

Policy and Procedures for the Management of Service User Feedback

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Policy Checklist

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Introduction

The Southern Health and Social Care Trust (SHSCT) Policy and Procedures for the Management of Service User Feedback has been developed, 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 (updated June 2011, June 2013 and April 2019) and more recently, the ‘[Guidance in relation to the Health and Social Care Complaints Procedure April 2022](#)’.

The SHSCT are committed to providing safe, high quality, patient-centred treatments and services. Service User Feedback is of the utmost importance to the Trust to inform service improvement and as such, all complaints, comments, suggestions, enquiries and compliments are encouraged. These will be received positively, sympathetically and investigated promptly to obtain resolution and avoid recurrence where a system failure has been identified.

Purpose and Aims

This policy details the SHSCT pathway for the management of Service User Feedback, verbal and written, along with enquiries received in relation to care, treatment and service provision.

The policy will ensure awareness for both staff and service users, families and carers in the management of complaints and compliments. The policy is designed to provide assurance that these will be considered in an open and honest manner and dealt with promptly with the aim of seeking resolution.

The aims of this Policy are to:

- Inform staff of the Trust’s process for complaints and compliments handling
- Ensure service users, patients and clients are aware of how to raise a concern, make a complaint and/or submit a compliment
- Ensure that both staff and complainants are treated fairly in an open and honest manner
- Detail and encourage a standardised approach to the management of all complaints, compliments and enquiries
- Ensure responses to concerns and/or complaints are efficient, positive and sympathetic whilst being comprehensive, accurate and open, with an emphasis on early resolution
- Ensure complaints received are used positively to support learning and continuous improvement within the services provided and that actions are taken to avoid recurrence where a system failure has been identified

Objectives

To encourage and promote an open and transparent culture across the Trust and ensure that any and all interactions and investigations are completed in accordance with Duty of Candour.

To ensure that all SHSCT staff are aware of the processes outlined within this policy and procedure, including their roles and responsibilities in the management of comments, concerns, compliments and complaints handling.

To ensure service users, family and carers are aware of the process, and encouraged to contribute, in providing Service User Feedback to assist with service improvement and in reducing any potential risk or harm to others.

To ensure complainants receive an acknowledgement and a full response, which is timely, open, honest and provides justification for any wrong doing identified, along with any considerations for service improvement which are being explored.

To extract and share learning from Service User Feedback, using it to improve service delivery, patient safety and experience.

Policy Statement

This policy has been developed in line with the regional Department of Health (DoH) Guidance in relation to the Health and Social Care Complaints Procedure, which identified 4 key principles:

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

In order to continually improve service delivery, the SHSCT encourage service users, family and carers to participate in providing feedback about their experiences of the care and treatment received.

The SHSCT acknowledges that on occasion, things can go wrong and / or service delivery does not meet service user expectations. In these instances, it is vital that Service User Feedback is encouraged and received positively in order to improve and reduce any potential risk or harm to others.

Scope of Policy

This policy is applicable to all staff providing services within the SHSCT, including students, agency staff and volunteers. It also extends to services commissioned by, or provided for, the SHSCT by the Independent Sector.

Definitions

The majority of the definitions used in this policy are taken from the DoH [“Guidance in Relation to the Health and Social Care Complaints Procedure” revised in April 2022](#).

Complaint – ‘an expression of dissatisfaction that requires a response.’ It can be made by a patient, relative, carer or representative acting on behalf of a patient. Complainants may not always use the word complaint.

Complainant – An existing or former patient/service user, client, resident, family, representative or carer (or whoever has raised the complaint).

Compliment – ‘an expression of praise, commendation, or admiration.’ Compliments are encouraged from service users to assist in identifying areas of high quality care. Compliments shared with staff and service areas mentioned have a positive impact on morale and confidence.

Comment/Suggestion – where an individual remarks, expresses an opinion or makes an observation that can be defined as a matter of interest, importance or anxiety.

Enquiry – ‘to ask a question.’ Service users or their representatives formally seek an explanation or clarification regarding services received or awaited.

Responsibilities

Chief Executive, as the accountable officer:

- has overall accountability/responsibility for complaints management within the Trust, ensuring it is compliant with regional complaint guidance along with statutory and legal requirements
- has overall accountability/responsibility for Northern Ireland Public Services Ombudsman (NIPSO) correspondence
- is responsible for ensuring that all Service User Feedback is integrated into Trust Clinical and Social Care Governance (CSCG) and Risk Management arrangements
- will promote Duty of Candour in an open and honest just culture across the Trust in relation to complaints management
- will seek and provide assurance that learning derived from areas detailed within this policy and procedure has been addressed, with service improvements implemented where required and shared appropriately
- will provide focus to the area of complaints management in line with Trust key performance indicators in accordance with the Trust’s Assurance Framework

Trust Board will:

- support the open, honest and just culture ethos applied across the Trust in regards to the management of complaints
- monitor and provide a key challenge function to the information presented in relation to complaints, compliments and enquiries in order to seek Trust assurance and compliance

Medical Director is responsible for:

- taking a strategic viewpoint on behalf of the Trust in relation to complaints
- delegating the responsibility for managing the requirements of this policy to the Assistant Director of CSCG
- developing and maintaining an overview of the issues raised through Service User Feedback and provide assurance that appropriate organisational learning has taken place and that action is taken, where appropriate

Assistant Director of CSCG is responsible for:

- supporting the Medical Director in the responsibility for complaints management
- promote an open, honest and just culture in regards to complaints management
- ensuring that the complaints process is managed in accordance with all

- relevant guidelines, legislation and standards
- ensuring a process has been developed to consider formal complaints and the level of investigation/action required
- quality assurance process for all responses to complaints or enquiries
- ensuring that processes are in place to identify and disseminate learning on a Trust wide/regional basis
- working collaboratively to develop and maintain systems and procedures for the reporting, recording and analysing of complaints in order to provide assurance
- providing recommendations and advice to SMT Governance on the Governance agenda and priority areas for action
- considering where complaints require escalation to the Corporate Risk Register

Directors and Executive Directors are responsible for:

- ensuring managers and staff within their area of responsibility are aware of and comply with the requirements of this policy and procedure
- supporting staff and promoting an open, honest and just culture in complaints management
- appropriate complaints management, ensuring effective and timely responses to complaints in relation to the services they manage
- reviewing and amending draft complaint responses
- ensuring learning identified is shared and that service improvement is actioned where required
- ensuring the management of Service User Feedback is integrated into Directorate/ Divisional governance arrangements
- staff being appropriately trained in receiving and responding to complaints
- utilising the information and trends from Service User Feedback within their governance processes to identify learning and improvement required
- approval of NIPSO responses
- developing and monitoring action and learning plans
- designating a deputy to deal with Service User Feedback in his/her absence
- considering where complaints require escalation to relevant Risk Registers

Assistant Directors are responsible for:

- supporting their Director/Executive Director in ensuring that all complaints are managed efficiently and effectively in their responsible service areas
- ensuring managers and staff within their Directorate are aware of, and comply with the requirements of this policy and procedure
- ensuring Investigating Officers undertake a thorough investigation of issues identified in complaints
- in conjunction with the Investigating Officer/Governance Team, grading of the complaint
- considering whether high risk complaints meet the SAI criteria
- ensuring staff are appropriately trained in receiving and responding to complaints
- ensuring a timely and robust process is in place for the approval of draft responses to complaints
- ensuring learning identified is shared and that service improvement is

actioned where required

- complaints are integrated into Directorate governance arrangements
- a deputy is designated to deal with Service User Feedback in his/her absence

Directorate Governance Co-ordinators are responsible for:

- leading their Directorate Governance Team in ensuring that at each level of Directorate staff have access to timely, high quality and appropriate information in relation to complaints
- ensuring that within each service team complaints information is being acted upon appropriately in order to mitigate risk, improve quality of care and patient/client safety
- ensuring that the complaints process is conducted in accordance with Regional and Trust procedures
- co-ordinating via the Directorate Governance Team the timely and appropriate responses to complaints on behalf of the Directorate
- providing the Directorate and the organisation with analysis and intelligence on Service User Feedback received to ensure that trends are identified as well as appropriate responses to individual complaints
- liaising with, and escalating to, Assistant Director and Director in regards to high risk complaints, complaints which meet the SAI criteria and those which require consideration of inclusion on the Risk Register
- coordinate responses for NIPSO

The Directorate Governance Team are responsible for:

- managing all Service User Feedback received within their respective Directorates
- maintaining a comprehensive IT system (currently Datix) of all Service User Feedback received ensuring the recording of correct categories for all correspondence
- obtaining consent where required
- taking account of any corroborative evidence available relating to the complaint
- providing support and advice to staff investigating/responding to complaints
- contacting service users and/or their representatives, when appropriate
- identify training needs of staff and ensuring that appropriate programmes are organised in conjunction with line managers
- escalating any concerns and/or queries to the Directorate Governance Co-Ordinator
- providing support to Directorate Governance Coordinator in collating information for NIPSO correspondence
- responsible for ensuring that all information requested is delivered to the Service User Feedback team within allocated timescales

Trust Service Managers are responsible for:

- seeking informal resolution of complaints raised at service level within identified timescales
- ensuring informal complaints are recorded on the Trust's Complaints at Point of Service Delivery Form and forwarded immediately upon completion

to the relevant Governance Team

- ensuring that the Trust's Service User Feedback Policy and Procedure is included in the induction of their staff, and that staff trained and empowered to deal with Service User Feedback
- supporting, advising and assisting staff to resolve the issues
- promoting an open, honest, just culture in the management of complaints
- ensuring all formal complaint letters received by staff are forwarded immediately to the Service User Feedback Team
- contributing to the investigation of complaints and enquiries, making sure statements and reports address all of the issues raised
- ensuring staff and complainants are treated fairly in an open and honest manner throughout the complaint investigation
- ensuring that statements/reports are returned to the Directorate Governance Teams within the required timescales
- ensuring appropriate action and escalation is taken where complaints reference and conclude concerns relating to professional conduct
- identifying learning and developing appropriate action plans
- introducing service improvements and making sure that all relevant information is disseminated throughout the service/team

All Trust staff are responsible for:

- discussing and attempting to resolve complaints, as they arise, in an informal, sensitive and confidential manner
- ensuring that the Trust's complaints posters and leaflets are available and accessible to service users to encourage all types of user feedback
- referring the matter as soon as possible to their line manager if unable to deal with complaints raised directly with them or seeking advice from their Directorate Governance team on how to proceed
- contributing to the investigation of complaints and enquiries within the service/team and returning statements, reports and other information, within requested timescales
- keeping their line manager updated on complaints and enquiries they are currently dealing with and outcomes, including improvements suggested
- contributing to and engaging with learning identified and shared through Service User Feedback
- maintaining accurate record keeping when involved in complaints management
- ensuring when they receive a written compliment it is shared with their manager, colleagues and recorded on the compliments form
- participating in relevant training and refresher training in relation to Service User Feedback

Service User Feedback Manager is responsible for:

- day to day management of the Corporate Service User Feedback department and team
- ensuring that the complaint process complies with relevant standards
- providing regular Service User Feedback related analysis, trends and lessons learned reports to Committees, Sub-Committees and Groups within the Governance Accountability Framework

- maintaining comprehensive records and databases of all Service User Feedback received
- providing support and advice to staff responding to complaints
- reviewing draft responses received from Investigating Officers for all non-clinical complaints received, ensuring all issues raised in the formal complaint have been addressed, taking into account ease of understanding and co-ordinating the process to final approval and issue
- identifying training needs of Service User Feedback staff, developing and facilitating training programmes
- regular audit of Service User Feedback processes
- escalating immediate concerns to the Directorate Governance Co-Ordinator and Weekly Governance meeting where appropriate
- tabling Service User Feedback activity at the Weekly Governance meeting
- developing and maintaining Service User Feedback resources
- developing and maintaining up to date information and resources for Trust staff
- development, maintenance and delivery of mandatory Service User Feedback training
- being the first point of contact for all NIPSO verbal queries
- communication with Directorate Governance Teams, coordination and timeliness of all NIPSO responses

Service User Feedback Team are responsible for:

- assisting the Service User Feedback Manager in undertaking all Service User Feedback management activity
- providing a first point of contact for Service User Feedback
- reviewing the information received to ascertain appropriate management
- seeking early resolution of the complaint
- where early, local resolution of a complaint is not possible, assist the complainant in navigating the Trust's formal complaints procedure by directing their complaint to the relevant Directorate Governance Team
- providing support and consideration for complaints and enquiries received from third parties, such as MLAs and the Minister's office
- advising complainants about the support available from the Patient Client Council (PCC)
- assisting the Service User Feedback Manager in providing Service User Feedback related analysis and reports to services and Committees within the Governance Accountability Framework
- providing information for NIPSO as delegated by the Service User Feedback Manager, and in their absence become the first point of contact for any verbal queries
- supporting the Service User Feedback Manager in the delivery of mandatory Service User Feedback training
- auditing aspects of the Service User Feedback pathway as directed by the Service User Feedback Manager

Management of Complaints and Compliments – Service User Feedback

Section 2 - PROCEDURES

This procedure details SHSCT processes following the receipt of Service User Feedback.

Service users, relatives, carers and/or visitors can provide feedback to any member of staff without this affecting the delivery of care and treatment. Ideally, and where possible, staff at a local level should seek to resolve the matter in a prompt, positive and sympathetic manner.

All Service User Feedback will be managed confidentially, with an open, honest, just culture approach.

Learning identified through Service User Feedback will be actioned and shared and where improvements are required, these will be implemented.

Cognizant of data protection and to ensure no breach of confidentiality, verbal complainants may be asked to re-direct their complaint in written format.

Compliments

It is always encouraging for Trust staff to receive recognition for the vital work that they undertake. Service Users wishing to make a compliment can do so by completing and returning the [We Value Your Views leaflet](#) (Appendix 1), by writing, emailing, contacting the Service User Feedback team or completing the online [Feedback form](#) (Appendix 2).

All staff are encouraged to complete the [Compliments form](#) (Appendix 3) for compliments received within service areas. Compliments received by the Chair and Chief Executive's Office and those received into the Service User Feedback Office will be forwarded to the relevant Directorates for sharing with service areas and recorded as detailed above.

On a monthly basis, each Directorate Governance team provides a compliment to the Chief Executive for a personal response.

Complaints/Enquiries

Who can complain?

Complaints may be made by:

- a service user
- a former service user
- ¹service users family/carer
- a member of the public

¹ A complaint may be made by a representative acting on behalf of a person mentioned above in any case where that person:

- has died
- is a child
- is unable to make a complaint him/herself
- has requested the representative to act on his/her behalf, in such cases consent will be sought, where necessary.

- visitor using Trust services and facilities

Unreasonable, Vexatious or Abusive Complainants

Every individual making a complaint will be treated equitably in having these thoroughly investigated and fully responded to, there will be times when nothing further can be done to assist.

If staff consider the person making the complaint to be, unreasonable, vexatious or abusive, they should raise the matter as soon as possible with the relevant Directorate Governance office. Complaints staff experiencing similar difficulties can raise concerns with their Directorate Governance Co-ordinator or the Assistant Director of CSCG. Guidance relating to the management of unreasonable, vexatious or abusive complainants, can be found in Appendix 4.

Consent

It is the responsibility of the Directorate Governance teams to seek [consent](#) (Appendix 5 and 6) from the service user in all circumstances including where correspondence has been received via third parties (service users relatives, friends, carers or other representatives such as their Solicitor or elected representatives (Appendix 7)) in order to investigate the complaint.

The Information Governance department created a [Guidance Note](#) (Guidance Note 1) regarding Providing Personal Information to Elected Representatives including the office of the Minister for Health or SPAD. This document is in accordance with the Data Protection Act 2018 and guidance from the Information Commissioner's Office.

In circumstances where the consent of the service user cannot be obtained, an explanation will be requested as to why this is the case and the appropriate Directorate Governance Co-ordinator and Senior Management regarding further action, will make a decision.

Joint Complaints

Where a complaint spans across more than one Directorate, it is best practice for the Governance teams within those Directorates to agree a lead in all aspects of the complaint management and advise the Service User Feedback team of whom this will be.

All complaints relating to Safeguarding must be escalated to the Safeguarding team.

Where a complaint relates to the SHSCT and one or more Health and Social Care (HSC) organisations, collaborative working will ensure the complaint is appropriately investigated and responded to.

Where a complaint or enquiry is received relating to services from another HSC organisation (with the exception of GP services), consent to share the complaint with that relevant complaints office/department for investigation will be sought prior to the complaint being forwarded. The Service User Feedback team will notify the person making the complaint that his/her complaint has been re-directed and will provide information on the process to be followed including the name and contact details of complaints staff in the organisation concerned.

Where complaints relate to services beyond HSC Trusts and were commissioned by the SHSCT or DoH, it is the responsibility of the SHSCT to lead on the investigation of the complaint.

Time Limit for Making a Complaint

A complaint should be made as soon as possible, normally within 6 months of the event which caused the problem. In some instances, the complainant was not aware that there was cause for a complaint and in this circumstance, the complaint should normally be made within 6 months of the complainant becoming aware of the cause for complaint, or within twelve months of the date of the event, whichever is earlier.

Complaints that fall outside the time limit and which have been identified as posing potential risk to public or patient safety will be escalated to the Assistant Director for CSCG and the Medical Director for discussion and consideration of investigation. Further discussion may be required with Directors and/or service leads. Should a decision not to proceed with an investigation be agreed, a letter of explanation will be sent to the complainant. Accurate records within Datix will reflect the consideration given to a delayed investigation and the decision outcome.

How to make a complaint

Complaints may be made verbally or in writing and will be accepted in person, by telephone, by email or by completing the Trust feedback form. The Trust Communications team engages with Social Media platforms which are monitored and where complaints are expressed, the Communications team provide the complainant with the contact details for the Service User Feedback team and advise them to make contact directly.

Care Opinion is a platform for Service Users to tell their story, should a complaint be identified it will be escalated by Care Opinion to the relevant staff within that service area/Directorate/Service User Feedback for investigation.

Complaints Management

Enquiry – Verbal and written correspondence received from service users or their representatives formally seeking an explanation or clarification regarding services received or awaited.

Enquiries are subject to the same actions and responsibilities as formal complaints. Whilst enquiries are not subject to the timescales for responding to complaints set by the DoH, it is good practice that these are investigated and responded to within the same timescales as complaints or as soon as practically possible (Appendix 8) .

Informal Complaints Process - Informal, verbal and written complaints including those made directly to front line staff at the [Point of Service delivery](#) (Appendix 9).

Where a complaint is raised at service level, staff should seek to resolve at that time but the first responsibility of Trust staff is to ensure that the service user's immediate care needs are being met. If staff are unsure about how to deal with the complaint they should seek advice from their line manager. Advice and assistance can also be sought at any time from Directorate and/or Corporate Governance staff. A '[Need to Know](#)' guide (Appendix 10), has been produced for staff regarding managing complaints and can be found on Trust SharePoint.

If the complaint is resolved, staff should complete a 'Complaints at Point of Service Delivery' form and return to their Directorate Governance team who will upload to Datix.

Where local resolution is not possible, the complainant should be offered a copy of the Trust's 'We Value Your Views' leaflet and directed to contact the Service User Feedback team to proceed with their complaint (Appendix 11).

Formal complaints process - Verbal and written complaints received into Service User Feedback team, including those that have been redirected following receipt into other areas/departments.

Where local resolution is not possible, the formal process of complaints management must be followed to ensure they are handled in an efficient and effective manner. Complainants should be offered a copy of the Trust's 'We Value Your Views' leaflet and advised to contact the Service User Feedback team to proceed with their complaint (Appendix 12).

All formal complaints received and investigated by the Trust are graded by the Directorate Governance Teams using the [Risk Management Matrix](#) (Appendix 13) found within the [Risk Management Strategy](#).

Upon receipt of a complaint, the Service User Feedback team will review and issue an [acknowledgement letter](#) (Appendix 14) along with a 'We Value Your Views' leaflet to the complainant. Any formal complaint received directly by the Chief Executive's office will be forwarded to the Service User Feedback team as soon as possible to enable processing. All formal complaints must be acknowledged with **2 working days**. Where possible, the acknowledgment should provide clarification of the complainant's issues, expected outcomes and a timeframe for response.

The complaint and the acknowledgment are then sent to the relevant Directorate Governance team to commence the investigation process. If consent is required, this should be sought by the Directorate Governance team (**20 working day** timeframe commences on the day in which consent is received). If required, the Directorate Governance team should clarify details of the complaint raised directly with the complainant.

Upon receipt, the complaint will be screened, graded and uploaded to Datix and allocated a unique Datix identification number, by the Directorate Governance team (Appendix 15). The Directorate Governance team will make contact with the relevant service area/Investigating Officer for investigation. The Investigating Officer will be advised when a draft response, along with action and learning plans are expected to be returned to the Directorate Governance team. Support will be provided to the Investigating Officer and staff involved throughout the investigation as required.

The Directorate Governance team will forward a copy of the complaint and acknowledgment letter to the Assistant Director (AD) responsible for that service area.

Directorate Governance teams will email the investigating service area within **10 working days prior** to a response being due by way of a reminder. Thereafter, reminders will be issued weekly until the response has been received. Outstanding

responses will be escalated at the Weekly Governance meeting by the Corporate Service User Feedback Team.

As soon as it is identified that the timeframe for complaint response will not be met, formal holding letters should be distributed to the complainant with an explanation for the delay (Appendix 16). Regular updates should be provided to the complainant, with additional holding letters not exceeding 20 day intervals.

Datix will be used as the primary source of record keeping and should be updated regularly in regards to complaint investigation status and complainant interactions. All formal communication must be uploaded to Datix at the same time as it is being issued.

On completion of the complaint investigation, the Directorate Governance team will review the draft response to ensure all aspects of the complaint have been appropriately addressed and seek approval/amendment of the response letter from AD/Director before it is sent to the complainant and uploaded onto Datix. Completion of the complaint response checklist will form part of this process and must also be uploaded onto Datix (Appendix 17).

The complaint 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, event or condition, an explanation of the term should be provided. The letter should:

- address the concerns expressed by the complainant and demonstrate that each element of the complaint 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* - [Information and guidance • Office of the Northern Ireland Ombudsman \(nipso.org.uk\)](http://www.nipso.org.uk))
- report actions taken, or proposed action to be taken, 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
- advise of their right to make a complaint to the Ombudsman should they remain dissatisfied with the outcome of the complaints procedure

All final responses will be forwarded to the relevant Director for approval. This should be completed within **20 working days** (Appendix 18).

Where further action has been documented within the complaint response, the Trust Complaint Action Plan must be completed (Appendix 19). It is the responsibility of the AD to initiate this work within their service areas and report progress to the Directorate Governance Co-Ordinator.

Reopened complaints

Where a complainant is unsatisfied with the outcome of the complaint investigation, or requires further clarification, the relevant Directorate Governance team will discuss options and assist in attempting to resolve any outstanding issues by:

- providing a further written response specifically relating to the outstanding issues
- meeting with the complainant

- supporting an additional investigation by a second team
- participating in conciliation (use of Lay people or independent experts)

Following these attempts, should the complainant remain unsatisfied, the Directorate Governance team should advise the complainant to contact NIPSO to consider the complaint and determine whether it warrants investigation by them (Appendix 20).

All NIPSO correspondence will be received through the Service User Feedback team. All telephone enquiries from NIPSO will be addressed by the Service User Feedback Manager (Appendix 21).

Escalation

Where a complaint is perceived by the Service User Feedback team as being complex or high risk, it should be escalated to the Service User Feedback Manager in the first instance. If required, further escalation will be directed depending on the nature of the complaint and service involved, including it being tabled at the Weekly Governance meeting. This may include the relevant Directorate Governance Co-Ordinator, Corporate Governance Co-Ordinator, Assistant Director for CSCG or any other member of the Trust SMT as felt necessary (Appendix 22).

On occasion it may be relevant for a complaint to be investigated by an independent reviewer, in such instances a discussion between the service area/HOS, Directorate Governance Co-Ordinator and Director/Assistant Director will consider the appropriate person/service area to undertake this investigation.

Record keeping

Any and all interactions with complainants should be recorded immediately on Datix. Any formal communication such as acknowledgment letters holding letters or responses, should be uploaded onto Datix at the same time as the communication is being sent. Notepad on Datix, should be used as a means of recording informal internal and external communication. Accurate record keeping and compliance with this process will facilitate access to the information by all relevant interested parties and is subject to audit.

Complaints about Regulated Establishments/Agencies and Independent Service Providers (ISPs)

In the first instance, complaints relating to Independent Sector Providers (ISPs) or Regulated Establishment (RE)/Agency registered with the Regulation and Quality Improvement Authority (RQIA) should be received and investigated by them, with a response direct to the complainant.

In the event that the complainant contacts the Trust, consideration will be given on how best to proceed. The complaint may be forwarded to the ISP/RE if the complainant has not already done so, or the Trust may decide to investigate in accordance with this policy and procedure, particularly if it relates to a previous, unresolved issue or if the complaint raises serious concerns regarding patient safety.

Each quarter, ISPs/REs are expected to return details of all complaints received and managed during that period, including reporting of 'nil complaints'. The Corporate Service User Feedback team will make contact with the ISPs/RE via email two weeks before quarter end to remind that returns are due by the tenth working day of the new quarter. Subsequent reminder will be issued on the last working week.

Completed and nil returns will be forwarded to the Operational Leads, including details of those ISPs/REs who have not responded.

Dissemination

Following approval, this policy and procedure will be disseminated widely to all levels of staff within the Trust including Directorate Governance teams, Senior Managers, Assistant Directors and Directors within the organisation.

Resources

Within the Medical Directorate, the Corporate CSCG Department is responsible for ensuring all staff have an awareness of this policy, developing and delivering training.

Support and Advice

As required, support and advice can be provided to any member of Trust staff involved in a complaint or enquiry, by their Supervisor and/or Line Manager, at any stage of the process. Further advice and assistance is available to all staff and service users/complainants, details of these resources can be found at Appendix 23.

Exceptions

This policy applies to all staff across all service areas within the Trust and there are no exceptions to its application.

In certain circumstances, complaints and concerns may be excluded from the scope of this policy and procedure:

- staff grievances (the Trust have separate procedures for handling staff grievances. Staff can however, complain about the way in which they have been dealt with under the HSC Complaints Procedure)
- staff complaints (the Trust have separate procedures for handling staff complaints)
- an investigation under the disciplinary procedure
- private care, treatment or services not commissioned by the Trust
- services commissioned by the SPPG/DoH – including GP Practices and services
- an investigation by a professionally regulatory body
- a request for information under Freedom of Information
- access to records under the Data Protection Act 1998
- 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 (the Trust have separate procedures for legal action)
- a Serious Adverse Incident (SAI) (the Trust have separate procedures for incident management)
- Anonymous complaints/comments/enquiries/correspondence

In such circumstances, the Directorate Governance Teams must inform the person in writing why the exclusion applies (Appendix 24).

Monitoring

All online compliments received and recorded and those submitted through Care Opinion will be included in Trust quarterly reports.

Regular reports on complaints and enquiries are produced to:

- monitor the nature and volume of complaints
- provide weekly update and escalation of complaint activity at the Weekly Governance meeting
- provide weekly update on open and pending NIPSO cases
- escalate the volume of outstanding complaint responses at the Weekly Governance meeting
- enable benchmarking
- provide assurance that lessons from complaints have been learnt and appropriately shared
- inform quality improvement projects

The volume of complaints received by the Trust are monitored by:

- discussion at Weekly Governance meeting, Directorate Governance meetings/,Governance Coordinators Meetings, SMT, Governance Committee meetings and at the Patient and Client Experience Committee meetings
- the return of Closed complaints regularly sent to the SPPG for consideration
- the return of the CH8 report to the DoH
- a Trust complaints report, compiled annually and includes details of how complaints were received and handled, and what lessons were learned
- regular audit by the Service User Feedback team

Audit

The Service User Feedback team will undertake regular audit on various aspects of this policy and procedure. In addition, as required/requested, ad-hoc audits may be undertaken. Audit results will be shared with the Directorate Governance teams, Corporate Governance Co-Ordinator and Assistant Director for CSCG. The Corporate Service User Feedback team will also commit to auditing at least 25% of all complaint responses per quarter for sharing at the CSCG Committee meeting.

HCAT

The Health Care Analysis Tool (HCAT) is designed to facilitate organisational learning and service monitoring through aggregation of formal healthcare complaints. It can identify potential risks and areas for improvement, all complaints are coded from the service users perspective by level of harm, severity and domain. The Service User Feedback team are responsible for coding all formal complaints received weekly, the coded complaints are uploaded to HCAT quarterly and the data is benchmarked against previous quarters.

Legislative Compliance, Relevant Policies, Procedures and Guidance

[Guidance in Relation to the Health and Social Care Complaints Procedure, DoH \(2022\)](#)

Equality & Human Rights Considerations

No significant equality implications have been identified within this policy and procedure.

Sources of Advice & Further Information

Arrangements will be made as necessary to meet the specific needs of those wishing to comment on Trust services, including the provision of interpreting services. This document can be made available on request in alternative formats and languages.



Service User Feedback Team
 Southern Health & Social Care Trust
 Beechfield House
 Craigavon Area Hospital
 Portadown
 BT63 5QQ

If you require assistance in making a complaint, we will be happy to help

Service User Feedback Team
Southern Health & Social Care Trust
Beechfield House
Craigavon area Hospital
BT63 5QQ

Telephone: 028 3756 4600

email:
serviceuserfeedback@southerntrust.hscni.net

Online: www.southerntrust.hscni.net

Alternatively, the Patient and Client Council can provide free and confidential advice, information and help to make a complaint. You can get more information on the services it provides by phoning **0800 917 0222** or at www.patientclientcouncil.hscni.net

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

We encourage you to raise any concerns as soon as possible. You should normally complain within 6 months of the event or 6 months of you becoming aware that you have cause for a complaint, and normally no longer than 12 months after the event.

What Happens next?

Your complaint will be acknowledged within 2 working days of receipt. We will aim to respond to your complaint in full within 20 working days. Some complaints take longer to resolve than others. We will tell you if it becomes clear that we are unable to respond within these timescales.

What to do if you are still not happy?

If you are not happy with our response you can contact the Directorate Governance Team who responded to your complaint. They 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 Public Services Ombudsman (NIPSO). NIPSO will consider your complaint to determine whether it warrants investigation by them. Further information on the services provided by the Ombudsman is available by phoning **0800 34 3424** or at www.nipso.org.uk

Complaints about regulated establishments e.g. nursing or residential homes

If your complaint relates to a placement we have made in an establishment such as a nursing or residential home, you should initially raise your complaint to the provider of care.

If you are not happy with the response you receive, you can refer your complaint to the Trust.

The Regulation and Quality Improvement Authority (RQIA) is Northern Ireland's independent health & social care regulator. If you believe your concerns may relate to a potential breach of regulations or minimum care standards you can contact RQIA on **028 90517500** or by email at: info@rqia.org.uk

Revised May 2021

WPH-001289

LPC 01/18/030

HSC Southern Health and Social Care Trust
 Quality Care - for you, with you

We Value Your Views

If you have a compliment, suggestion or complaint about our services we want to hear from you!

Your Feedback Matters



Listening • Learning • Improving

Appendix 1 - We Value Your Views

The quality and type of services we provide is very important to us. We aim to continually improve and it is often people who have observed our services who can help us to learn and improve by sharing their experiences.

Compliments and Suggestions

We are always keen to know when things have worked out well for our service users and what aspect has made it a positive experience for them. These compliments, which highlight good practice, will be forwarded to the relevant staff and departments.

We welcome all suggestions, share them with relevant staff and consider them fully with a specific aim to improve services, where possible. Compliments and suggestions can be made in writing, by email, by using our online feedback form, by telephone or by completing the attached form.

Service User Feedback Team
Southern Health & Social Care Trust
Beechfield House
Craigavon Area Hospital
BT63 5QQ

Telephone: 028 3756 4600
email: user.feedback@southerntrust.hscni.net
Online: www.southerntrust.hscni.net

Anonymous Feedback



Care Opinion is the new online patient feedback platform for health and social care services across Northern Ireland. It is safe and simple to use and leads to learning and change. Our staff would really value your feedback on your recent experience. Your story might be about you, or someone close to you. You can say what happened, what was good, and what could have been better. This is anonymous feedback. Care Opinion allows you to leave your feedback in a number of ways:

-  Online with text - www.careopinion.org.uk
-  Online with Images - www.careopinion.org.uk
-  Free post leaflet – write or draw
-  Freephone: 0800 122 3135

For further information on Care Opinion please contact:
Care.Opinion@southerntrust.hscni.net

Complaints

The Trust aims to provide the highest possible standard of care to all service users, but sometimes things don't always go according to plan. When this happens it is important for us to put things right quickly.

How to Complain

Initially you may wish to express your concerns to the person who is providing the care or service and they will try to resolve your concerns straight away. If they are unable to, you may wish to express your concerns to our Service User Feedback Team.

You can make your complaint in the way that best suits you. This can be in writing, by telephone, by email, by using our online feedback form, by arranging an appointment with our Service User Feedback Team or completing the attached form.

You should provide us with details of:

- how to contact you
- who or what you are complaining about
- where and when the event that caused your complaint happened and
- where possible, what action you would like us to take

For Compliments, Suggestions & Complaints

Please tick the appropriate box below and complete the information required.

Compliment Suggestion Complaint

First Name: _____

Last Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Telephone: _____

If you are making a compliment, suggestion or complaint on behalf of someone else, please provide us with their details below and indicate your relationship to that person:

Their Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Relationship: _____

Location regarding your compliment, suggestion or complaint: _____

Please tick the appropriate box below and complete the information required.

To submit your feedback please complete the form below.

Nature of Feedback *

Please select from the following:

- Compliment
- Complaint
- Comment
- Suggestion

Your Name *

0 of 50 max characters

Your comments *

0 of 900 max characters

Your daytime phone number *

0 of 50 max characters

Email

Please enter an email if you would like to receive a confirmation message

Enter Email

Confirm Email

Submit

Southern Trust Compliments Form



Quality Care - for you, with you

Name of person making compliment *

0 of 50 max characters

Date Compliment received *

Directorate *

Directorate ▼	Division ▼	Service Area ▼	Speciality Team ▼
---------------	------------	----------------	-------------------

Department *

0 of 50 max characters

How Was The Compliment Received *

- feedback form
- email
- letter
- card
- social media
- Other

Subject of compliment *

- Quality of Treatment and Care
- Staff attitude and behaviour
- Information and communication
- Environment
- Other

Appendix 4 - Unreasonable, Vexatious or Abusive complaints

Introduction

All SHSCT staff should respond to complaints with patience, in an empathetic and professional manner. However, there may be times when nothing further can reasonably be done to assist a complainant and where further communications would place inappropriate demands on staff and resources.

In such instances, and in discussion with the relevant Directorate Governance Co-Ordinator, Assistant Director/Director and/or Assistant Director for Clinical and Social Care Governance (CSCG), consideration will be given to the 'Unacceptable Actions Policy' and whether the complainants behaviour would classify as an unreasonable, demanding or persistent.

In determining arrangements for handling such complainants, the Trust must:

- ensure the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed
- appreciate that even habitual complainants may have grievances which contain some substance
- ensure a fair approach
- be able to identify the stage at which a complainant has become habitual

¹Unacceptable Actions Policy

This policy should only be used as a last resort after all reasonable measures have been taken to resolve the complaint having followed the Trusts Policy and Procedure in the Management of Service User Feedback.

It is important that discretion is applied when considering a complainants actions/behaviours against the criteria within this policy and deciding the outcome.

Criteria

Complainants may be deemed unreasonable, vexatious or abusive where they meet one or more of the following criteria:

- **aggressive or abusive behaviour** – any violence or abuse towards staff will not be accepted, this includes physical harm, behaviour or language (verbal or written) that may cause staff to feel afraid, threatened or abused. The Trust endorses and promotes the Zero Tolerance campaign.
- **unreasonable demands** – when demands start to (or when complying with the demand would) impact substantially on the work of the organisation e.g. repeatedly demanding responses within unreasonable timeframes, insisting on seeing/speaking to a particular member of staff when not possible, repeatedly changing the substance of a complaint or raising unrelated concerns.
- **unreasonable levels of contact** – when the amount of time spent talking to a complainant on the phone, or dealing with emails or written correspondence impacts on the Trust's ability to deal with that complaint, or with other people's complaints.

¹ Further information can be found in the DoH Guidance in relation to the Health and Social Care Complaints Procedure – Annex 13

- **unreasonable use of the complaints process** – when the effect of repeated complaints is to harass, or prevent the Trust from pursuing a legitimate aim or to implement a legitimate decision.
- **unreasonable refusal to co-operate** – when an individual repeatedly refuses to cooperate and not respond to reasonable requests throughout the complaint management process.

Management of unreasonable, vexatious or abusive complainants

After consideration, if it has been agreed that the complainant meets one or more of the criteria, they will be informed in writing. This letter will outline the met criteria, why the decision has been made to restrict future contact, the restricted contact arrangements and if relevant, the length of time that the restrictions will be in place.

The Trust reserves the right to inform the Police Service of Northern Ireland (PSNI) of incidents where staff have been subjected to violence or threats from a complainant. Should this be the case, this will also be detailed in the letter sent to the complainant.

Withdrawal of unreasonable, vexatious or abusive complainant status

A complainant can appeal the Trust decision to restrict contact and it is important that a decision can be reconsidered by the Trust.

Where the Trust will reconsider the decision, this will only be in relation to that of the restricted contact and not to the original complaint or any decision to close a complaint.

An independent Assistant Director/Director not involved in the original decision will be responsible for considering the appeal. Using their discretion, they will review the evidence available to them and make their decision as they think best. The complainant will be notified in writing that either the restricted contact arrangement still apply or that a different course of action has been agreed.

Records of unreasonable, vexatious or abusive complainants

The Trust will record all incidents of unacceptable actions by complainants in the same record as the complaint on Datix.

Where restricted complainant contact has been decided, relevant services will be notified and this information will also be held on a password protected electronic system within the Service User Feedback team.

The Assistant Director for CSCG will review the status of all complainants with restricted contact arrangements on a quarterly basis.



**Regional Form of Consent for Complaint or Enquiry
To HSC Trusts By Elected Representatives**

Trust/s: Belfast NIAS Northern Southern South Eastern Western
(please tick which HSC Trust/s consent refers to)

Service User's Full Name (i.e. patient/client):

Service User's Address:

Postcode: **Service User's Date of Birth:**

Time Period referred to: **Hospital /**

Facility / Service:

Declaration and Signature by Elected Representative Please tick the correct box (one box only) and sign below:

- 1.** The above service user (patient/client) is my constituent and I am acting for him/her in my capacity as their elected representative.
- 2.** The above service user is my constituent and I am acting for him/her in my capacity as their elected representative, however, as this matter relates to "special category data" as defined in the Data Protection Legislation, he/she has provided his/her written consent below¹ to enable the Trust to fully respond to me on this matter.
- 3.** I am acting for my constituent who is a Third party and is not the service user. The service user has signed below¹ to indicate his/her consent for me to raise the issue/s and for the Trust to provide me with a reply, which may require disclosure of personal or sensitive personal information about him/her to fully respond.
- 4.** I am acting for my constituent who is a Third party but the service user does not have capacity to consent. The next of kin/significant person has signed below² to indicate his/her consent for me to raise the issue/s and for the Trust to provide me with a reply, which may require disclosure of personal or sensitive personal information about the service user to fully respond. (*Please provide clarity and any supporting documentation as appropriate to confirm next of kin / significant person status*).
- 5.** I am acting for my constituent who is a Third party but the service user is deceased. In accordance with the Access to Deceased Records (NI) Order, 1993, the deceased's personal representative has signed below² to indicate his/her consent for me to raise the issue/s and for the Trust to provide me with a reply, which may require disclosure of personal or sensitive personal information about the service user to fully respond. (*Please provide clarity and any supporting documentation as appropriate to confirm personal representative status*).

Elected Representative's Signature:

(Please print name and title) **Date:**

Signature of Service User¹ (or appropriate other² if service user does not have capacity

or is deceased)(Please print name also)

Date:

Please indicate by ticking the appropriate boxes whether you agree or disagree to the person(s) acting on your behalf and receiving any and all such information as may be relevant to the complaint.

Agree Disagree

If you disagree with the above named person acting on your behalf, please indicate by ticking the appropriate box below whether **you** (the service user) would still like a response to the complaint the Trust has received: Yes No

Relationship if above signatory is not the Service User?.....

Appendix 6 – Patient/Client Consent Form

This form is issued to Patients and Clients when the Southern Health and Social Care Trust has received a complaint from another party on your behalf. In order that the Trust can respond to the complaint please complete Sections A, B and C of this form and return it to the postal address in the footer or email it to serviceuserfeedback@southerntrust.hscni.net

Section A

Full name of patient/client on whose behalf the complaint is being made

Name: _____

Address: _____

Date of birth: _____

Section B

Please find below the name(s) of the person(s) making the complaint on your behalf. Please indicate by ticking the appropriate boxes whether you agree or disagree to the person(s) acting on your behalf and receiving any and all such information as may be relevant to the complaint.

Name of person making complaint on behalf of Patient / Client	Agree	Disagree

If you do not wish these named person(s) to act on your behalf and have indicated this by selecting 'Disagree' (above) - please indicate by ticking the appropriate box below whether **you** would still like a response to the complaint the Trust has received:

Yes No

Section C

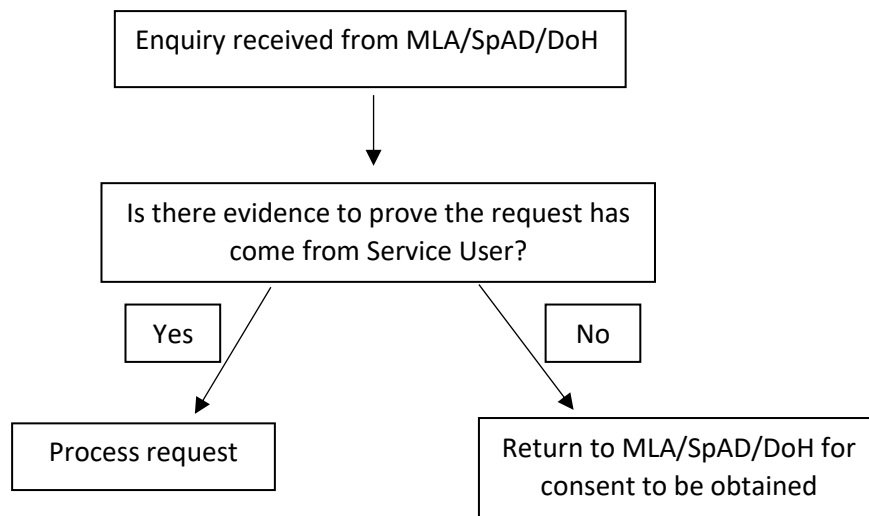
Please read below and sign and date this form:

I understand that any information given about myself is limited to that which is relevant to the investigation of the complaint and only disclosed to those people who have a need to know it in order to investigate the complaint.

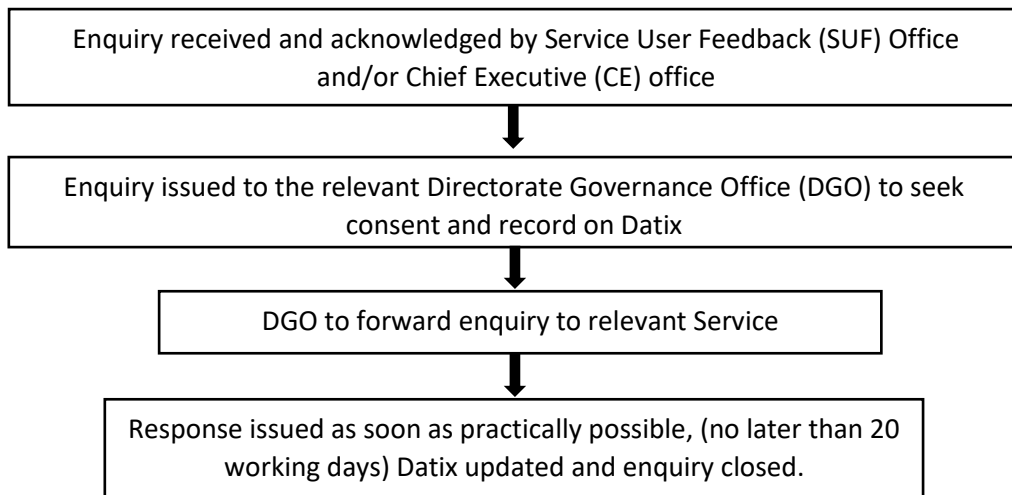
Signature of patient/client: **x** _____

Date: **x** _____

Appendix 7 – Consent process for MLA/SpAd/DoH Enquires



Appendix 8 - Management of Enquires





COMPLAINTS AT POINT OF SERVICE DELIVERY

1. This report should be used in conjunction with the Trust’s Policy and Procedure on Complaints and the “We Value Your Views” leaflet.
2. This document should be completed for issues dealt with at point of service delivery. Guidance notes for completion are available on the Trust’s intranet site under policies & procedures/complaints.
3. Please complete all sections of the report and forward it to the relevant Directorate Governance Team within 3 working days. The email address for each Directorate as below;

Acute: AcutePatient.ClientLiaison@southerntrust.hscni.net

OPPC: oppc.governance@southerntrust.hscni.net

CYP: cyps.governance@southerntrust.hscni.net

MHD: mhd.serviceuserfeedback@southerntrust.hscni.net

Directorate: Division:
 Ward/Department:
 Date: Time:

Section A

Patient: Complainant:
 Address Address

 Postcode
 Phone No Phone No
 Date of Birth
 Hospital No

Section B

Please describe the substance of the complaint below:

.....

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

Section C

Please detail immediate action taken:

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

Section D

Has the issue(s) of complaint been resolved? **YES/NO**

If NO: Is the complainant expecting that their complaint will now be processed as a formal complaint and that they will receive follow up contact from the relevant Service User Feedback Office: **YES/NO**

Section E

Name of Staff Member Completing Report:

Designation: **Date:**

Section F *(to be completed by Line Manager)*

Please detail below what lessons have been learned or changes in practice put in place to minimise likelihood of/prevent a recurrence:

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

Section G

Name of Line Manager Reviewing Report:

Designation: **Date:**

Head of Service/Assistant Director/Associate Medical Director informed (*delete as necessary)

YES/NO

Learning from Complaints

We aim to continually improve in all areas and often people who have experienced or observed our services can help us to learn and improve by sharing their experiences. The Trust uses issues raised through the complaints process as an important source of information for safety and quality improvement.

What if I receive a comment, suggestion or compliment?

A comment, suggestion or compliment can be recorded on a 'We Value Your Views' leaflet. If you receive a comment, suggestion or compliment please ensure it is shared with your manager and any relevant staff before forwarding to the Service User Feedback Team for recording purposes.

Staff Support

The Trust has a number of arrangements to support staff through the process if required. You can contact:

- Your Supervisor or Line Manager
- Your Clinical & Social Care Governance Office (Please see contact details below)
- The Corporate Complaints Officer (Please see contact details below)

Further Advice and Assistance

More detailed guidance and information is available in the Trust's Policy for the Management of Complaints.

Please feel free to contact the Clinical & Social Care Governance office for your directorate who will be happy to assist:

Corporate Complaints
Tel: (028) 37564600

Mental Health and Disability
Tel: (028) 3756 3366

Older People and Primary care
Tel: (028) 37563365

Acute Services
Tel: (028) 37561056

Children and Young People
Tel: (028) 3756 3345

HSC Southern Health and Social Care Trust
Quality Care - for you, with you

Complaints & Users Views in Health and Social Care

A NEED TO KNOW GUIDE FOR STAFF



• LISTENING • LEARNING • IMPROVING

January 2019

What is a complaint?

A Complaint is defined as: "Any expression of dissatisfaction which requires a response" (HSC Complaints Procedure, April 2009)

It is generally accepted that when someone makes a complaint they are telling us:

- In their opinion, we have done something, but have done it badly or wrongly; or
- We have not done something we should have done or promised to do.

It is important to bear in mind that a complaint is not an enquiry, i.e. a request for information or a service and that certain timescales have to be met.

Why do people complain?

When people complain, it can be about many things:

- A service failure.
- The range of services available.
- The attitude of a member of staff.
- Lack of communication.
- Quality of standard of care.

Many people are generally reluctant to complain. If someone complains to you, try to appreciate how they are feeling.

Think of the last time you had to make a complaint. How did you feel and how did you expect/want to be treated?

What to do if you receive a verbal complaint at the point of service

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. Where possible complaints should be dealt with immediately.

- Please give your name.
- Take the person's name and use it during the conversation.
- Listen carefully and maintain eye contact.
- Find out the nature of the problem.
- Be helpful, understanding and sensitive.
- Ask yourself if there is anything you can do to help immediately, aim to resolve the issue 'at the point of service delivery'.
- Acknowledge the complainant's concern and apologise if an error has occurred.
- Ask the complainant what they would like to happen as a result of the complaint; if their expectations are not feasible or realistic be honest.
- Discuss the matter with your manager.


If a member of staff has resolved a complaint 'at point of service' they should complete and return a 'Complaints at Point of Service Delivery' Form

Form available on the Trust Intranet under Policies & Procedures > Clinical & Social Care Governance > Complaints

What to do if you have not been able to resolve the matter?

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.



What if I receive a written complaint?

All written complaints received by staff must be forwarded to the Corporate Complaints Officer:

Corporate Complaints Officer
Beechfield House
Craigavon Area Hospital

Email: complaints@southerntrust.hscni.net
Telephone: (028) 37564600

Confidentiality

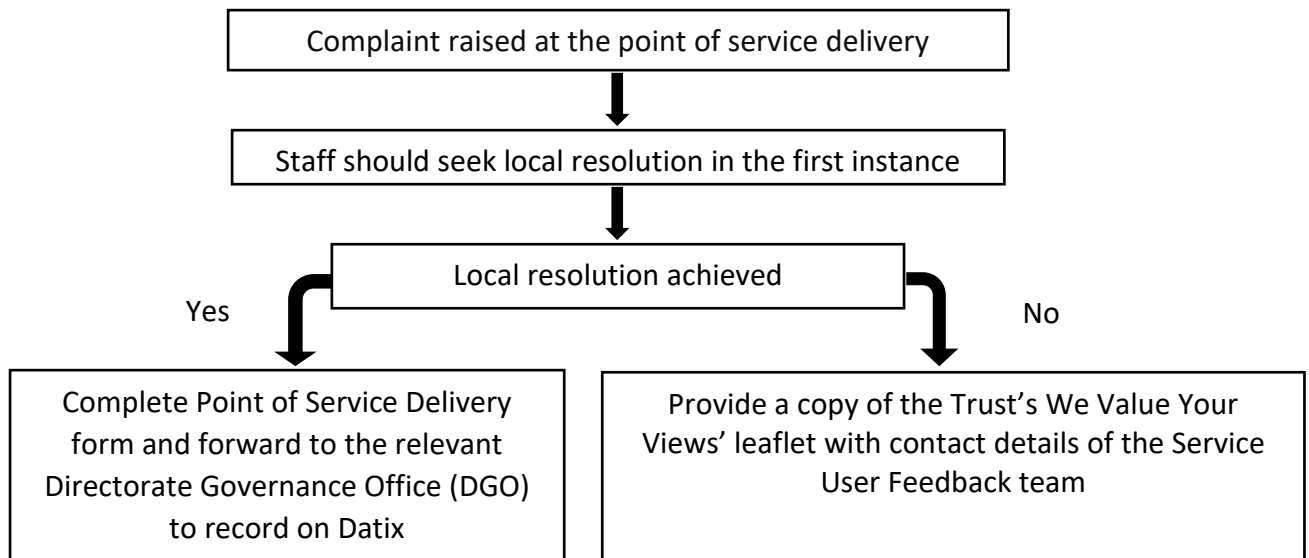
HSC staff should be aware of their legal and ethical duty to protect the confidentiality of complainants. It is vital that this is respected at all times.

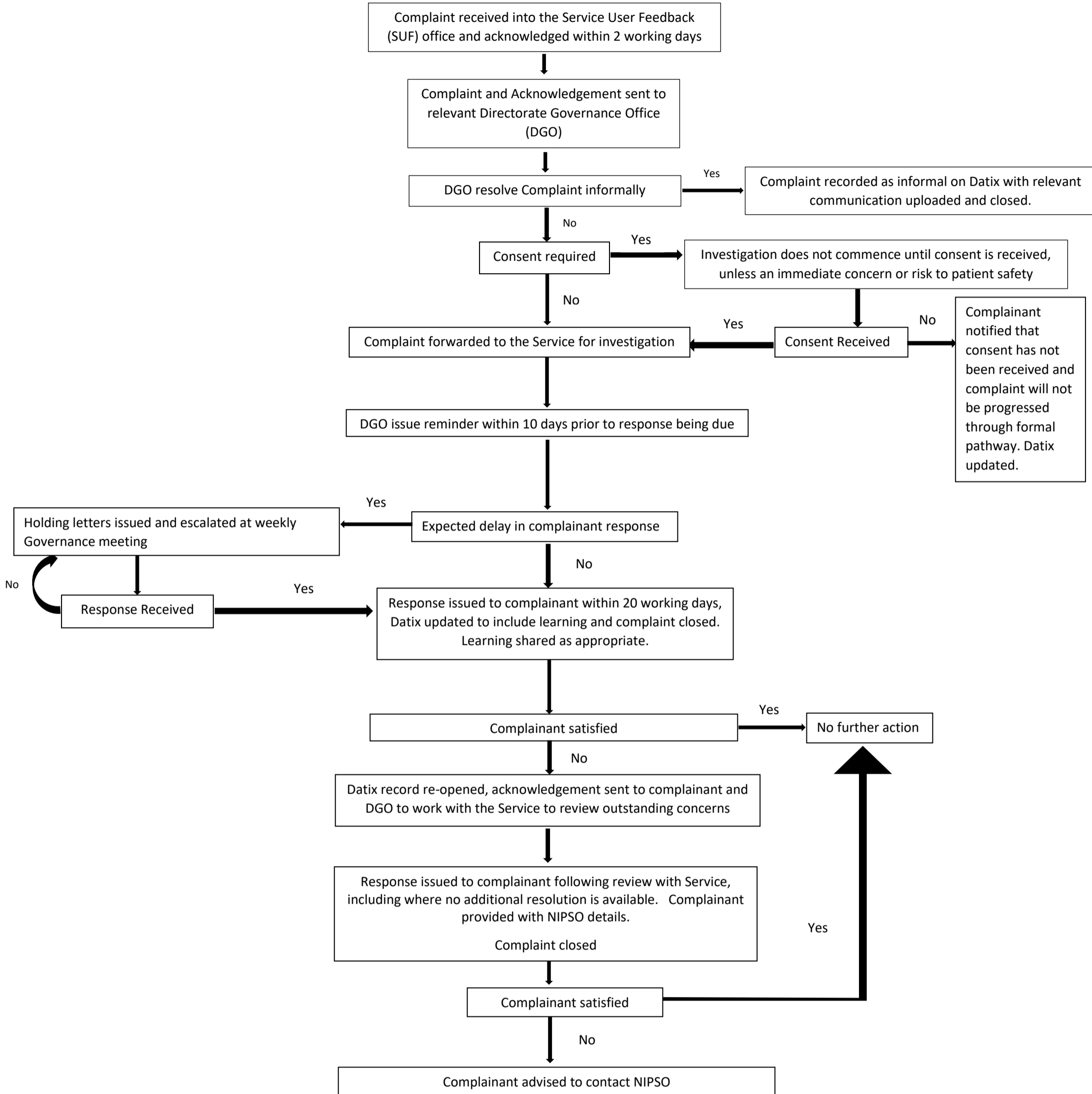
Principles of an Effective Complaints Management

Four Key Principles:

- Openness and accessibility
- Responsiveness
- Fairness and Independence
- Learning and Improvement

Appendix 11 - Management of Complaints at Point of Service Delivery (Informal) Flowchart





HSC Regional Impact Table – with effect from April 2013 (updated June 2016 & August 2018)

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
PEOPLE <i>(Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)</i>	<ul style="list-style-type: none"> Near miss, no injury or harm. 	<ul style="list-style-type: none"> Short-term injury/minor harm requiring first aid/medical treatment. Any patient safety incident that required extra observation or minor treatment e.g. first aid Non-permanent harm lasting less than one month Admission to hospital for observation or extended stay (1-4 days duration) Emotional distress (recovery expected within days or weeks). 	<ul style="list-style-type: none"> Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). Admission/readmission to hospital or extended length of hospital stay/care provision (5-14 days). Any patient safety incident that resulted in a moderate increase in treatment e.g. surgery required 	<ul style="list-style-type: none"> Long-term permanent harm/disability (physical/emotional injuries/trauma). Increase in length of hospital stay/care provision by >14 days. 	<ul style="list-style-type: none"> Permanent harm/disability (physical/ emotional trauma) to more than one person. Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES <i>(Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)</i>	<ul style="list-style-type: none"> Minor non-compliance with internal standards, professional standards, policy or protocol. Audit / Inspection – small number of recommendations which focus on minor quality improvements issues. 	<ul style="list-style-type: none"> Single failure to meet internal professional standard or follow protocol. Audit/inspection – recommendations can be addressed by low level management action. 	<ul style="list-style-type: none"> Repeated failure to meet internal professional standards or follow protocols. Audit / Inspection – challenging recommendations that can be addressed by action plan. 	<ul style="list-style-type: none"> Repeated failure to meet regional/ national standards. Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. Audit / Inspection – Critical Report. 	<ul style="list-style-type: none"> Gross failure to meet external/national standards. Gross failure to meet professional standards or statutory functions/ responsibilities. Audit / Inspection – Severely Critical Report.
REPUTATION <i>(Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)</i>	<ul style="list-style-type: none"> Local public/political concern. Local press < 1day coverage. Informal contact / Potential intervention by Enforcing Authority (e.g. HSE/NIFRS). 	<ul style="list-style-type: none"> Local public/political concern. Extended local press < 7 day coverage with minor effect on public confidence. Advisory letter from enforcing authority/increased inspection by regulatory authority. 	<ul style="list-style-type: none"> Regional public/political concern. Regional/National press < 3 days coverage. Significant effect on public confidence. Improvement notice/failure to comply notice. 	<ul style="list-style-type: none"> MLA concern (Questions in Assembly). Regional / National Media Interest >3 days < 7days. Public confidence in the organisation undermined. Criminal Prosecution. Prohibition Notice. Executive Officer dismissed. External Investigation or Independent Review (e.g. Ombudsman). Major Public Enquiry. 	<ul style="list-style-type: none"> Full Public Enquiry/Critical PAC Hearing. Regional and National adverse media publicity > 7 days. Criminal prosecution – Corporate Manslaughter Act. Executive Officer fined or imprisoned. Judicial Review/Public Enquiry.
FINANCE, INFORMATION & ASSETS <i>(Protect assets of the organisation and avoid loss)</i>	<ul style="list-style-type: none"> Commissioning costs (£) <1m. Loss of assets due to damage to premises/property. Loss – £1K to £10K. Minor loss of non-personal information. 	<ul style="list-style-type: none"> Commissioning costs (£) 1m – 2m. Loss of assets due to minor damage to premises/ property. Loss – £10K to £100K. Loss of information. Impact to service immediately containable, medium financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 2m – 5m. Loss of assets due to moderate damage to premises/ property. Loss – £100K to £250K. Loss of or unauthorised access to sensitive / business critical information Impact on service contained with assistance, high financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 5m – 10m. Loss of assets due to major damage to premises/property. Loss – £250K to £2m. Loss of or corruption of sensitive / business critical information. Loss of ability to provide services, major financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) > 10m. Loss of assets due to severe organisation wide damage to property/premises. Loss – > £2m. Permanent loss of or corruption of sensitive/business critical information. Collapse of service, huge financial loss
RESOURCES <i>(Service and Business Interruption, problems with service provision, including staffing (number and competence), premises and equipment)</i>	<ul style="list-style-type: none"> Loss/ interruption < 8 hour resulting in insignificant damage or loss/impact on service. No Impact on public health social care. Insignificant unmet need. Minimal disruption to routine activities of staff and organisation. 	<ul style="list-style-type: none"> Loss/interruption or access to systems denied 8 – 24 hours resulting in minor damage or loss/ impact on service. Short term impact on public health social care. Minor unmet need. Minor impact on staff, service delivery and organisation, rapidly absorbed. 	<ul style="list-style-type: none"> Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. Moderate impact on public health and social care. Moderate unmet need. Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. Access to systems denied and incident expected to last more than 1 day. 	<ul style="list-style-type: none"> Loss/ interruption 8-31 days resulting in major damage or loss/impact on service. Major impact on public health and social care. Major unmet need. Major impact on staff, service delivery and organisation - absorbed with some formal intervention with other organisations. 	<ul style="list-style-type: none"> Loss/ interruption >31 days resulting in catastrophic damage or loss/impact on service. Catastrophic impact on public health and social care. Catastrophic unmet need. Catastrophic impact on staff, service delivery and organisation - absorbed with significant formal intervention with other organisations.
ENVIRONMENTAL <i>(Air, Land, Water, Waste management)</i>	<ul style="list-style-type: none"> Nuisance release. 	<ul style="list-style-type: none"> On site release contained by organisation. 	<ul style="list-style-type: none"> Moderate on site release contained by organisation. Moderate off site release contained by organisation. 	<ul style="list-style-type: none"> Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.). 	<ul style="list-style-type: none"> Toxic release affecting off-site with detrimental effect requiring outside assistance.



Date:

Private & Confidential

Address

Dear

Firstly, on behalf of the Southern Health and Social Care Trust, I would like to express my sincere sympathy to you and your family at this very sad time at the death of your Mum/Dad/Brother..... Name.

Thank you for taking the time to highlight your concerns. We apologise that your experiences with the Southern Health and Social Care Trust did not meet your expectations on this occasion.

The areas of concern that you wish to have addressed are noted as follows;

-

If you wish to add anything further you feel may be relevant to your complaint, please do not hesitate to contact us.

Your correspondence will now be forwarded to the xxxxxxxx Governance office to investigate and respond directly to you. As you may be aware, the Health & Social Care Trust is experiencing unprecedented pressures due to Coronavirus (COVID-19). We do appreciate the significance of your complaint and we will endeavour to respond to you as soon as possible. However, the focus for staff and managers over this time will be on patient care and safety, and therefore other tasks, such as investigating complaints, will be delayed. We do appreciate your patience during these exceptional circumstances

I enclose a “We Value Your Views” leaflet for your information.

Should at any point you wish to discuss your correspondence please do not hesitate to contact me on 028 37564600.

If you wish to seek independent support and advice you may contact the Patient Client Council on 0800 9170222. The Patient Client Council Complaints Support Service is confidential, independent and free.

Yours sincerely,



Service User Feedback Team, Beechfield House, CAH Site,
68 Lurgan Road, Portadown,
BT63 5QQ Tel: 028 3756 4600 serviceuserfeedback@southerntrust.hscni.net

Rich Client

Log on to Datix Rich Client

Select Complaint and New from the top tool bar and complete all fields using the drop down options available.

- Name (patients name): Surname followed by Christian name
- Our Ref (if applicable)
- All location fields
- Method of complaint
- Type of complaint
 - Formal complaint being investigated via the Formal Complaints Process
 - Informal complaint, formal complaint resolved informally and complainant happy for formal complaint to be stood down
 - Resolved at Point of Service Delivery for complaints resolved via this method
 - Enquiry, a query/question being raised regarding a service
 - Redirected for complaints that were recorded on Datix but redirected to a different department eg HR
- First Received - where consent has been received at a later date, the 1st Received, Acknowledgement and Replied date must be manually updated on Datix to reflect date consent was received
- Description (add brief description of complaint) ensure there is no patient identifiable information
- Current Stage – This stage should be updated when the status of complaint changes
 - Investigation – Investigation is ongoing
 - Awaiting Consent – Request for consent has been requested
 - Local Resolution – Formal complaint is being resolved locally
 - Ombudsman – Ongoing Ombudsman investigation
 - Closed – No open investigation
- If the complaint relates to an incident recorded on Datix, these records should be linked

DATIX Risk Management
 File Edit Records Options Setup Complaints Reports E-mail Design Admin Window Help

First Previous Next Last New Search Browse Claims Compl PALS Incidents Risks Contacts REI

Complaint: ADD NEW COMPLAINT

Name: Our ref: ID: Site:

Loc (Type): Loc (Exact): Directorate:

Division: Service Area: Speciality:

Method Of Complaint: Type Of Complaint: Subtype:

Handler: Manager: Incident type:

Consent obtained: Commissioner:

Incident date: Other ref: First received: 9-Jun-2022

Opened: 9-Jun-2022 Closed: Reopened date:

Description:

Current stage: Outcome code:

Outcome:

Approval status: Complainants: Claims: PALS: Incidents:

Complainants...
 Persons...
 Employees...
 Contacts...
 Subjects...
 Documents...
 Extra Fields...
 Investigate...
 Causes...
 Claims...
 Incidents...
 Notepad...
 Events...
 Save
 Cancel

Complainants

Enter all information available in the relevant fields using drop down options where relevant including;

- Date Received will default (if consent is needed this date will be updated to reflect when consent is received)
- Enter notes to reflect any changes to the first received
- Enter dates if the complaint is reopened
- Due dates for Acknowledgement, Holding and Response dates will automatically populate, in line with Date Received
- Enter dates on the 2nd row as the complaint progresses:
 - Acknowledged
 - Holding letter sent
 - Complaint Response issued – Replied section

Persons tab

This is the name of the Person the complaint affects (service user) follow same process as above uploading all information available including H&C number, if available.

Employees

Record details where an employee has been named in the complaint (those who the service user has complained about).

Documents

This tab is used to upload all communication such as;

Complaint received, acknowledgements, holding letters, responses and emails.

Title documents with the following format YYYYMMDD

Response/Complaint/Acknowledgement.

Choose the relevant format e.g. Email/Letter.

Investigate

Enter Consequence and Likelihood of Recurrence and Datix will automatically create the Grade. The Risk Matrix should be used for guidance.

Notepad

Update the notepad with all informal communication relating to the complaint such as internal communications, contact with relevant departments, calls made etc.

Closing off Complaint/Enquiry on Datix:

When a complaint response has been issued or has been informally resolved, all relevant communication must be uploaded to Datix and the complaint closed as follows;

The screenshot shows a web-based form for managing a complaint. The form is divided into several sections. At the top, there are three date fields: 'Opened:' with the value '9-Jun-2022', 'Closed:', and 'Reopened date:'. Below these is a large 'Description:' text area. Underneath the description are two rows: 'Current stage:' with a dropdown menu and 'Outcome code:' with a dropdown menu. Below these is an 'Outcome:' text area. At the bottom of the form, there are four checkboxes: 'Complainants:', 'Claims:', 'PALS:', and 'Incidents:'. To the left of these checkboxes is the 'Approval status:' dropdown menu, which is highlighted with a red box and has 'FA' selected. On the right side of the form, there is a vertical column of buttons: 'Investigate...', 'Causes...', 'Claims...', 'Incidents...', 'Notepad...', 'Events...', 'Save', and 'Cancel'.

- Entering 'closed date'
- Change the 'current stage' to either closed or local resolution if informally resolved.
- Enter the 'outcome code' to Resolved.
- In complainants tab enter date response issued into 'Replied' field.

- Add a description of the outcome of the complaint into 'outcome field'. For formal complaints ensure there is a detailed description of the outcome, this information is sent to the SPPG.
- Update the notepad to confirm the complaint is closed.

Reopened Complaints

- Upload any documentation onto the documents section on Datix
- Enter the reopened date into 'reopened date' field on Datix
- Change the 'current stage' field to 'further resolution (reopened)'
- Remove the current outcome code
- Update the notepad
- When closed off follow steps above for closing complaint off on Datix.

COMPLAINT RESPONSE CHECKLIST			
Providing Outcome of Investigation to Complainant – How will you provide the outcome of your investigation?			
Meeting? – <input type="checkbox"/> YES <input type="checkbox"/> NO			
Written Response? – <input type="checkbox"/> YES <input type="checkbox"/> NO			
Checklist	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A	Comments	
1. At the outset, did you contact the complainant to establish the nature of their complaint and what their expectations are for outcome?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
2. Have you identified all issues of complaint?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
3. Have you separated facts from disputed events?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Have any staff/witnesses involved been interviewed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
5. Has all relevant records/documentation been reviewed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
6. Was a visit to the relevant site / facility / clinical area required?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
7. Has any other service areas involved been contacted to ensure one coordinated investigation and response?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
8. If the complaint relates to clinical / professional issues, has it been escalated to the relevant clinical / professional representatives?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
9. Has all evidence to support findings been obtained?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
10. Has all investigative documentation been attached?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
11. Has the draft response been approved?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
12. Where further action is required, has a SMART action plan been developed and uploaded to Datix?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
13. Has the outcome been shared with any staff involved?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
14. Has learning been identified?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
15. Has the learning been shared and a shared learning template been completed where required?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Name:			
Designation:			
Date:			
This form and relevant attachments should be uploaded to the Datix record.			



Working together



Excellence



Openness & Honesty



Compassion



Date:

Private & Confidential

Address

Dear

Thank you for taking the time to highlight your concerns and for providing the Southern Health and Social Care Trust (SHSCT) the opportunity to review, investigate and address.

I am aware since you initially raised your complaint there has been a delay in the SHSCT providing a response, for this I would like to apologise.

In regards to the passing of XXXXXXX, the Trust would like to offer sincere condolences.

In relation to your complaint raised on XXXX (date), the following issues were identified, along with detail of the SHSCT response to each:

- (summary of main issues/concerns, along with clear, concise response/explanation to each, this also incorporates where the Trust is unable to identify any failings raised within the complaint)

I trust you find the explanations and action taken in considering the issues raised within your complaint satisfactory. However, should you remain unsatisfied with this response, please do not hesitate to contact the Clinical and Social Care Governance Office on 028 XXXXX or email: XXXXX@southerntrust.hscni.net within 1 month of receiving this letter, to arrange a meeting to discuss further.

Yours sincerely,

Director (on behalf of the Chief Executive)



Appendix 19 – Complaint Action Plan

COMPLAINT ACTION PLAN								
Issue Identified	Risk Rating	Action Required	Action Taken	Person Responsible	Target Date	Completion Date	Comments	RAG Status



Southern Health
and Social Care Trust

Date:

Our Ref:

Private & Confidential

Address

Dear

Further to the complaint you initially raised on XXXX (date), and the response provided by SHSCT on XXXXX, I appreciate you remained unsatisfied and further consideration was given to your complaint.

Upon further review of your complaint and the issues raised, I wish to inform you that the following further explanation/actions were taken:

- (summary of main issues/concerns, along with clear, concise response/explanation to each, this also incorporates where the Trust is unable to identify any failings raised within the complaint)

Upon further review of your complaint and the issues raised, I wish to inform you that no further explanations or actions could be taken.

This response has been provided after thorough consideration of the issues you raised and I hoped it has addressed them to your satisfaction or at least communicated the SHSCT position and understanding of the issues.

Our review of this complaint has now concluded. Should you remain dissatisfied, you may refer your complaint to:

Northern Ireland Public Service Ombudsman (NIPSO);

Progressive House,

33 Wellington Place,

Belfast,

BT1 6HN

Email: nipso@nipso.org.uk

Freephone number 0800 342 424.

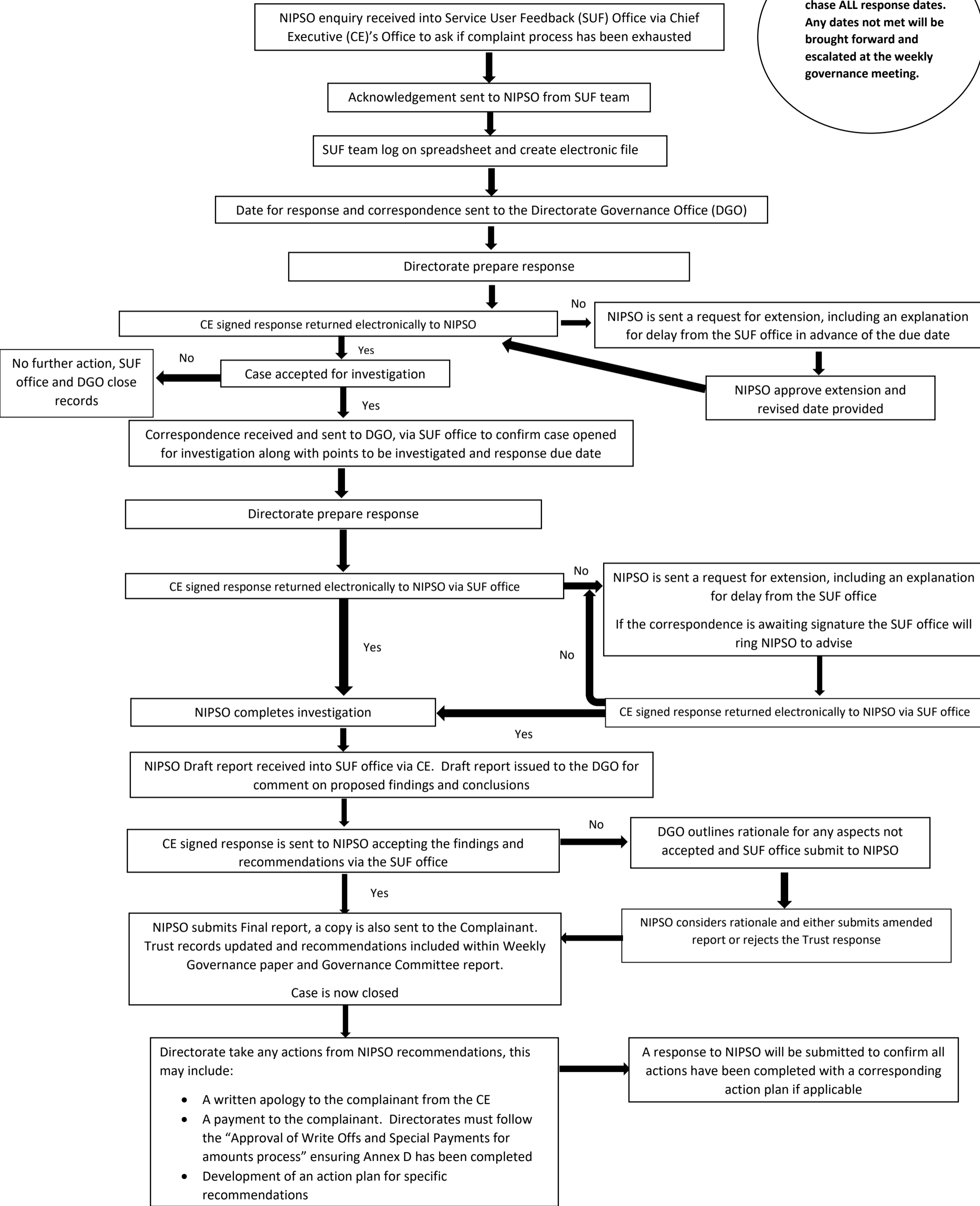
Further information on the role of the NI Public Services Ombudsman can be found at www.nipso.org.uk.

Yours sincerely,

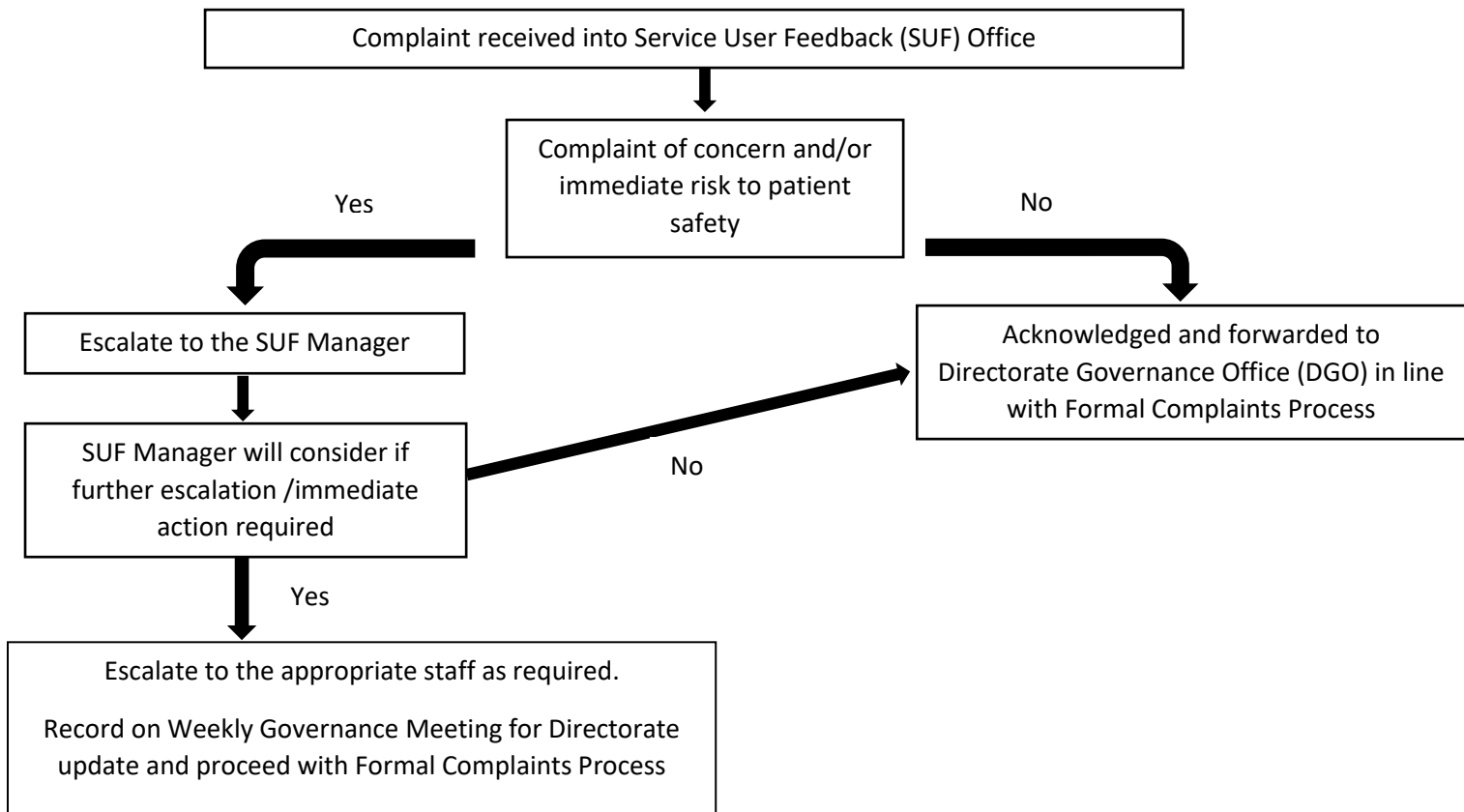
Director (on behalf of the Chief Executive)



SUF team will record and chase ALL response dates. Any dates not met will be brought forward and escalated at the weekly governance meeting.



Appendix 22 – Escalation process for Complaints



Throughout the management of Service User Feedback, the SHSCT acknowledge that both Staff and Service Users may require additional support and advice which is available from a range of resources:

(1) Service User Feedback Team

Southern Health and Social Care Trust,
Beechfield House,
Craigavon Area Hospital,
Portadown,
BT63 5QQ

Telephone: (028) 3756 4600

Email: serviceuserfeedback@southerntrust.hscni.net

**(2) Operational Directorate Clinical and Social Care Governance (CSCG)
Departments**

Acute Services CSCG Department

Telephone: (028) 375 61056

Email: AcutePatient.ClientLiaison@southerntrust.hscni.net

Children & Young People's Services CSCG Department

Telephone: (028) 375 63345

Mental Health & Disability CSCG Department

Telephone: (028) 375 67924

Email: mhd.serviceuserfeedback@southerntrust.hscni.net

Older People & Primary Care CSCG Department

Telephone: (028) 375 69965

Email: oppc.governance@southerntrust.hscni.net

(3) Line Manager and HR

All staff can approach their line manager for immediate support and advice.

If required the HR department can also be contacted as well as other organisations such as:

- Trade union representatives
- Citizens Advice

(4) Inspire

Inspire is an independent source of support. This service is free to all staff. It supports employees in dealing sensitively with professional and personal issues that may impact on both their work and home life, and is characterised by a process of soft assessment.

For free, confidential and immediate support call 0808 800 0002

(5) Advocacy

Advocacy services are an important way of enabling people to make informed choices. Advocacy helps people have access to information they need, to understand the options available to them, and to make their wishes and views known. Advocacy also provides a preventative service that reduces the likelihood of complaints escalating.

Within the Health and Social Care sector, advocacy has been available mainly for vulnerable groups, such as people with learning problems, learning disabilities and older people (including those with dementia).

The Trust encourages the use of advocacy services and ensured complainants are supported from the outset and are made aware of the role of advocacy in complaints, including those services provided by the Patient Client Council (PCC).

(6) PCC

PCC is an independent non-departmental public body established on 1 April 2009 to replace the Health and Social Services Councils. Its functions include:

- representing the interests of the public
- promoting involvement of the public
- providing assistance to individuals making or intending to make a complaint
- promoting the provision of advice and information to the public about the design commissioning and delivery of health and social care services

If a person feels unable to deal with a complaint alone, the staff of the PCC can offer a wide range of assistance and support. This assistance may take the form of:

- information on the Complaints Procedure and advice on how to take a complaint forward
- discussing the complaint and drafting letters
- making telephone calls
- helping prepare for a meeting and accompanying the complainant
- preparing a complaint to the Ombudsman;
- referral to other agencies, for example, specialist advocacy services;
- help on accessing medical / social services records.

All advice, information and assistance with complaints are provided free of charge and are confidential. Further information can be obtained from; www.patientclientcouncil@hscni.net or Freephone 0800 917 0222.

(7) Northern Ireland Public Services Ombudsman (NIPSO)

The Northern Ireland Public Services Ombudsman (the Ombudsman, NIPSO) can carry out independent investigations into complaints about poor treatment or services or the administrative actions of the Trust. If someone has suffered because they have received poor service or treatment or were not treated properly or fairly- and the Trust or practitioner has not put things right where they could have- the Ombudsman may be able to help.

The Ombudsman's contact details are:
Northern Ireland Public Services Ombudsman
Freepost NIPSO
Progressive House
33 Wellington Place
Belfast
BT1 6HN
Tel: 028 90 233821
Freephone: 0800 34 34 24
Text phone: 028 90 897789
email: nipso@nipso.org.uk

(8) Regulation and Quality Improvement Authority - (RQIA)

RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services. The Regulation and Quality Improvement Authority will monitor how complaints about the regulated services are handled.

Contact Details:
The Regulation and Quality Improvement Authority Headquarters
9th Floor Riverside Tower
5 Lanyon Place BELFAST BT1 3BT

Email: info@rqia.org.uk

Telephone number: 028 9051 7500 Fax: 028 9051 7501



Date:

Private & Confidential

Address

Dear

Thank you for your complaint dated XX, regarding XX. We apologise that your experiences with the Southern Health and Social Care Trust did not meet your expectations on this occasion.

Unfortunately your complaint cannot be reviewed, investigated or responded to in accordance with the SHSCT Policy and Procedures for the Management of Service User Feedback as it falls outside the scope of this policy, as per exclusion XX.

Should you wish to discuss this matter in more detail, please do not hesitate to contact the XXX Clinical and Social Care Governance Office, on 028 XXXXX or email: XXXXX@southerntrust.hscni.net.

Yours sincerely,

Director (on behalf of the Chief Executive)

