

# Complaints Policy

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## Complaints Policy and Procedure

Date Approved: 23 May 2023 (Audit Committee)  
22 June 2023 (Children's Court Guardian  
Agency Board)

Review Date: 9 April 2025 (Approved by SLT)  
3 July 2025 (Approved by Board)

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<b>Version</b>	<b>Date</b>	<b>History</b>
1.0	October 2004	JCC Approved
	October 2004	Equality Screened
	September 2006	Policy Revised
2.0	November 2006	JCC Approved September 2006 revisions – version 2 approved
	November 2006	Equality Screened
2.1	March 2009	Draft amendments made in line with revised HSC guidance
2.2	May 2009	Policy Statement added
2.3	May 2009	Policy Statement removed from this document and established as separate document.
3.0	December 2013	Policy and Procedure redrafted to deal with Case Related Complaints Only.
4.0	March 2014	SMT approved for consultation
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4.2	July 2014	Board Approved
4.3	October 2014	Review and acceptance by JCC with no changes
4.4	January 2015	Update to Procedure page 21 following review by Internal Audit.
4.5	August 2016	Update to procedure following NIGALA review of CCC process.
5.0	February 2017	Policy reviewed. Change to decision maker stage 2 and disciplinary section amended.
5.1	June 2017	Review and acceptance by JCC.
6.0	January 2019	Amendments to Policy and Procedure. Policy for members of the public only.
6.1	July/October 2019	Consultation with staff (17 July 2019 to 3 October 2019)
6.2	October 2019	Meeting with NIPSA.
6.3	March/April 2020	Second consultation with staff (13 March to 10 April 2020)
6.4	September 2020	Approved by SMT

<b>Version</b>	<b>Date</b>	<b>History</b>
6.5	November 2020	Approved by Audit Committee
6.6	December 2020	Approved by Board
7.0	23 May 2023	Policy amended. Single complaints policy to be used for all complaints. Approved by Audit Committee.
	22 June 2023	Approved by Board.
7.1	10 March 2025	<p>Approved by SLT.</p> <p>Roles and Responsibilities amended to reflect the role of the Assistant Director</p> <p>Informal complaint/Resolution at the point of contact amended to Local Resolution</p> <p>Timescale added to Local Resolution.</p>
7.2	20 March 2025	Reviewed by SCG Committee

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Version	Date	History
7.3	9 April 2025	SLT reviewed feedback from Board Member and updated accordingly.
7.4	22 May 2025	Approved by Audit & Risk Committee. Additional paragraph added
7.4	4 July 2025	Approved by Board

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## Accessibility

The Children's Court Guardian Agency for Northern Ireland (Agency) is committed to ensuring that its Complaints Policy and procedures are accessible to all. We are particularly conscious that some groups may not have the same access to information as others.

These include:

- Children and young people who may have difficulties in accessing or understanding information;
- People with sensory and learning disabilities;
- Members of minority ethnic groups whose first language is not English.

The Agency will make this policy available in alternative formats on request. Typically, these will include:

- Large print;
- Braille;
- Minority languages.
- Plain English

Copies of this policy can be provided on request to the Complaints Officer who can be contacted at the address below, or downloaded from the Children's Court Guardian Agency for Northern Ireland website.

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Complaints Officer  
Children's Court Guardian Agency for Northern Ireland  
James House  
2-4 Cromac Avenue  
Gasworks Business Park  
Ormeau Road  
Belfast  
BT7 2JA

Tel: 0300 555 0102

Email: [complaints@childrenscourtguardianagencyni.co.uk](mailto:complaints@childrenscourtguardianagencyni.co.uk)

Website: <https://childrenscourtguardianagencyni.co.uk/contact-us/complaints>

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# Children's Court Guardian Agency for Northern Ireland Complaints Policy

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## SECTION 1: POLICY

### Introduction

- 1.1 The Children's Court Guardian Agency for Northern Ireland was established in March 2023 in order to provide representation for children in specified public law proceedings and adoption proceedings throughout Northern Ireland.
- 1.2 The Agency is committed to providing a high-quality service and all staff are required to demonstrate Health and Social Care Services values.
- 1.3 This policy sets out how the Agency will deal with complaints made about the service the Agency provides. It is guided by the Department of Health document, Guidance in relation to the Health and Social Care complaints procedure<sup>1</sup>.

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<sup>1</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/Guidance%20in%20Relation%20to%20the%20HSC%20Complaints%20Procedure%20-%20April%202019.pdf>

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## Policy Aims

1.4 This policy seeks to achieve an accessible and effective means of making complaints. It aims to foster an organisational culture that promotes openness and transparency, which results in a prompt, fair and where possible, local resolution.

1.5 This policy aims to:

- Provide access to all those wishing to make a complaint including the public and those whom Agency staff engage with, including other HSC organisations.
- Ensure the process for dealing with complaints is simple and straightforward;
- Ensure responses to complaints are timely whilst being comprehensive, accurate and open with an emphasis on early resolution of the complaint;
- Ensure staff and complainants are treated with the same open and fair approach;

- 
- Ensure that complaints are used positively to support learning, continuously improve the services we provide and where possible prevent recurrence.

## 1.6 Complainants can expect the following from the process:

- An explanation;
- An apology, if appropriate;
- Service improvement which will avoid a recurrence of the experience.

This list is not exhaustive and the complainant is encouraged to explain the potential outcome they seek when making the complaint.

## Complaints Management

### 1.7 The Agency recognises common principles in effective complaints management across the Health and Social Care services within Northern Ireland.

- **Accessibility:** Flexible options for pursuing a complaint and effective support for those wishing to do so;
- **A duty of candour:** Everyone who works in our organisation or works for our organisation will be

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open, honest and transparent in all that they do. This includes:

- **Openness:** Enabling concerns and complaints to be raised freely and fearlessly, and questions to be answered fully and truthfully.
  - **Transparency:** Making accurate and useful information about performance and outcomes available to staff, patients, the public and regulators.
  - **Candour:** Informing any patient/client who has or may have been avoidably harmed by a healthcare service of that fact and a remedy offered where appropriate, regardless of whether a complaint has been made or a question asked about it.
- 
- **Responsiveness:** Providing an appropriate and proportionate response.
  - **Fairness:** Emphasising early resolution in order to minimise strain and distress for all; and
  - **Learning and development:** Ensuring complaints are viewed as a positive opportunity to learn and improve services.

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## Roles and Responsibilities

- 1.8 The Agency wishes to ensure that complaints about any aspects of our service are dealt with as quickly and comprehensively as possible. We want to learn from feedback so that improvements can be incorporated into our future work whenever possible.
- 1.9 All staff within the Agency have a responsibility for the effective and efficient resolution of complaints in support of this complaints policy and to respond to complaints in a positive way.
- 1.10 In addition, there are designated roles and responsibilities to support complaints management within the Agency:

Officer	Description of Role
Chief Executive	<ul style="list-style-type: none"><li>▪ The Chief Executive has overall responsibility for the complaints policy and ensuring its effective application.</li><li>▪ Communicating the outcome of the complaint to the complainant.</li></ul>

<b>Assistant Director</b>	<ul style="list-style-type: none"> <li>▪ The Assistant Director has been designated by the Chief Executive to be responsible for ensuring the implementation and updating of the complaints policy.</li> </ul> <p>Where a complaint relates to a member of the Guardian workforce, the Assistant Director will assign an Investigating Manager to endeavour to resolve the complaint.</p>
<b>Head of Corporate Services</b>	<ul style="list-style-type: none"> <li>▪ The Head of Corporate Services has been designated by the Chief Executive to be responsible for ensuring the implementation and updating of the complaints policy.</li> <li>▪ Where the complaint relates to a member of either the Administrative or Corporate workforce, the Head of Corporate Services will assign an Investigating Manager to endeavour to resolve the complaint.</li> </ul>
<b>Investigating Manager</b>	The Investigating Manager will:



	<ul style="list-style-type: none"> <li>▪ Aim to resolve complaints informally at point of contact where possible.</li> <li>▪ Gather information pertaining to the complaint as necessary.</li> <li>▪ Conduct formal complaints investigation and seek to prepare a response by 20 working days. However, this target should not be the prime focus in making a response.</li> <li>▪ Advise the member of staff within 1 working day of complaint being received, where possible.</li> <li>▪ Provide support to member of staff throughout complaints process.</li> <li>▪ Complete Appendix 1 Complaint Overview Form and forward to Complaints Officer along with any documentation generated i.e. correspondence, records of meetings etc.</li> </ul>
<b>Complaints Officer</b>	<ul style="list-style-type: none"> <li>▪ First point of contact for complainants.</li> </ul>

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- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>▪ Acknowledging receipt of a complaint within 2 working days of receipt.</li><li>▪ Ensuring that the process and timescales are followed and advising of any reason for delay which may impact on timescales.</li><li>▪ Assisting the complainant with any procedural enquiries they have in relation to this policy.</li><li>▪ Ensuring records relating to complaints are maintained.</li><li>▪ Notify the Chief Executive of all complaints received</li><li>▪ Support the Assistant Director in the provision of reports to Senior Leadership Team, Audit &amp; Risk Committee, Social Care Governance Committee, and the Agency Board as required.</li></ul> |
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## Complainants

1.11 It is appropriate to note that complainants also have responsibilities under this policy. Complainants are expected to:

- State as clearly and fully as possible the nature of their complaint including what outcome they would like to achieve.
- Respond promptly to communications from the Agency in relation to the complaint, to help ensure complaints are progressed in a timely manner.
- Treat Agency staff in a courteous manner.

## Diversity

1.12 The Agency's policies and procedures are designed to be fair to both service users, staff and its stakeholders. Where a specific need in relation to our obligations under the Disability Discrimination Act or the Section 75 of the Northern Ireland Act has been identified, the Agency will attempt to ensure that all necessary adjustments are made in the operation of this policy and procedure; for example, the provision of interpreters, signers or specialist advisors on cultural issues including advocates eg VOYPIC.

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1.13 The Agency aims to work with children and adults in a way which respects and values the diversity of individuals and which promotes anti-discriminatory practice and equality of access to services. The Agency will therefore not accept feedback expressed in racist or offensive language.

## **Equality Screening**

1.14 This policy has been screened for equality and human rights implications.

## **Monitoring, Reporting and Review**

### **Monitoring**

1.15 The Agency is required to monitor the operation and the effectiveness of its complaints policy. The Senior Leadership Team will be provided with annual reports detailing the number of complaints including any lessons that can be learned and shared from complaints and the result in terms of service improvement.

1.16 The outcome of all complaints will be reported to the Chief Executive.

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## **Reporting**

1.17 The number complaints received will be published in the Agency's Annual Report.

## **Review**

1.18 A formal review of this policy will occur at least every three years or as required.

### SECTION 2: MAKING A COMPLAINT

#### What is a Complaint?

2.1 A complaint is **'an expression of dissatisfaction that requires a response'**. Complainants may not necessarily use the word 'complaint' and so it may be necessary for the Agency to classify correspondence expressing dissatisfaction as a complaint. People may have complaints about a variety of issues to do with the Agency and its work.

#### Who can complain?

2.2 Any person can complain or raise a concern about the services they receive from the Agency or who is party to the work of the Agency, including other HSC organisations.

#### Case-Related Complaints

2.3 Where the complaint is about an individual case, the following may complain:

- Any child/young person represented by a Guardian;

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- Any third party as defined at paragraph 2.8 and 2.9.

2.4 The following exceptions apply:

- Where the matter has already been fully investigated or the complainant acts in an unreasonable, aggressive or abusive manner at any stage of the process.

### **How can complaints be made?**

2.5 Complaints may be made verbally or in writing and will be accepted via any other method, for example by phone or electronically. The complainant will be asked to put the complaint in writing, or assisted to do so, to ensure a clear record of the issues for review. It is helpful to establish at the outset what the complainant wants to achieve to avoid confusion or dissatisfaction.

2.6 Contact details for making complaints are as follows:

Address: Complaints Officer  
Children's Court Guardian Agency for  
Northern Ireland  
James House  
2-4 Cromac Avenue  
Gasworks Business Park, Ormeau Road  
Belfast BT7 2JA

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Email: [complaints@childrenscourtguardianagency.ni.co.uk](mailto:complaints@childrenscourtguardianagency.ni.co.uk)

Website: <https://childrenscourtguardianagency.ni.co.uk/contact-us/complaints>

Phone: 0300 555 0102

## What information should be included in your complaint?

2.7 A complaint need not be long or detailed, but it should include:

<ul style="list-style-type: none"><li>▪ Relevant contact details:</li></ul>	<p>Complainant's name, address and telephone number.</p> <p>If you are making this complaint on behalf of another person, the following details should be provided:</p> <ul style="list-style-type: none"><li>▪ Their name and address</li><li>▪ Relationship to this person</li></ul>
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▪ What is being complained about?	Details of issue(s) relevant to the complaint including dates.
▪ Where possible, what remedy is being sought?	Such as an apology, an explanation or service improvement.

## **Complaints by a third party**

2.8 Third party complaints may be made by a service user's relatives, friends, carers or other representatives such as a solicitor or elected advocate, eg VOYPIC.

Complaints raised by solicitors acting as a third party must follow the Agency complaints process, which is not a legal process. Third party complaints are acceptable provided the service user has given their written consent. However, in such circumstances we will judge each complaint on its own merit and the Agency will reserve the right to seek written consent where appropriate.

2.9 Complaints or concerns may also be raised by those who are party to the work of the Agency including Trust staff.

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## Complaints made by Children and Young People

2.10 Children and young people may wish to make a complaint about the service they have received. No time limit will apply to a complaint made by a child or young person who has previously had a Guardian appointed (up to 18 years of age). The Patient Client Council provide advocacy services for anyone going through the HSC complaints process.

### **Issues this guidance does not cover:**

2.11 The following issues will be dealt with under other provisions. These include:

- Staff grievances will be managed through the Agency Grievance Policy;
- Disciplinary matters will be investigated under the Agency Disciplinary Policy;
- Other investigations may be conducted by a professional regulatory body such as the Northern Ireland Social Care Council (NISCC);
- A request for information will be managed under the Freedom of Information (FOI) Act (2001) and Agency's FOI procedures;

- 
- A subject access request will be managed under General Data Protection Regulation (GDPR) 2018;
  - A criminal investigation;
  - Concerns about vulnerable adults and child protection;
  - Legal action;

2.12 If the case is before a court the Agency will notify it of the complaint. The Agency will review the complaint and, if there is merit, provide the court with an update on completion of its investigation, subject to 2.13

2.13 When a Guardian has been ordered by the court to write a report or provide a professional opinion, and you do not agree with the content of the report, the professional opinion or the recommendations of the Guardian, this must be raised in court where it can be explored. Such matters related to court proceedings raised with the Agency, after the court proceedings have ended, cannot be investigated. Any such matters must be raised in court. The Agency is unable to change the outcome of court hearings.

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## Confidentiality

2.14 All complaints will be dealt with in confidence. Care will be taken to ensure confidentiality is maintained (particularly when a complaint is made on behalf of another) and any information disclosed is confined to that which is relevant to the investigation and only disclosed to those who have a demonstrable need to know for the purpose of the investigation.

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## SECTION 3: HANDLING COMPLAINTS

### Actions on Receipt of a Complaint

- 3.1 All complaints received by the Agency are treated with equal importance regardless of how they are submitted. Complainants are encouraged to speak openly and freely about their concerns and are reassured that whatever they have to say will be treated with appropriate confidence and sensitivity.
- 3.2 Each complaint received by the Agency is taken on its own merit and responded to appropriately. Overall, arrangements should ensure that complaints are dealt with quickly and effectively in an open and non-defensive manner.

Complaints should be referred to the Assistant Director and Head of Corporate Services who will appoint an Investigating Manager to investigate the complaint

- 3.3 The Chief Executive will be informed of all complaints received.
- 3.4 If any member of CCGANI staff directly receives a complaint from a service user/other professional this

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should be directly sent to the Complaints Officer for action.

- 3.5 If the Assistant Director or Head of Corporate Services is the subject of the complaint, the CEO is directly sent the complaint by the Complaints Officer who will in turn investigate the complaint and respond directly to the complainant – the Chairperson of the Board is notified for information and updated about outcome.
- 3.6 If the CEO is the subject of the complaint the Chairperson of the Board is directly sent the complaint by the Complaints Officer / Head of Corporate Services to determine how the matter will be investigated. This may take the form of a joint investigation with a Non-Executive Board member and the Chairperson will sign off the final response. The Senior Official, Department of health will be notified for information and updated about outcome.

## **Local Resolution**

- 3.7 All complaints received should be treated with equal importance and every effort should be made to resolve such complaints. It is important that the Agency works closely with its service users to find an early resolution to complaints when they arise. Every opportunity should

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be taken to resolve complaints as close to the source as possible through discussion and negotiation.

- 3.8 The timescale for responding to a complaint is 20 working days from receipt of the complaint. The Agency will seek to achieve local resolution with the complainant within the first 3-5 days.
- 3.9 The Investigating Manager will make contact with the complainant. Any action to be taken will be agreed verbally with the person making the complaint and the need for further contact clarified, if appropriate. Once the necessary action has been taken a written response can be issued if felt appropriate/necessary.
- 3.10 If the person making the complaint remains dissatisfied and local resolution has not been achieved, a formal review of the complaint will be undertaken.

## **Formal Complaint**

- 3.8 There may be occasions when an individual has not been satisfied with how their concerns were managed at the point of contact. Following this a formal complaints process will be undertaken. This will be undertaken by the Investigating Manager. It is important to note that any investigation will not re-evaluate decisions made by or considered by the court.

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## Acknowledgement of Complaint

3.9 A complaint will be acknowledged in writing within **2 working days** of receipt. The subject of the complaint will be informed of the complaint and the process that will be followed. A copy of this policy will be forwarded to the complainant and subject of complaint.

## Response

3.10 The complainant will be provided with a substantive response to their complaint no later than **20 working days** from the date the complaint was received. It should be noted that this target will not be the prime driver in addressing the complaint, rather an emphasis on a meaningful investigation of the complaint.

3.11 The outcome of the investigation and the Agency response will also be discussed with the subject of the complaint. This will be an opportunity to reflect on any learning and/or agreed actions emanating from the findings of the investigation.

3.12 An early provision of information and explanation of what to expect is provided by the Agency to the complainant at the outset, to ensure they are informed about the process and of the support that is available.



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3.13 Complaints and concerns received from Trusts will be made in reply to the manager who notified the Agency of the concern.

### **What are the timescales for making a complaint?**

3.14 A complaint should be made as soon as possible after the action giving rise to it, normally within six months of the event.

3.15 If a complainant was not aware there was cause for complaint, the complaint should normally be made within **six months** of becoming aware of the cause for complaint, or within **twelve months** of the date of the event, which is the earlier (for adult complainants only).

### **Potential outcomes of a complaint**

3.16 Complainants can expect the following from the process:

- An explanation;
- An apology, if appropriate;
- Service improvement which will avoid a recurrence of the experience.

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3.17 This list is not exhaustive and the complainant is encouraged to explain the potential outcome they seek when making the complaint.

### **Circumstances that might cause delay**

3.18 Some complaints will take longer than others to resolve because of differences in complexity, seriousness and the scale of the investigative work required. Others may be delayed as a result of circumstance, for example, the unavailability of a member of staff or a complainant as a result of holidays, personal or domestic arrangements or bereavements. Delays may also be as a result of the complainant's personal circumstances at a particular time e.g. a period of mental illness.

3.19 As soon as it becomes clear that it will not be possible to respond within the target timescales, the complaints officer will advise the complainant, the subject of the complaint and any other relevant parties, providing an explanation and anticipated timescales.

### **Support and Advice**

3.20 Advice and assistance regarding how to make a complaint and the complaints process is available to complainants and staff from the complaints officer.

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3.21 Where necessary, the Agency will help complainants articulate their concerns and navigate the complaints process.

3.22 Independent advice and support for complainants in Health & Social Care is available from the Patient Client Council. Possible additional support is listed at Appendix 4.

## **Documentation/Recording of Complaints**

3.23 All records made specifically in relation to the complaint will be held by the complaints officer.

3.24 Records may be destroyed as directed under the Department of Health (DoH) Good Management Good Records Disposal Schedule, which is available on the DoH website at <https://www.health-ni.gov.uk/topics/good-management-good-records>

## **NI Public Services Ombudsman**

3.25 If, after investigation of a complaint the complainant does not feel the complaint has been satisfactorily resolved, they may refer their complaint to the NI Public Services Ombudsman. The Ombudsman can investigate complaints about public service providers in

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Northern Ireland. Complainants can refer their complaint to the Ombudsman up to six months after the date of final outcome letter.

### 3.26 Contact details for the NI Public Services Ombudsman:

NIPSO	or Freepost NIPSO
Progressive House	
33 Wellington	
Place	Freephone number: 0800 343424
Belfast	Email: <a href="mailto:nipso@nipso.org.uk">nipso@nipso.org.uk</a>
BT1 6HN	

Further information about the NI Public Services Ombudsman and the service they provide can be accessed on their website: <https://nipso.org.uk/nipso/>

## Making a Compliment

We are always keen to know when things have worked out well for our services users and what aspect has made a positive experience for them

Those service users wishing to make compliment can do so by via the following:

Address: Complaints Officer  
Children's Court Guardian Agency for  
Northern Ireland

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James House  
2-4 Cromac Avenue  
Gasworks Business Park  
Ormeau Road  
Belfast  
BT7 2JA

Email: [complaints@childrenscourtguardianagency  
ni.co.uk](mailto:complaints@childrenscourtguardianagency.ni.co.uk)

Website: [https://nigala.hscni.net/contact-  
us/complaints/](https://nigala.hscni.net/contact-us/complaints/)

Phone: 0300 555 0102

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## **SECTION 4: UNREASONABLE, AGGRESSIVE OR ABUSIVE COMPLAINANTS**

- 4.1 The Agency understands that many complainants are upset about the issues they have raised in their complaint. If that upset escalates into aggression towards Agency staff, this will be considered unacceptable. Any violence or abuse towards staff will not be accepted.
- 4.2 Violence is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language (whether verbal or written) that may cause staff to feel afraid, threatened or abused. This includes threats, physical violence, personal verbal abuse, derogatory remarks and rudeness.
- 4.3 The Agency expects its staff to be treated courteously and with respect. Violence or abuse towards staff is unacceptable and a Zero Tolerance approach must be adopted.
- 4.4 The threat or use of physical violence, verbal abuse or harassment towards Agency staff is likely to result in a termination of all contact with the complainant.

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4.5 There may be times when there is nothing further that can reasonably be done to assist a complainant. Where this is the case consideration may need to be given to classifying the person making a complaint as an unreasonable, demanding or persistent complainant.

4.6 In determining arrangements for handling such complainants, staff need to:

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

4.7 Annexe 14 of the Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning provides further details on the management of unreasonable vexatious or abusive complaints<sup>2</sup>.

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<sup>2</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/HSC-complaints-standard-and-guidelines-for-resolution-and-learning-updated-february-2015.pdf>

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## SECTION 5: LEARNING FROM COMPLAINTS

### Learning

- 5.1 The Agency in accordance with the principles of this policy and procedure will record, report and manage all complaints effectively ensuring that appropriate action is taken to address the issues highlighted by complaints.
- 5.2 All complaints are reported to the Chief Executive.
- 5.3 Outcomes of complaints are reported to the Senior Leadership Team and where learning has been identified the managers will be responsible for ensuring that actions/learning are implemented.
- 5.4 Learning is a critical aspect of all complaints and provides an opportunity to improve services and contribute to and learn from regional, national and international quality improvement and safety initiatives. Lessons learned through complaints will be shared and changes made where these are relevant.



## Appendix 1

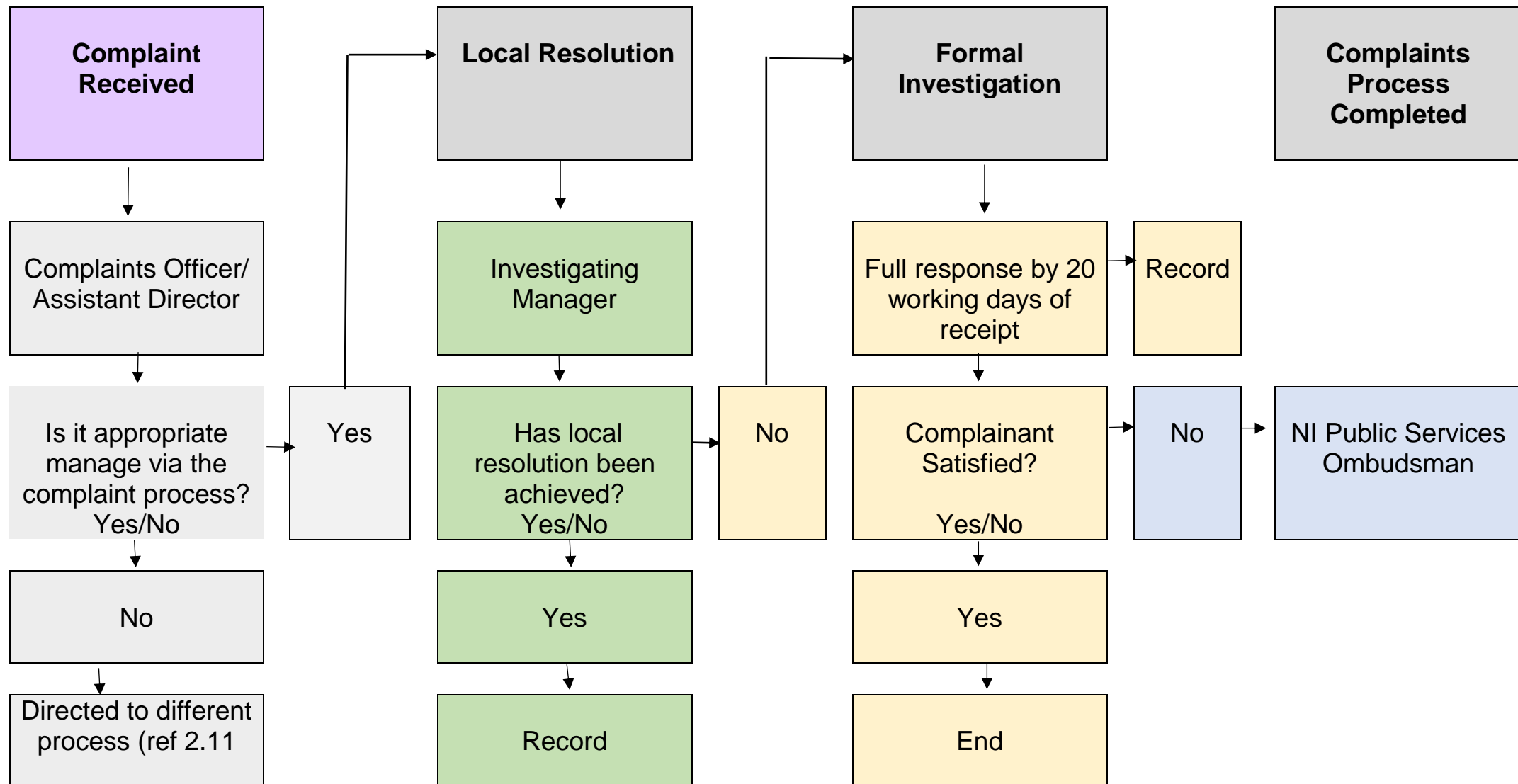
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Process	Action	By Whom	Timescale for Completion
<b>Formal Complaint Process</b>	Acknowledge receipt of complaint	Complaints Officer	Within 2 working days of receipt.
	If consent is required, this must be obtained prior to complaints process commencing.		
	Complaint forwarded to Assistant Director	Complaints Officer	Upon receipt of complaint
	Complaint recorded.	Complaints Officer	Upon receipt of complaint
	Staff member notified of complaint	Investigating Manager	Within 1 working days of complaint being received, where possible.

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	Complaint reviewed and response prepared.	Investigating Manager	20 working days from receipt of complaint
	Outcome communicated to complainant	Chief Executive	20 working days from receipt of complaint
	If complainant dissatisfied with response, signpost to the NI Public Services Ombudsman	Complaints Officer	Upon notification from complainant.

### Complaint Flowchart



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## Appendix 3

<b>Summary of Target Timescales</b>
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### Local Resolution

Complaint	Resolved at point of contact without requirement for formal investigation.
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### Formal Complaint

Making a complaint	The complaint should be made within six months of becoming aware of the cause for complaint, or within twelve months of the date of the event, whichever is the earlier (for adult complainants only).
Acknowledgement	2 working days from receipt of complaint.
Response	20 working days from receipt of complaint. It should be noted that this target does not take precedence over a meaningful investigation of a complaint.

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NI Public Services Ombudsman	
Referral by the Complainant to the NI Public Services Ombudsman	Within 6 months from the date of the Agency's final outcome letter to the complainant.

**NB: A working day is any weekday (Monday to Friday) which is not a local or public holiday.**

## Support for Complainants

### Voice of Young People in Care

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

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

Website: [www.voypic.org](http://www.voypic.org)

1st Floor, 6 Garfield Place  
Ballymena  
BT43 6EH  
Tel: 028 2563 2641  
Fax: 028 2565 5934

9 Queen Street  
Derry/Londonderry  
BT48 7EG  
Tel: 028 7137 8980  
Fax: 028 7137 7938

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9-11 Botanic Avenue  
Belfast  
BT7 1JG  
Tel: 028 9024 4888  
Fax: 028 9024 0679

Flat 12, Mount Zion House  
Edward Street  
Lurgan BT66 6DB  
Tel: 028 3831 3380  
Fax: 028 3832 4689

## **Northern Ireland Commission for Children and Young People**

3.27 The Northern Ireland Commissioner for Children and Young People's (NICCY) Legal and Investigations team deal with queries and complaints from children, young people, their carers and relevant professionals about the services they receive from public bodies. This team can:

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

Northern Ireland Commissioner for Children and Young  
People (NICCY)  
Equality House, 7-9 Shaftesbury Square

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Belfast BT2 7DP  
Telephone: (028) 9031 1616 (Monday – Friday: 9:00am  
to 5:00pm)  
Email: [info@niccy.org](mailto:info@niccy.org)  
Website: [www.niccy.org](http://www.niccy.org)

## **Patient Client Council**

3.28 The Patient Client Council (PCC) is an independent non-departmental public body and its functions include:

- Representing the interests of the public;
- Promoting involvement of the public; and
- Providing assistance to individuals making or intending to make a complaint.

3.29 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 a complaint with the complainant and drafting letters;
- Making telephone calls on the complainant's behalf;
- Helping the complainant prepare for meetings and going with them to meetings;



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- Preparing a complaint to the Ombudsman;
  - Referral to other agencies, for example, specialist advocacy services; and
  - Helping in accessing medical/social services records.

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

The Patient and Client Council  
5<sup>th</sup> Floor  
14-16 Great Victoria Street  
Belfast  
BT2 7BA  
Telephone: 0800 917 0222  
Email: [info@pcc-ni.net](mailto:info@pcc-ni.net)  
Website: <https://pcc-ni.net>

## **Disability Action**

3.30 Disability Action provides an advocacy service specifically for people with learning disabilities. This service is confidential, provided free of charge and independent. The advocate supports people with learning disabilities to understand their rights and encourages them to speak up if they are unhappy about how they have been treated. The advocate will listen to

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the person's issue and identify the options available to them and will support the patient/client to take action.

3.31 The advocate also provides non-instructed advocacy, when a patient/client cannot give a clear indication of their views or wishes in a specific situation, e.g. when a person has a profound learning disability. In these cases, the advocate works to uphold the person's rights, ensure fair and equal treatment and access to services and make certain that decisions are taken with due consideration for the patient/client's individual preferences and perspectives. Please see below for contact details.

<https://www.disabilityaction.org/Pages/Category/advocacy>

Disability Action, Portside Business Park  
189 Airport Road West, Belfast BT3 9ED  
Telephone: (028) 9029 7880 / Textphone: (028) 9029 7882

## **Support for Staff**

3.32 Supports for staff includes line manager support, support from colleagues, attendance of a colleague at meetings, Occupational Health, use of Inspire and/or assistance from a Trade Union representative.

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

Lena, By Inspire  
Central Office, Lombard House, 10-20 Lombard Street,  
Belfast BT1 1RD  
<https://lenabyinspire.com/contact/> / Telephone: 028  
9032 8474