service is confidential, provided free of charge and independent. The advocate supports people with learning disabilities to understand their rights and encourages them to speak up if they are unhappy about how they have been treated. The advocate will listen to the person’s issue and identify the options available to them and will support the patient/client to take action. The advocate also provides non-instructed advocacy, when a patient/client cannot give a clear

Inspire Central
Office Lombard House
10-20 Lombard Street Belfast BT1 1RD

Telephone: (028) 9032 8474
Email: hello@inspirewellbeing.org

In the Southern Health and Social Care Trust, Disability Action’s Centre on Human Rights provides an advocacy service specifically for people with learning disabilities. This service is confidential, provided free of charge and independent. The advocate supports people with learning disabilities to understand their rights and encourages them to speak up if they are unhappy about how they have been treated. The advocate will listen to the person’s issue and identify the options available to them and will support the patient/client to take action. The advocate also provides non-instructed advocacy, when a patient/client cannot give a clear

Southern Health and Social Care Trust
Policy for the Management of Complaints
indication of their views or wishes in a specific situation, e.g. when a person has a profound learning disability. In these cases, the advocate works to uphold the person’s rights, ensure fair and equal treatment and access to services and make certain that decisions are taken with due consideration for the patient/client’s individual preferences and perspectives. Please see below for contact details.

**Human Rights Advocate,**
Disability Action’s Centre on Human Rights,
Disability Action,
Portside Business Park,
189 Airport Road West,
Belfast,
BT3 9ED

**Telephone:** (028) 9029 7880  
**Textphone:** (028) 9029 7882  
**Email:** humanrights@disabilityaction.org

**VOYPIC (Voice of Young People in Care)** offers advocacy for children and young people with care experience aged 25 and under. This is a confidential and independent service where children and young people can get advice, information and support outside of Social Services. The service can:

- provide you with information and advice on your rights;
- Go to meetings with a child or young person;
- Help children/young people ask for a service;
- Help children/young people speak out about decisions that affect you; and
- Help children/young people make a complaint.

*Please see below for contact details.*

**Voice of Young People In Care**
Flat 12, Mount Zion House
Edward Street
Lurgan
BT66 6DB

**Telephone:** (028) 3831 3380  
**Website:** [www.voypic.org](http://www.voypic.org)

_Southern Health and Social Care Trust  
Policy for the Management of Complaints_
The Northern Ireland Commissioner for Children and Young People’s (NICCY) Legal and Investigations team deal with queries and complaints from children, young people, their carers and relevant professionals about the services they receive from public bodies. This team can:

- investigate complaints against public bodies (schools, hospitals, etc) on behalf of children and young people;
- help a child or young person bring their complaint to a public body; and
- help children and young people in legal proceedings against public bodies.

*Please see below contact details.*

---

**Legal and Investigations Team**
Northern Ireland Commissioner for Children and Young People
Equality House
7-9 Shaftesbury Square
Belfast
BT2 7DP

**Telephone:** (028) 9031 1616
(Monday – Friday: 9:00am to 5:00pm)
**Email:** listening2u@niccy.org
**Website:** www.niccy.org

---

The **Age NI** Advice and Advocacy Service offer free, independent and confidential support to older people, their families and carers. The Age NI team provides advocacy support to people experiencing difficulties:

- negotiating the health and social care system
- accessing appropriate levels of community care
- dealing with issues relating to residential and nursing care
- those who have experienced or are at risk of abuse.

*Please see below for contact details.*

---

Age NI
3 Lower Crescent
Belfast

---

*Southern Health and Social Care Trust*
*Policy for the Management of Complaints*
The **Patient Client Council** (PCC) is an independent non-departmental public body and its functions include:
- representing the interests of the public;
- promoting involvement of the public; and
- providing assistance to individuals making or intending to make a complaint.

If a person feels unable to deal with a complaint alone the staff of the PCC can offer a wide range of assistant and support. This assistance may take the form of:
- information on the complaints procedure and advice on how to take a complaint forward;
- discussing a complaint with the complainant and drafting letters;
- making telephone calls on the complainants behalf;
- helping the complainant prepare for meetings and going with them to meetings;
- preparing a complaint to the Ombudsman;
- referral to other agencies, for example, specialist advocacy services; and
- helping in accessing medical/social services records.

All advice, information and assistance with complaints is provided free of charge and is confidential. *Please see below for contact details.*

---

**Southern Health and Social Care Trust**  
*Policy for the Management of Complaints*

Page 24 of 52
The Trust’s Corporate Complaints Officer and Directorate Governance Teams will also be able to offer advice and support complainants and explain the Trust’s complaints procedure, as well as attempt to resolve the complaint. For contact details of these services please refer to Appendix 3.

3.11 Making a compliment

The staff who provide services do their best to meet your individual expectations and are often working in difficult circumstances. Therefore we are always keen to know when things have worked out well for our patients/clients and what aspect has made a positive experience for them.

Those patients/clients wishing to make a compliment can do so by completing a We Value Your Views leaflet and returned to the Trust’s Corporate Complaints Officer. Alternatively, you can contact the Corporate Complaints Officer directly to make your compliment. (Contact details can be found in Appendix 3) These compliments, which highlight good practice, will be forwarded to the relevant staff and departments.
SECTION 4: HANDLING COMPLAINTS

4.0 Accountability
Accountability for the handling and consideration of complaints rests with the Medical Director. The Assistant Director of Clinical and Social Care Governance is the Trust’s designated senior person within the organisation who takes responsibility for the local complaints procedure and to ensure compliance with the regulations and that action is taken in light of the outcome of any investigation. All staff within the Trust are made aware off and must comply with the requirement of this complaints procedure. These arrangements ensure the integration of complaints management into the Trust’s governance arrangements.

4.1 Co-operation
Arrangements are in place within the Trust to ensure a comprehensive response to the complainant and to that end there is necessary co-operation in the handling of complaints and the consideration of complaints between:

- all HSC organisations;
- Regulatory authorities, e.g. professional bodies, DHSSPS Pharmaceutical Inspectorate;
- NI Commissioner for Complaints (the Ombudsman); and
- the Regulation and Quality Improvement Authority (RQIA).

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

4.2 Actions on receipt of a complaint
All complaints received by the Trust are treated with equal importance regardless of how they are submitted. Complainants are encouraged to speak openly and freely about their concerns and are reassured that whatever they have to say will be treated with appropriate confidence and sensitivity. Complainants will be treated courteously and sympathetically and where possible involved in decisions about how their complaint is handled and considered. On receipt of a complaint the first responsibility of Trust staff is to ensure that the service user’s immediate care needs are being met.

The Trust will involve the complainant throughout the consideration of their complaint as this provides for a more flexible approach to the resolution of the complaint. An early provision of information and explanation of what to expect is provided by the Trust to the complainant at the outset to ensure they are informed about the process and of the support that is available.

Each complaint received by the Trust is taken on its own merit and responded to appropriately. It may be appropriate for the entire process of local resolution to be conducted informally. Overall,
arrangements should ensure that complaints are dealt with quickly and effectively in an open and non-defensive manner.

4.2.1 Informal Complaint
It is important that the Trust works closely with its service users to find an early resolution to complaints when they arise. Every opportunity should be taken to resolve complaints as close to the source as possible through discussion and negotiation.

Staff across the Trust can access ‘Complaints in Health and Social Care: A Need to Know Guide for Staff’ via the Trust’s Intranet.

Point of Service Delivery
When a complaint is raised at the point of service delivery staff should follow the procedures laid out below.

1. The complaint is raised by or on behalf of the service user at the point of service delivery.
2. The member of staff who first learns of the complaint should respond immediately and directly in an attempt to resolve the matter informally, speedily and appropriately.
   Where appropriate if the member of staff attempting to resolve the matter feels it would be beneficial to involve a patient’s advocate at this stage, they should contact the advocate directly with the patient/client’s consent or seek advice from the relevant Directorate Governance Team.
3. If a member of staff has resolved a complaint ‘at the point of service delivery’ they should complete all sections on the Complaints at Point of Source Delivery form located on the Trust Intranet under Policies & Procedures, Clinical & Social Care Governance.
   If the person remains dissatisfied, they should be offered a copy of the Trust’s ‘We Value Your Views’ leaflet and advised that they may wish to contact the Corporate Complaints Officer to make a formal complaint.
   It is important that staff in this situation ask their supervisor or line manager for assistance, if necessary.

Complaints made directly to the Trust’s Corporate Complaints Officer
The Corporate Complaints Officer will facilitate either resolution of the complaint or they will facilitate the service user in accessing the Trust’s formal complaints procedure.

4.2.2 Formal Complaints
This is the starting point for anyone is dissatisfied with attempts to resolve their complaint at the point of service delivery or any complainant who expects to receive a written (or alternative format) response from the Trust. The complainant should receive a full response within 20 working days of the Trust’s receipt of the formal complaint.

Southern Health and Social Care Trust
Policy for the Management of Complaints

Page 27 of 52
Acknowledgement
1. The Corporate Complaints Officer is to forward the complaint to the relevant Governance Co-ordinator’s office within **1 working day**.

2. The relevant Governance Team should clarify the details of the complaint raised directly with the complainant if required and acknowledge their receipt of the complaint within **2 working days**. This acknowledgement should express sympathy or concern regarding the complaint and express thanks to the complainant for drawing the matter to the attention of the Trust. A copy of the regional “What Happens Next?” leaflet should be included with the acknowledgment letter.

3. If a complaint is made by a third party (including those made by MPs, MLAs and local councillors) and it refers to an individual's care the matter of knowledgeable and informed consent must be considered.

   If consent is required it should be sought from the patient at this point. Investigation of the complaint should be initiated without delay, however a response to specific issues will not be provided unless the consent of the patient is received. (*The 20 working days only starts in these instances on the day in which the consent is received.*)

4. All complaints which occur in the Trust are graded in a standardised manner using the Trust’s *Risk Management Strategy*.

5. In the case of complaints which are applicable to more than one directorate, it is best practice for the Governance Team in the directorate where the complaint has first arisen to handle the complaint and seek input from other Directorate Teams where appropriate.

Investigation
1. By **day 2**, Investigating Officer(s) should be given detail of the complaint and advised that they are expected to provide their draft response as well as their action and learning plans, where actions are required following investigation of the complaint, by **day 10**. The names of the staff involved in the complaint, when identified, should be provided to the appropriate Directorate Governance Team.

   A copy of the complaint should be forwarded to the Assistant Director responsible for the service area. Where serious governance issues are identified on receipt of the complaint it must be shared with the relevant Director.
Investigating staff can reference the Trust’s ‘Investigating Complaints Advice Sheet’ for best practice guidance on investigations, which can be accessed via the Trust’s Intranet.

Service Managers should bear in mind that staff will often require support if a complaint is received. Support is available from the following sources:
- line management support;
- occupational health;
- Care Call; and
- the relevant Governance Team.

2. The draft response to the complainant is to be validated by the Investigating Directorate Governance Team and then forwarded to the appropriate Assistant Director by day 15 for approval/amendment.

The response should be clear, accurate, balanced, simple and easy to understand. It should avoid technical terms, but where these must be used to describe a situation, events or condition, an explanation of the term should be provided. The letter should:
- address the concerns expressed by the complainant and show that each element has been fully and fairly investigated;
- include an apology where things have gone wrong – staff should refer to the Ombudsman’s Guidance on Issuing an Apology (June 2016) which can be found here:
  https://nipso.org.uk/nipso/publications/services-we-offer/n14c-a4-nipso-guidance-on-issuing-an-apology-june-2016/
- report the action taken or proposals to prevent recurrence, where the need for such actions have been identified following investigation of the complaint;
- indicate that a named member of staff is available to clarify any aspect of the letter; and
- advise of their right to make a complaint to the Ombudsman if they remain dissatisfied with the outcome of the complaints procedure.

3. Where a complaint involves clinical/professional issues, the draft response must be shared by the Assistant Director with the relevant clinicians/professionals to ensure the factual accuracy of the response and to ensure those staff agree with and support the draft response. The relevant Assistant Director is required to approve and return to the relevant Governance Coordinator by day 17. The Assistant Director is to indicate if they are satisfied with the content of any action and learning plans, the details of which will be captured on the Datix system.

Should further work be required on the action and learning plan it is the responsibility of the Assistant Director to initiate this within their division and report back to the relevant

Southern Health and Social Care Trust
Policy for the Management of Complaints

Page 29 of 52
4. All final responses are to be forwarded to the relevant Lead Director for approval by **day 18**.

The Lead Director’s office is required to issue the response to the complainant by **day 20**, sending the Directorate Governance Team copy of the final signed response. The exception to this are those complaint responses being sent to Elected Representations whereby the Chief Executive will, following approval by the Director, sign the final response and send a signed copy to the Lead Director and relevant Governance Team within **10 working days**. **Responses should not be issued to the complainant electronically.**

5. There is some flexibility built into the above internal timescales to allow investigating officers to complete complex complaint issues and to give the Director signing off more than 24 hours to sign if required. Where there are difficulties in gaining a response from the investigating officer the Governance Co-ordinator will escalate any breaches of the timeframes to the appropriate line manager for further action.

### 4.3 Acknowledgement of delays

Complainants must be given a written explanation of any reason for delay in responding to a complaint and this should happen as soon as it becomes apparent that the Trust will be unable to meet the 20 working days timescale. The relevant Director should be informed of any delay at this stage also.

### 4.4 Further Local Resolution beyond 20 working days

Should a complainant remain dissatisfied with the response to their complaint and unresolved issues remain consideration needs to be given to how the remaining issue(s) can be resolved. All complainants will be advised that if they remain unhappy with the Trust’s response they should contact the relevant Governance Team in the first instance to discuss options available or refer their complaint to the Ombudsman. (Please refer to **Appendix 3** for contact details) At this point all complainants should be asked to state clearly which aspect(s) of their complaint remains unresolved. On receipt of this documentation, options may include one or a number of the following:

- Further written response to outstanding issues;
- Meeting with the complainant;
- Local resolution investigation by a second team;
- Conciliation;
- Use of Lay people to assist;
- Use of independent experts.

---

*Southern Health and Social Care Trust  
Policy for the Management of Complaints*  
Page 30 of 52
4.4.1 Further written response to outstanding issues

Complainants will be advised in the first response that they should contact the organisation within 3 months of the Trust’s response if they are dissatisfied with the response or require further clarity. There is discretion for the Governance Co-ordinator to extend this time limit where it would be unreasonable in the circumstances for the complainant to have made contact sooner.

The first step of further local resolution should then be that of an offer of a further response to the complainant. This may be in the form of a further written response signed off by the Director(s). This response should be issued within 20 days of the complaint being re-opened.

4.4.2 Meeting with the Complainant

Offer of facilitation of a meeting with the relevant staff. This will be taken forward by the existing investigation team and chaired by the Head of Service. The relevant Director(s) should be advised of the outcome of the meeting. The notes of the meeting should be agreed upon by all that were present and issued to the complainant. This meeting should take place within 30 days of a second response being issued.

4.5 Additional Measures

In extreme cases where a complainant cannot be satisfied with the response provided along with the facilitation of a meeting and where the Trust has provided further information there are a number of other options available. The decision on which option to be used will be agreed by the lead Director responsible for the management of the complaint and the relevant Governance Co-ordinator, with specific terms of reference and timescales also being agreed. Complainants may wish to include the involvement of the Patient and Client Council in this process and contact details of this service can be found in Appendix 3. Once agreement is reached upon which option is to be used the decision should be acknowledged with the complainant and additional information should be provided on the option to be used. Options include the following:

- Local resolution investigation by a second team
- Conciliation
- Involvement of Lay Persons
- Involvement of Independent Experts
- Review by an Independent Panel

4.5.1 Local resolution investigation by a second team

Local resolution investigation by a second team should examine the initial complaint, response to it and all information gathered in formulating that response. The decision to progress to this option will be taken by the relevant Director(s) in conjunction with the relevant Governance Co-ordinator(s). The local resolution team should be chaired and led by a Manager/Clinician from another service area within the Directorate and have a Manager/Clinician from another Directorate as well as the relevant Governance Co-ordinator. This membership will provide a more detailed
response with a measure of independence in responding to the complainant and make best use of Trust resources.

If the complaint progresses to this stage, the following guidelines should be adhered to as best practice.
1. A draft report on findings should be forwarded to the Assistant Director responsible for the service area within **20 days** of the decision to use this option. A copy should be provided to the relevant Governance Co-ordinator.
2. By **day 25** the Assistant Director should have discussed the content of the draft report with the relevant Director and Governance Co-ordinator.
3. A final copy of the findings of the second complaint review team will be sent by the relevant Governance Co-ordinator to the Director for issue to the complainant by **day 30** of the decision to use this option.

**4.5.2 Conciliation**

Conciliation is a process of examining and reviewing a complaint with the help of an independent person. The conciliator will assist all concerned to achieve a better understanding of how the complaint has arisen and will aim to prevent the complaint being taken further. They will work to ensure that good communication takes place between both parties involved to enable them to resolve the complaint. It may not be appropriate in the majority of cases but may be helpful in situations where staff feel the relationship with the complainant is difficult and trust has broken down as well as at times where there are ongoing healthcare issues where it is important to maintain relationships or when there are misunderstandings with relatives during the treatment of a patient.

**4.5.3 Involvement of Lay Persons**

Lay Persons may be beneficial in providing an independent perspective of non-clinical or technical issues within the local resolution process. They are not intended to as act as advocates, conciliators or investigators, and neither do they act on behalf of the Trust or the complainant. The Lay Person’s involvement is to help bring about a resolution to the complaint and to provide assurances that the action taken was reasonable and proportionate to the issues raised. Input from a Lay Person is valuable when testing issues such as communication, quality of written documents, attitudes and behaviours and access arrangements. The relevant Governance Co-ordinator will provide advice regarding the use of Lay Persons should the need arise.

**4.5.4 Involvement of Independent Experts**

The use of an independent expert in the resolution of a complaint may be requested by the complainant at any time; however the Trust reserves the right to accept/decline this request. In
deciding whether independent advice should be offered, consideration must be given, in collaboration with the complainant, to the nature and complexity of the complaint and any attempts at earlier enhanced local resolution. Input will normally only be required in cases where there are major clinical issues or concerns, but the use of the option may be helpful when it is indicated there may be a risk to patient or public safety or a serious breakdown in relationships which would threaten public confidence in services and damage the Trust’s reputation. The relevant Governance Co-ordinator will provide advice regarding the use of Independent Experts should the need arise.

### 4.5.5 Review by Independent Panel

In a small number of cases where complainant is not satisfied with the Trust’s response, the Trust may wish to use an independent panel as a final attempt to resolve the complainant issue. This will only be used in extreme cases. An independent panel should be chaired by an operational Assistant Director with the support of an internal independent person (for example professional governance lead, clinical expert, social care expert, etc.) and an external layperson. The panel would be supported by the relevant Governance Co-ordinator.

The panel would be given clear terms of reference and provided with all the relevant information. They may wish to meet with the complainant or individual members of staff to discuss the complaint in detail and to clarify issues raised.

The panel would provide a draft report and action plan to the relevant Director(s) for discussion and issue to the complainant.

The panel may also wish to comment on other issues as they arise. For example, Trust policies and procedures, team practices, line management arrangements, etc. A separate report should be provided to the Director(s) highlighting areas of concern for further action by the Director(s).

### 4.5.6 Northern Ireland Commissioner for Complaints (Ombudsman)

Once all options available to the Trust under local resolution have been exhausted and the complainant remains unsatisfied, the complainant should be advised of the role of the Ombudsman and provided with contact details for same. It is for the Ombudsman to determine whether or not a case falls within that Office’s jurisdiction. For contact details please refer to Appendix 3.

### 4.6 Joint Complaint Investigations

Where a complaint relates to the actions of more than one HSC organisation, the *Health and
Social Care Trusts Interim Memorandum of Understanding Joint Working Processes for Handling Complaints should be referred to. The relevant Governance Co-ordinator will advise on this process.

4.7 Out of Area Complaints
Where the complainant lives in Northern Ireland and the complaint is about events elsewhere, the Trust that commissioned the service or purchased the care for that service user is responsible for co-ordinating the investigation and ensuring that all aspects of the complaint are investigated. The Governance Co-ordinator will advise on this process.

HSC contracts include entitlement, by the Trust, to any and all documentation relating to the care of service users and a provision to comply with the requirements of the HSC Complaints Procedure.

4.8 Confidentiality
Trust staff are aware of their legal and ethical duty to protect the confidentiality of the patient/client’s information. The legal requirements are set out in the Data Protection Act 1998 and the Human Rights Act 1998. The common law duty of confidence must also be observed. Ethical guidance is provided by the respective professional bodies. A service user’s consent is required of their personal information is to be disclosed but more detailed information can be found in the HSC guidance entitled Code Practice on Protecting the Confidentiality of Service User Information.

When using a patient’s personal information for the purpose if investigating a complaint it is not necessary to obtain the patient’s express consent. However, care must be taken throughout the process to ensure that patient confidentiality is maintained (particularly when a complaint is made on behalf of another/when contributing to a response lead by another organisation) and any information disclosed is confined to that which is relevant to the investigation and only disclosed to those who have a demonstrable need to know for the purpose of the investigation. Where a complaint relates to the actions of more than one HSC organisation the complainant’s consent must be obtained before sharing the details of the complaint across HSC organisation. Complaint investigations will be conducted with appropriate consideration of the confidentiality due to the staff involved in the complaint.

4.9 Support and advice for Trust Staff
Support and advice should be provided to any member of Trust staff involved in either informal or formal complaints by their Supervisor and/or Line Manager at any stage of the process.

Advice and assistance is available to Trust staff at any stage in the complaints process from the

Southern Health and Social Care Trust
Policy for the Management of Complaints

Page 34 of 52
Trust's Directorate Governance Teams. For contact details please refer to Appendix 3.

The Trust has selected Inspire Workplaces as an independent source of support for staff. Inspire Workplaces staff are trained to listen and can offer support, guidance and a fresh outlook on not only issues at work but also personal problems. This service is free to Trust staff and Inspire Workplaces are committed to protecting your confidentiality and anonymity. Carecall is available 24 hours a day, 7 days a week, and 365 days a year, please refer to the contact details below.

Inspir Workplaces
For free, confidential and immediate support call:

Telephone: 0808 800 002

For further information about the service:
Website: https://www.inspirewellbeing.org/our-services/inspire-workplaces
SECTION FIVE: POLICY FOR HANDLING UNREASONABLE, VEXATIOUS OR ABUSIVE COMPLAINANTS

5.0 Introduction

People may act out of character in times of trouble distress. There may have been upsetting or distressing circumstances leading up to a complaint. The Trust does not view behaviour as unacceptable just because a complainant is forceful or determined. In fact, it is accepted that being persistent can be a positive advantage when pursuing a complaint. However, we do consider actions that result in unreasonable demands on the Trust or unreasonable behaviour towards Trust staff to be unacceptable. It is these actions that the Trust aims to manage under this policy.

This policy aims:
- to make it clear to all complainants, both at initial contact and throughout their dealings with the Trust, what the Trust can or cannot do in relation to their complaint. The Trust 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 to be unacceptable. All complainants have the right to be heard, understood and respected, as do Southern Trust staff;
- to provide a service that is accessible to all complainants. However, the Trust retains the right, where it considers the actions of a complainant to be unacceptable, to restrict or change access to the service;
- and to ensure that other complainants and Trust staff do not suffer any disadvantage from complainants who are unreasonable, vexatious and/or abusive manner.

5.1 Unacceptable Actions

The Trust defines unacceptable action as the following:

5.1.1 Aggressive or abusive behaviour

The Trust understands that many complainants are angry about the issues they have raised in their complaint. If that anger escalates into aggression towards Trust staff, it will be considered unacceptable. Any violence or abuse towards Trust staff will not be tolerated.

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 such behaviour include threats, physical violence, personal verbal abuse, derogatory remarks and rudeness. The Trust also considers that inflammatory statements and unsubstantiated allegations can be abusive behaviour.
The Trust expects its staff to be treated courteously and with respect. Violence or abuse towards staff is unacceptable and a Zero Tolerance approach must be adopted. Trust 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 Trust staff.

5.1.2 Unreasonable demands
The Trust considers these demands become unacceptable when they start to (or when complying with the demand would) impact substantially upon the work of the organisation. An example of such impact would be that the demand takes up an excessive amount of staff time and in doing so disadvantages other complainants. Examples of unreasonable demands include:

- repeatedly demanding responses within an unreasonable timescale;
- insisting on seeing or speaking to a particular member of staff when that is not possible; or
- repeatedly changing the substance of a complaint or raising unrelated concerns.

5.1.3 Unreasonable levels of contact
Sometimes the volume and duration of contact made to the Trust by an individual causes problems. This can occur over a short period, for example a number of calls in one day or one hour. It may occur over the life-span of the complaint when complainant repeatedly makes long telephone calls to the Trust or inundates the Trust with copies of information that has been sent already or that is irrelevant to the complaint. The Trust considers that the level of contact has become unacceptable when the amount of time spent talking to a complainant on the telephone or via emails or written correspondence impacts on its ability to deal with that complaint, or with other people’s complaints.

5.1.4 Unreasonable persistence
It is recognised that some complainants will not or cannot accept that the Trust 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 Trust persistently about the same issue. Examples of unreasonable persistence include persistent refusal to accept a decision made in relation to a complaint, persistent refusal to accept explanations relating to what the Trust can or cannot do and continuing to pursue a complaint without presenting any new information. The war in which these complainants approach the Trust may be entirely reasonable, but it is their persistent behaviour in continuing to do that is not. The Trust consider the actions of persistent complainants to be unacceptable when they take up what the Trust regards as being a disproportionate amount of time and resources.
5.1.5 Unreasonable use of the complaints process
Individuals with complaints have the right to pursue their concerns through a range of means. They also have a right to complain more than once about the Trust, with which they have a continuing relationship, if subsequent incidents occur. However, this contact becomes unreasonable when the effect of the repeated complaints is to harass, or to prevent the Trust from pursuing a legitimate aim or implementing a legitimate decision. The Trust considers access to a complaints system to be important and it will only be in exceptional circumstances that it would consider such repeated use is unacceptable – but the Trust reserves the right to do so in those exceptional circumstances.

5.2 How the Trust manages aggressive or abusive behaviour
The threat or use of physical violent, verbal abuse or harassment towards Trust staff is likely to result in a termination of all direct contact with the complainant. Trust staff will 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 Trust are only taken after careful consideration by a more senior member staff. Wherever possible, the Trust will give the complainant the opportunity to change their behaviour or action before a decision is taken.

All incidents of verbal and physical abuse will be reported to the police.

The Trust will not accept any correspondence (letter, fax or e-mail) that is abusive to staff or contains allegations that lack substantive evidence. If such correspondence is received by the Trust, we will inform the complainant that we consider their language to be offensive, unnecessary and unhelpful and will request that they refrain from using such language. The Trust will not respond the correspondence if the action or behaviour continues.

Trust staff will end telephone calls if they consider the caller to be aggressive, abusive or offensive. All staff members taking such calls have the right to make this decision.

In extreme situations, the Trust will inform the complainant in writing that their name is on a “no personal contact” list. This means that the Trust will limit contact with the complainant to either written communication or through a third party.

5.3 Managing other unacceptable actions
The Trust has to take action when unreasonable behaviour impairs the everyday functioning of the Trust. It aims to do this in a way that allows a complainant to progress through its process. It will
try to ensure that any action it takes is the minimum required to solve the problem, taking into account relevant personal circumstances including the seriousness of the complaint and the needs of the individual.

Where a complainant repeatedly phones, visits the Trust, raises issues repeatedly, or sends large numbers of documents where their relevance is not clear, the Trust may decide to:

- limit contact or telephone calls from the complainant at set times on set days;
- restrict contact to a nominated member of Trust staff who will deal with the future telephone calls or correspondence from the complainant;
- see the complainant by appointment only;
- restrict contact form the complainant to writing only;
- return any documents to the complainant or, in extreme cases, advise the complainant that further irrelevant documents will be destroyed; or
- take any other action which the Trust considers appropriate.

Where the Trust considers correspondence on a wide range of issues to be excessive, we may inform the complainant that only a certain number of issues will be considered in a given period and ask them to limit or focus their requests accordingly. In exceptional cases, the Trust will reserve the right to refuse to consider a complaint or future complaints from an individual. It will take into account the impact on the individual and also whether there would be a broader public interest in considering the complaint further. The Trust will always inform the complainant of what action it is taking and why.

5.4 How the Trust lets people know of its decision to restrict contact

When a Trust member of staff makes an immediate decision in response to unreasonable behaviour, the complainant is advised at the time of the incident. When a decision has been made by senior management, a complainant will always be told in writing\(^4\) why a decision has been made to restrict future contact arrangements and, if relevant, the length of time that these restrictions will be in place. This ensures that the complainant has a record of the decision.

5.5 Appealing a decision to restrict contact

The Trust believes that it is important that a decision can be reconsiders and it is on this basis that a complainant can appeal a decision to restrict contact. The Trust will only consider arguments that relate to the restriction and not to either the complaint made to the Trust or its decision to close a complaint. An appeal could include, for example, a complainant saying that: their actions were wrongly identified as unacceptable; or that they will adversely impact on the individual because of personal circumstances. A senior member of staff who was not involved in the original decision will consider the appeal. They have discretion to quash or vary the restriction as they think best. They will make their decision based on the evidence available to them. They will advise the complainant in writing\(^5\) that either the restricted contact arrangements will apply or a different

Southern Health and Social Care Trust
Policy for the Management of Complaints

Page 39 of 52
course of action has been agreed.

5.6 How the Trust records and reviews decisions to restrict contact

The Trust records 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 as described above may be reconsidered if the complainant demonstrates a more acceptable approach. A member of the Senior Management Team reviews the status of all complaints with restricted contact arrangements on a regular basis.
SECTION 6: LEARNING FROM COMPLAINTS

6.0 Reporting and Monitoring
The Trust has a legal duty to operate a complaints procedure and is required to monitor how we, or those providing care on our behalf, deal with and respond to complaints. This includes the regular reporting on complaints in line with the Trust’s Governance arrangements and continually monitoring the effectiveness of the Trust’s complaints procedures. To ensure good practice the Trust:
- regularly reviews its policies and procedures to ensure they are effective;
- monitors the nature and volume of complaints;
- seeks feedback from service users and staff to improve our services and performance; and
- ensuring that lessons are learnt from complaints and using these to improve services and performance.

The volume of complaints received is regularly monitored within the Trust through the following methods:
- Complaints figures are routinely discussed at Directorate Governance meetings/fora, SMT, the Governance Committee and at the Patient and Client Experience Committee meetings.
- Closed complaints figures are regularly sent to the Health and Social Care Board (HSCB) for consideration.
- A Trust complaints report is compiled annually and details how complaints were received and handled, and what lessons were learnt.

6.1 Learning

The Trust aims to manage all complaints received effectively and ensures that appropriate action is taken to address the issues highlighted by complaints. We make sure that lessons are learnt from all complaints so as to ensure the same mistakes do not re-occur within the Trust. Learning takes place at different levels within the Trust, with the individual, the team and the organisation as a whole.

Each Directorate within the Trust is provided with analysis and intelligence on the complaints received to ensure that trends are identified and acted upon.

The Trust will use issues raised through the complaints process as an important source of information for safety and quality improvement. This information will inform learning and development and will feed into the Trust’s Governance systems as well as being directly fed back to the staff involved.

Within the Trust it is the responsibility of all Trust Directors, Assistant Directors, Heads of Service and Senior Managers to utilise the information and trends from their complaints to ensure learning.
and development and to develop and monitor actions and learning plans.

An annual report is presented to Trust Board, which summarises the complaints we have received, how they were handled, the outcomes and lessons learnt. This is published to the public on the Trust website (www.southerntrust.hscni.net).

Learning is a critical part of the Trust Complaints Procedure and the Trust values complaints and comments as an opportunity to improve services for our patients and clients. It is for this reasons that the Trust continually contributes to and learns from regional, national and international quality improvement and patient safety initiatives, and shares intelligence gained through complaints with other HSC organisations in Northern Ireland, the RQIA and the Ombudsman.
SECTION SEVEN: REVIEW AND IMPLEMENTATION

7.0 Consultation
During development, this policy was considered in draft form by the Trust’s Governance Coordinators and Officers from Acute Services, Older Persons and Primary Care, Children and Young Persons Services and Mental Health and Disability.

The Review of the Policy for the Management of Complaints was informed by focus groups held for service users and Trust staff. These discussions ensured that the reviewed Policy reflected the needs of Trust staff and service users.

7.1 Approval
The Policy for the Management of Complaints was presented in final draft and approved by SMT

7.2 Review
The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.
The Policy for the Management of Complaints will be reviewed bi-annually.

7.3 Policy Implementation
Following approval this policy will be circulated to all Trust staff via Global email.
A copy of the Policy for the Management of Complaints will be placed on the Trust’s intranet.

7.3.1 Training and Education
All Trust managers must ensure that their staff have access to this policy, understand its content, and are aware of its aims and purpose immediately upon its release.
Appendix 1

Complaints Process

**Complaints at Point of Service**

Complaint is raised by or on behalf of a service

Member of staff who first learns of complaint should respond immediately & directly in an attempt to resolve the matter informally, speedily & appropriately.

**IS THE MATTER RESOLVED?**

If a member of staff has resolved a complaint ‘at point of service delivery’ they should complete and return all sections on the Complaints at Point of Source Delivery form. (Trust Intranet > Policies & Procedures> Clinical & Social Care Governance)

**FORMAL COMPLAINTS PROCESS**

The Formal Complaints process is instigated. This is also the starting point for anyone who approaches the Corporate Complaints Office directly with their complaint. The Corporate Complaints Officer will aim to de-escalate and resolve all complaints/enquires at first point of contact with the Corporate Complaints Office.

The Corporate Complaints Officer, Southern Health & Social Care Trust, Trust Headquarters, Craigavon Area Hospital, Portadown, BT63 5QO

Telephone: (028) 3756 4600

Email: complaints@southerntrust.hscni.net

**DAY 1:** Complaint is sent to the relevant Governance Co-ordinator’s office.

**DAY 2:** Governance Co-ordinator’s office to send ACKNOWLEDGEMENT of the complaint to the complainant.

**INVESTIGATION**

**DAY 20:** Governance Co-ordinator will issue a RESPONSE to the complainant.

**Complainant Satisfied?**

**YES**

Complaint file is closed.

**NO**

Assistant Director to consider the following measures:

Further written response to outstanding issues (within 20 days of complaint being re-opened); meeting with the complaint (within 30 days); enhanced local resolution investigation by a second team; conciliation; use of Lay people to assist; or the use of independent experts.

**Complainant Satisfied?**

**YES**

Complaint file is closed.

**NO**

Where the Trust has exhausted all options available to it and there is no resolution to a complaint the complainant is advised of the procedures for contacting the Ombudsman’s office.

**Complainant Satisfied?**

**YES**

Complaint file is closed.
Appendix 2

### Frequently Asked Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Will my services/care be hindered in making a complaint?”</td>
<td>No, making a complaint does not affect your rights and will not result in the loss of any services you have been assessed as requiring.</td>
</tr>
<tr>
<td>“Who can make a complaint?”</td>
<td>Any person can complain about any matter connected with the provision of Trust services. Complaints may be made by:</td>
</tr>
<tr>
<td></td>
<td>- a patient or client;</td>
</tr>
<tr>
<td></td>
<td>- former patients, clients or visitors using Trust services and facilities;</td>
</tr>
<tr>
<td></td>
<td>- someone acting on behalf of existing or former patients/clients (providing they have obtained the patient/client’s consent);</td>
</tr>
<tr>
<td></td>
<td>- parents (or persons with parental responsibility) on behalf of a child; and</td>
</tr>
<tr>
<td></td>
<td>- any appropriate person in respect of a patient/client unable by reason of physical or mental capacity to make the complainant himself or who has died, e.g. next of kin.</td>
</tr>
<tr>
<td>“How can I make a complaint?”</td>
<td>For the Trust it is important that we work closely with service users to find an early resolution to complaints when they arise.</td>
</tr>
<tr>
<td></td>
<td>Initially you may wish to express your concerns to the person who is providing the care/services, or to other members of staff, such as receptionists, clinical/care staff. Every opportunity will be taken to resolve a complaint as close to the source as possible through discussion and negotiation.</td>
</tr>
<tr>
<td></td>
<td>If you do this and are still not satisfied you may wish to express your concerns to someone within the relevant organisation who has not been involved in the care provided. In these circumstances, the Trust advises complainants to address their complaint to the Trust’s Corporate Complaints Officer. Complaints may be made verbally or in writing, and will also be accepted via other methods, for example the telephone or electronically (e-mail).</td>
</tr>
</tbody>
</table>
**Corporate Complaints Officer,**  
**Southern Health & Social Care Trust,**  
**Trust Headquarter,**  
**Craigavon Area Hospital,**  
**Portadown,**  
**BT63 5QQ**

**Telephone:**  
(028) 3756 4600  
**Email:** [complaints@southerntrust.hscni.net](mailto:complaints@southerntrust.hscni.net)

When making a complaint it is helpful to establish at the outset what the complainant wants to achieve to avoid confusion or dissatisfaction and subsequent letters of complaint.

<table>
<thead>
<tr>
<th>“Why is consent needed?”</th>
<th>By law confidentiality must be respected at all times and it is for this reason that complaints made by a third party require the consent of the individual involved. Consent is required as the response to the complainant will include personal details about the individual involved.</th>
</tr>
</thead>
</table>
| “How long does it take until I receive a response to my complaint?” | The relevant Governance Office will acknowledge receipt of the complaint within 2 working days. This acknowledgement will express sympathy or concern regarding the complaint and express thanks to the complainant for drawing the Trust’s attention to the issue.  

After an investigation has been carried out by the relevant Directorate the Trust aims to issue a final response to the complainant within 20 working days of the Trust’s receipt of the complaint.  

In the event of the Trust being unable to meet the 20 working day target, which can be due to the complexity of a complaint, the Trust will issue a holding letter to the complainant. If this happens the Trust will remain in contact with the complainant and advise them as to when they should expect a final response in regards to the investigation of their complaint. |
<table>
<thead>
<tr>
<th>“Who will investigate my complaint?”</th>
<th>The complaint will be investigated by an investigating team made up of members of staff from within the Directorate where the complaint arose.</th>
</tr>
</thead>
</table>
| “What if I am not satisfied with my response?” | Should a complainant remain dissatisfied with the response to their complaint and unresolved issues remain, consideration needs to be given to providing enhanced local resolution where practicable. All complainants will be advised that if they should be advised that if they remain unhappy with the Trust’s response they should contact the relevant Governance Office to discuss options available. At this point all complainants should be asked to state clearly which aspect(s) of their complaint that they feel remain unresolved. On receipt of this documentation, options may include one or a number of the following:  
  • Further written response to outstanding issues;  
  • Meeting with the complainant;  
  • Enhanced local resolution investigation by a second team;  
  • Conciliation;  
  • Use of Lay people to assist;  
  • Use of independent experts.  

If you are not happy with our response to your complaint, you can contact us again. We will discuss the options available which may assist in resolving any outstanding issues.

If after this you remain unhappy, you can refer your complaint to the Northern Ireland Commissioner for Complaints (the Ombudsman). The Ombudsman will consider your complaint to determine whether it warrants investigation by the Ombudsman’s office.

**The Ombudsman,**
**Freepost BEL 1478,**
**Belfast,**
**BT1 6BR**

*Telephone: 0800 34 34 24*
*Email: ombudsman@ni-ombudsman.org.uk*
*Website: [www.ni-ombudsman.org.uk](http://www.ni-ombudsman.org.uk)*
| “What if I don’t want to make a formal complaint?” | The Southern Trust is committed to providing a high quality service to all its users. You can help us improve our services by telling us of your experiences. Your views are much appreciated and will be treated in confidence. If you do not wish to make a formal complaint you can also make a comment or suggestion, which can be done by completing the ‘We Value Your Views’ leaflet.

An Informal complaint can also be made by speaking to a member of staff at the point of service delivery, or by speaking to the Trust’s Corporate Complaints Officer.

**Corporate Complaints Officer, Southern Health & Social Care Trust, Trust Headquarters, Craigavon Area Hospital, Portadown, BT63 5QQ**

**Telephone:**
(028) 3756 4600

**Email:** complaints@southerntrust.hscni.net |
## Useful Contacts

### Southern Trust Contacts

<table>
<thead>
<tr>
<th>Role</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Complaints Officer</td>
<td>Southern Health and Social Care Trust, Trust Headquarters, Craigavon Area Hospital, Portadown, BT63 5QQ</td>
</tr>
<tr>
<td></td>
<td>Telephone: (028) 3756 4600</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:complaints@southerntrust.hscni.net">complaints@southerntrust.hscni.net</a></td>
</tr>
<tr>
<td>Acute Services Clinical &amp; Social Care Governance Office</td>
<td>Telephone: (028) 3756 1056</td>
</tr>
<tr>
<td>Children &amp; Young People’s Services Clinical &amp; Social Care Governance Office</td>
<td>Telephone: (028) 3756 3345</td>
</tr>
<tr>
<td>Mental Health &amp; Disability Directorate Clinical &amp; Social Care Governance Office</td>
<td>Telephone: (028) 3756 3366</td>
</tr>
<tr>
<td>Older People &amp; Primary Care Directorate Clinical &amp; Social Care Governance Office</td>
<td>Telephone: (028) 3756 3367</td>
</tr>
</tbody>
</table>

### Support & Advocacy Services

<table>
<thead>
<tr>
<th>Role</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Action</td>
<td>Human Rights Advocate, Disability Action’s Centre on Human Rights, Disability Action, Portside Business Park, 189 Airport Road West, Belfast,</td>
</tr>
<tr>
<td><strong>Org</strong></td>
<td><strong>Contact Details</strong></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **BT3 9ED**             | **Telephone:** (028) 9029 7880  
**Textphone:** (028) 9029 7882  
**Email:** [humanrights@disabilityaction.org](mailto:humanrights@disabilityaction.org)                                                   |
| **Inspire NI**          | **Central Office**  
Lombard House  
10-20 Lombard Street  
Belfast  
BT1 1RD  
**Telephone:** (028) 9032 8474  
**Email:** hello@inspirewellbeing.org                                                                 |
| **VOYPIC**              | **Voice of Young People In Care**  
Flat 12, Mount Zion House  
Edward Street  
Lurgan  
BT66 6DB  
**Telephone:** (028) 3831 3380  
**Website:** [www.voypic.org](http://www.voypic.org)                                                                                       |
| **NICCY (Northern Ireland Commissioner for Children and Young People)** | **Legal and Investigations Team**  
NICCY  
Equality House  
7-9 Shaftesbury Square  
Belfast  
BT2 7DP  
**Telephone:** (028) 9031 1616 (Monday – Friday: 9:00am to 5:00pm)  
**Email:** [listening2u@niccy.org](mailto:listening2u@niccy.org)  
**Website:** [www.niccy.org](http://www.niccy.org)                                                                                           |
| **Age NI**              | **Age NI**  
3 Lower Crescent  
Belfast  
BT7 1NR                                                                                                                                             |
Telephone: 0808 808 7575 (8:00am to 7:00pm, 7 days a week)
Email: advice@ageni.org
Website: www.ageni.org/advice

Patient & Client Council
Telephone: 0800 917 0222
Website: www.patientclientcouncil.hscni.net

Carecall (Mental Wellbeing at Work)
Telephone: 0808 800 002
Website: www.carecallwellbeing.com

What to do if you’re still not happy?

Northern Ireland Commissioner for Complaints (the Ombudsman)
The Ombudsman,
Freepost BEL 1478,
Belfast,
BT1 6BR
Telephone: 0800 34 34 24
Email: ombudsman@ni-ombudsman.org.uk
Website: www.ni-ombudsman.org.uk

Complaints about Regulated Establishments

The Regulation & Quality Improvement Authority (RQIA)
The Regulation & Improvement Authority,
9th Floor Riverside Tower,
5 Lanyon Place,
Belfast,
BT1 3BT
Telephone: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqia.org.uk
Website: www.rqia.org.uk
<table>
<thead>
<tr>
<th>HSC Board Complaints Manager</th>
<th>Southern LCG, Tower Hill, Armagh, BT61 9DR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Email: <a href="mailto:Complaints.hscb@hscni.net">Complaints.hscb@hscni.net</a></td>
</tr>
</tbody>
</table>