Western Health and Social Care Trust

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Management of Complaints and Compliments / Service User Feedback Policy & Procedures

Medical Directorate

May 2026

Western Health and Social Care Trust

Title:	**Management of Complaints and Compliments / Service User Feedback** **(incorporating the HSC Model of Complaints Handling Procedure)**		
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Foreword

The Western Health and Social Care Trust is committed to the delivery of high-quality, safe and person-centred services. An essential part of achieving this is listening to the voices of those who use our services, as well as those who care for and support them. Feedback—whether in the form of complaints, compliments, comments or suggestions — provides invaluable insight into the experiences of our service users and helps to shape the continuous improvement of our services.

This Policy and Procedures for the Management of Complaints and Compliments / Service User Feedback reflects our statutory responsibilities and aligns with the Health and Social Care Model Complaints Handling Procedure (MCHP). It establishes a consistent, transparent and accessible approach to handling feedback, ensuring that concerns are addressed promptly, fairly and with sensitivity, while also recognising and celebrating positive experiences and good practice.

The Trust is committed to fostering an open, just and learning culture in which feedback is welcomed and valued. In this environment, feedback is encouraged and valued as an opportunity to improve outcomes, enhance quality, and strengthen trust between service users and staff. We are committed to ensuring that no individual is disadvantaged for raising concerns, and that appropriate support is available to enable all voices to be heard.

The effective management of complaints and compliments is a shared responsibility across the organisation. Every member of staff has a role in responding to feedback, seeking early resolution where possible, and contributing to learning that drives meaningful service improvement. Through this policy, we reaffirm our commitment to listening, learning and improving—placing service users at the heart of everything we do.

Karen Hargan

Chief Executive

Western Health and Social Care Trust

Western Health and Social Care Trust

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Part 1

POLICY for the

Management of Complaints and Compliments / Service User Feedback

1.0 Introduction and Context

1.1 Each HSC organisation has a legal duty to operate a complaints procedure which includes monitoring the effectiveness of the procedure and publicising arrangements for dealing with complaints. The Western Health & Social Care Trust's (hereafter referred to as the "Trust") Policy and Procedures for the Management of Complaints and Compliments / Service User Feedback has been based on and complies with the legislative principles contained in the Health and Social Care Model Complaints Handling Procedure (MCHP).

1.2 The MCHP was developed by NIPSO in partnership with HSC organisations, advocacy groups, and staff from organisations who have a governance or regulatory role. NIPSO were given authority under Part 3 of the Public Service Ombudsman Act (Northern Ireland) 2016 to produce a set of principles and procedures to help standardise complaints handling by public bodies in Northern Ireland. In January 2022 the Northern Ireland Assembly approved NIPSO Statement of Principles for the handling of complaints, giving them authority to design a Model Complaints Handling Procedure (MCHP) for public bodies. NIPSO published the Health and Social Care MCHP on the 1st July 2025 for implementation by Trusts by the 1st January 2026. This Trust Policy reflects the requirements of the MCHP.

1.3 A separate specific policy and procedure is in place for the management of representations and complaints under Part IV and paragraph 4, Schedule 5 of the Children (Northern Ireland) Order 1995. (Reference FCPD Circular 01/26 - The Model Complaints Handling Procedure and The Representations Procedure (Children) Regulations (Northern Ireland) 1996; Looked after Children - Circulars | Department of Health. If a service user remains dissatisfied when they receive a final response following the outcome of a Childrens order complaint, they can ask NIPSO to review (see section 26.0).

1.4 This policy should be read in conjunction with the Complaints Procedures set out in **Part 2** of this document and other associated documentation as detailed in the various appendices.

1.5 The Western Health & Social Care Trust is committed to providing high quality treatment and care. We value all service user feedback and use this information to help us improve our services. If something goes wrong or a service user is dissatisfied with our services, we want to know. We also like to know when users have been impressed or pleased with our service. We can use these examples to share best practice among our staff. In addition, compliments can help boost morale.

1.6 The Trust is committed to an open, just and learning culture and our complaints process reflect these values in investigating, responding and learning from complaints. Effective service user and public involvement is an important aspect of our governance arrangements, and, as such, helps us to improve the quality of the services we offer and safeguard high standards of care and treatment. This is why complaints, and compliments are encouraged, will be taken seriously and should be viewed as a positive opportunity for learning and improving services. This reflects the requirements of RQIA's Being Human: A Framework for Safety Culture within Health and Social Care, to focus on embedding a relational, person-centred ethos. With Early engagement embraced as an opportunity for early resolution and system learning.

1.5 We recognise that complaints relating to our services represent only a small proportion of the total number of contacts between staff and the public, and that staff continually strive to provide the highest possible standard of health or social care. Since our service users see our services from a different perspective, their views can provide a valuable insight for an organisation committed to continuous quality improvement.

1.6 We are strongly committed to a listening, acting, improving approach to complaints that is honest and thorough. This Policy seeks to make sure that any complaints made are handled courteously, with sensitivity and without delay. We recognise the physical, sensory, communication or language barriers that some service users may face when seeking to raise a complaint and the personal anxieties and concerns some may have with regard to raising a complaint. No one should be discriminated against or suffer any adverse consequences as a result of making a complaint and we will take a person-centred approach to enable a service user to raise their concerns.

2.0 Purpose

2.1 This policy details the Trust's arrangements for dealing with verbal and written complaints, enquiries, comments/suggestions and compliments received about care or treatment, or about issues relating to the provision of health and social care services provided by or on behalf of the Trust.

2.2 The policy is designed to provide ease of access, and a consistent, open and supportive process which results in prompt and fair resolution of complaints.

3.0 Policy Aims and Objectives

- To provide ease of access to those wishing to make a complaint about health and social care services provided;
- To ensure the process for dealing with complaints is simple and straightforward;
- To ensure responses to complaints are timely whilst being comprehensive, accurate and open with an emphasis on early resolution of the complaint and identification of learning for the Trust;
- To ensure staff and complainants are treated with the same open and fair approach;
- To promote and provide a unified approach for the receipt, investigation and response to all complaints;
- To ensure that complaints are used positively to support learning, continuously improve the services we provide and where possible prevent a recurrence.

4.0 Scope of the Policy

This policy applies to all staff working in the Trust. It is the responsibility of all staff to familiarise themselves with and adhere to the contents of this policy.

5.0 Statement of Principles

5.1 The Statement of Principles are overarching basic principles that public services' complaints handling procedures should reflect and comply with. These principles aim to help drive a focus on the early resolution of complaints and promote the use of complaints information for learning and improvement.

The HSC Complaints Procedure has been developed around 6 principles of good complaints handling, which the is reflected within the Trusts Complaints handling procedures:

6.0 Definitions – What is a Complaint?

6.1 The definitions used in this policy are taken from the NIPSO Health and Social Care Model Complaints Handling Procedures.

"An expression of dissatisfaction by one or more members of the public about an organisation's action or lack of action, or about the standard of service provided by or on behalf of an organisation"

The Trust recognises that problems can and will occur and welcomes complaints as an opportunity to review and improve services.

6.2 Examples of what usually fall within the scope of a complaint:-

- failure or refusal to provide a service.
- inadequate quality or standard of service, or an unreasonable delay in providing a service
- failure to properly implement or follow policy, procedures and standards
- failure to properly apply the law, procedure or guidance when delivering services
- failure to follow the appropriate administrative process associated with the provision of HSC services
- the conduct, attitude or behaviour of a member of staff
- a concern about the actions or service provided by an organisation who is delivering or acting on behalf of the organisation

- disagreement with a decision (except where there is a statutory procedure for challenging that decision, or an established appeals process e.g., child protection, safeguarding and mental capacity)
- dissatisfaction with how an element of a decision was administered
- the provision of health or social care which is not in accordance with good practice

NIPSO'S Model Complaints Handing Procedure gives examples of complaints organisations may receive at Stage One and Stage Two and how these may be handled. These are included at Appendix 1.

6.3 Examples of what are not considered to fall within the scope of a complaint.

There are some things the Trust is unable to deal with through our Complaints Handling Procedure. These include:

- a routine first-time service request, for example a request for an appointment or a request for a specific course of treatment
- a fitness to practice issue referred to a professional regulatory body though there may be other elements of the complaint which can proceed under the complaint handling processes.
- a request for a second opinion in respect of care or treatment
- Serious Adverse Incidents (SAI) initiated by the organisation, except where the scope of the SAI does not include specific aspects of the complaint. In such instances the complaint should be taken these forward at the same time. Other aspects of the complaint should proceed while the SAI is being undertaken. (Refer to flowchart Appendix 12)
- matters relating to private healthcare or treatment or matters relating to services not provided by or funded by the NHS
- a legal claim for negligence seeking compensation.
- matters where there is intent to or instigation of, legal action
- where a complaint raises criminal conduct or a criminal investigation is ongoing the complaints process may need to be paused. This should be agreed with the organisation undertaking the criminal investigation and communicated to the service user.
- a request for information under the Data Protection or Freedom of Information (Northern Ireland) Acts and requests for reviews of decisions under these statutory regimes
- where there is an established appeals process applicable to the service
- staff grievance or a grievance relating to employment or staff recruitment (managed under different organisational procedures.) However, staff may complain about the way they have been dealt with as a service user under the complaints procedure.
- a concern raised internally by a member of staff which was not about a service they received such as a whistleblowing concern, Children Order Representations (including any complaint), or Independent inquiry.
- a previously concluded complaint or a request to have a complaint reconsidered where we have already given our final decision
- a complaint that is being or has been previously investigated by the Northern Ireland Public Services Ombudsman (NIPSO), Children Order representations and complaints; Child Protection Procedures, Coroner's Cases; Protection of Vulnerable Adults/adult safeguarding; Private care and treatment or service which includes private dental or privately supplied spectacles;

The Trust realises that it is not possible to list everything that a Service User cannot complain about. If other procedures can help resolve their concerns, the Trust will give information and advice to help with this. Further information in Appendix 10.

6.4 Other relevant definitions

Enquiry – "to ask a question." Service users or their representatives formally seek an explanation or clarification regarding services received or awaited. Enquiries are distinct from requests for information which are managed by the office of the Chief Executive.

Complainant – A service user, relative, other representative or carer. For clarity, the complainant does not necessarily need to be a service user but can support the service user in making a complaint on their behalf where they have been given authority to do so.

Service User – For consistency the term service user is used throughout this document to mean a patient, client, resident, carer, visitor or any other person accessing or affected by Trust services.

Compliment – "an expression of regard or praise." Compliments from service users are to be encouraged as these have a positive effect on staff morale and highlight the high quality care and services which are provided across our organisation. Compliments help us identify areas of best practice which can be shared with other services/teams within the Trust, as well as promote confidence in services provided by the Trust.

7.0 Roles and Responsibilities

7.1 **All Staff** are responsible for:

- Being aware of the MCHP and in particular being aware of how to handle and record complaints at Stage One;
- The need to try and resolve complaints early and as close to the point of service delivery as possible;
- Their clear authority to attempt to resolve any complaints they may be called upon to deal with;
- Who they can refer a complaint to, if they are not able to handle the matter themselves;
- Ensuring that the Trust's complaints posters and leaflets are available and accessible to service users to encourage all types of user feedback;
- Keeping their line manager updated on complaints and enquiries they are currently dealing with and outcomes including improvements made;
- Contributing to the investigation of complaints and enquiries within the service/team and returning statements, reports and other information to Investigating Officers within requested timescales;
- Informing their line manager and other team members (if appropriate) when they receive a written compliment from service users so that it can be recorded on the Compliments database available here
- Complete Complaints training and refresher training provided to enable understanding of the Trust's arrangements for managing and dealing with complaints.

7.2 **Managers** are responsible for:

- Seeking Stage one resolution of complaints to provide an early frontline response focused on trying to resolve the complaint to the service user's satisfaction at Stage One. Ensuring stage one complaints are recorded on the Trust's Datix Module Datix (Log an new incident or new complaint)
- Ensuring that the Trust's Complaints Policy and Procedures are included in the induction of their staff, and that staff are released to attend appropriate training;
- Supporting, advising and assisting staff to resolve the issues giving rise to the complaint or enquiry, when possible;
- Ensuring all complaint letters received by staff will be entered onto Datix as a Stage One complaint and a scanned copy is attached to the Datix record.
- Contributing to the investigation of complaints and enquiries and making sure statements and reports address all of the issues raised;
- Ensuring that statements/reports are returned to the Investigating Officer within the required timescales;
- Identifying learning and implementation of action plans to prevent the problem recurring;
- Introducing service improvements and making sure that all relevant information is disseminated throughout the service/team and Directorate Governance Groups as necessary;
- Making sure a 'fair and just' organisational culture is maintained. Ensuring that staff members are:
    - informed if a complaint is made against them and details shared if requested;
    - given the opportunity to provide their version of events; and
    - made aware of the process and timescales for responding to complaints.
    - Such staff should receive feedback on the outcome of the complaint and appropriate support from their line manager before, during and after the investigation into the complaint;
- Ensuring regular update of the Compliments database with details of any written compliments received;
- Making sure that information relating to complaints and compliments is communicated to service users and made available for inspections/audits etc.

7.3 **Nominated Investigating Officer(s)** are responsible for:

At Stage One :

- maintaining or co-ordinating communication with the service user to introduce themselves and establish the outcome the complainant is hoping for;
- reviewing the complaint and maintaining regular contact with the service user at each stage of the complaint.
- Identifying any organisational learning and service improvements identified through their review of the complaint and update Datix.

At Stage Two:

- maintaining or co-ordinating communication with the service user and any relevant staff, planning the investigation,
- Identifying staff members to be interviewed or statements required as applicable;
- collecting and assessing evidence and preparing a comprehensive written response with their findings and conclusion.
- Considering the value of an independent experts review;
- Taking account of any corroborative evidence available relating to the complaint;

- Preparing the draft stage 2 response in the form of a comprehensive written letter with their findings and conclusion
- Forward the Assistant Director approved draft response to the Complaints Department promptly for quality assurance and completion of the approval process;

- Determining if a meeting is required with the complainant before or after the final response is issued;
- Ensuring investigations are concluded promptly and that they identify any service improvements and organisational learning throughout their investigation.
- Informing Complaints Department staff at the earliest opportunity if it is known or anticipated that there will be a delay in the preparation of the draft response and likely timescales for provision of same;
- Updating Datix during the investigation recording all actions and details of the investigation including any direct discussions with the complainant and details of the final outcome.
- Identifying a deputy to deal with complaints or enquiries in his/her absence.

7.4 **Complaints Manager** is responsible for:

- Day to day management of the Complaints Department and ensuring that the complaint process complies with relevant standards and timeliness in respect of complaint management;
- Overseeing the initial risk grade and triage of the complaints to ensure most appropriate management from the start.
- Providing information as requested by the Northern Ireland Public Services Ombudsman (NIPSO)
- Providing regular complaints and compliments related analysis, trends and lessons learned reports to Committees, Sub-Committees and Groups within the Governance Accountability Framework;
- Co-ordinating and managing the system for responding to all complaints received by the Trust;
- Maintaining comprehensive databases of all complaints and compliments received;
- Providing support and advice to staff responding to complaints;
- Reviewing draft stage 2 responses received as part of the Complaints Approval process, ensuring all issues raised in the complaint have been addressed, taking into account ease of understanding and co-ordinating the process to final approval;
- Identifying training needs of staff and ensuring that appropriate programmes are organised in conjunction with line managers;
- Assisting in the delivery of complaints/compliments related training to various staff groups across the Trust;
- Ensuring that the Complaints Officers apply the Complaints Handling Flowchart (appendix 2) when processing complaints;
- Regularly raise awareness of the Complaints Handling Flowchart to Investigating Officers, Managers, Assistant Directors and Directors;
- Being aware of the availability of, and advising complainants about:-
    - the support available from the Patient and Client Council
    - the Ombudsman/Commissioner for Complaints; and
    - the role and availability of conciliation or advocacy services.

7.5 **Complaints Officers (in Complaints Department)** are responsible for:

- Assisting the Complaints Manager in administrating the complaints process;
- Working with the relevant service(s) to triage the complaint and identify the issues requiring responses including agreement on IOs;
- Processing all documentation relating to complaints and providing specialist advice, including contact as required with service users and their representatives, health and social care staff, Nominated Investigating Officers, Assistant Directors, Directors and the Chief Executive;
- Informing complainants of any delays, reasons and expected timescale for written response to their complaint in line with MCHP;
- Assisting in the delivery of complaints/compliments related training to various staff groups across the Trust;
- Ensuring that records relating to complaints are maintained and kept up to date;
- Quality assuring responses received from Investigating Officers pertaining to complaints;
- Assisting with the provision of documentation as and when required for Ombudsman (NIPSO) cases via the Complaints Manager;
- Collating information on complaints and compliments and provision of analysis and reports to services, committees as and when required and in line with statutory requirements.

7.6 **Assistant Directors** are responsible for ensuring that:

- Managers and staff within their Directorate are aware of, and comply with the requirements of this Policy and Procedures;
- Investigating Officers undertake thorough investigation of issues identified in complaints;
- Investigating Officers are supported to conduct the investigation independently and are provided with the access they need. They may also need adjustments to their routine work tasks to allow for time to conduct the investigation;
- Identify the officers designated to receipt, investigate, agree extension and approve complaints responses;
- Approve or nominate a delegate to approve those complaints for escalation to stage 2 and subsequent extensions;
- Staff are appropriately trained in receiving and responding to complaints**;**
- There is timely and robust processes in place for approval of draft responses to complaints;
- Complaints are dealt with promptly, appropriately and quality assured before submission to the Complaints Officer (in Complaints Department); That is to say they must be satisfied the investigation is complete and their response addresses all aspects of the complaint;
- Learning and service improvement occurs and is shared across the Trust;
- Complaints are integrated into Directorate governance arrangements;
- A deputy is designated to deal with complaints in his/her absence.

7.7 **Assistant Director of Quality & Safety / Governance Manager** are responsible for:

- Ensuring that the complaints process is managed in accordance with the MCHP and for ensuring that processes are in place to identify and disseminate learning on a Trust wide/regional basis;

- Ensuring arrangements are in place to support directorates to ensure they provide early resolution at stage one or a written response at Stage two where appropriate, to include a Datix complaints system to effectively support the related requirements;
- Ensuring arrangements are in place for quality assuring all responses received from Investigating Officers pertaining to complaints;
- Providing information to relevant departments and groups/committees within the Trust as well as to Department of Health, SPPG/PHA, NIPSO and other external agencies as appropriate.

7.8 **Corporate Management Team Directors** are responsible for:

- Ensuring managers and staff within their area of responsibility are aware of, trained and comply with the requirements of this Policy and Procedure;
- Ensuring that appropriate systems and processes are embedded to ensure effective complaints arrangements are in place within their directorates;
- Ensuring complaints are dealt with promptly and appropriately and that learning is identified, shared and that service improvement occurs as a result;
- Embedding management of complaints into Directorate/Division governance arrangements.
- Reporting their complaints performance and key learning regularly to the Governance Committee.
- Overseeing complaint investigations and resulting actions including review and approval of all stage 2 complaints prior to Chief Executive review and approval, delegating responsibility for aspects of investigations as required. Where this happens, directors must retain ownership and accountability for the management and reporting of complaints.

7.9 **Medical Director** is responsible for:

- Implementing the Trust's Statutory Duty of Quality;
- Taking a strategic viewpoint on behalf of the Trust in relation to complaints;
- Effective implementation of the policy and will report to Trust Board on performance on managing complaints;
- Delivering the Trust's complaints process and ensuring processes are in place, in conjunction with all Directors so that all necessary learning takes place;
- Designating a Senior Manager to manage the Trust's Complaints Procedure;

7.10 **Chief Executive** is responsible for:

- Providing leadership and direction in driving a culture where complaints are welcomed and valued.
- Ensuring there are appropriate mechanisms in place for recording of complaints and that there is reporting of complaints and complaints performance at all levels in the Trust including Board level.
- Will receive regular management reports to provide assurance on the operation of the complaints process.
- Has overall accountability/responsibility for complaints management within the Trust;
- Will respond in writing to all complaints at stage 2 (or delegate when appropriate);
- Has overall responsibility to ensure that complaints are integrated into Trust Clinical and Social Care Governance and Risk Management arrangements. This includes ensuring performance monitoring for complaints is a feature of the

service/management agreements between an organisation and contractors/commissioned services

7.11 **Trust Board Members** are responsible for:

- Ensuring the organisation has a complaints procedure which meets the requirements of the MCHP.
- Providing the necessary challenge and hold senior staff to account for the organisation's performance in complaints handling and management.
- Providing strategic leadership to drive the required culture of openness in organisations where complaints are welcomed and valued.
- Routinely reviewing complaints data as an early warning system, triangulated with incidents, claims, claims, risk registers, audits and inspection outcomes;
- Receiving assurance on themes, trends, systemic issues and learning arising from complaints;
- Reviewing outcomes of complaints considered by NIPSO, including upheld findings and compliance with recommendations.

7.11 **Rapid Review Group** are responsible for:

- Weekly review of all new Amber and Red complaints, in the preceding week and considering any urgent action to be taken;
- Identifying trends, emerging issues and potential risks;
- Monitoring the Trust's performance against the MCHP timescales for responding to complaints.
- Reviewing recommendations from the Northern Ireland Public Services Ombudsman
- Identifying learning for sharing corporately and/or regionally.

7.12 **Improvement through Involvement Committee** in relation to complaints the Committee will :

- Use the experiences people tell us about to understand how our services work and to promote learning and improvement when they fall below expectations;
- Receive regular progress reports from relevant service or project leads on the implementation of prioritised co-production initiatives;
- Evaluate the impact and outcomes of service improvements, evidence what works and demonstrate the value of effective involvement activity across the Trust;
- Build capacity and nurture capability by promoting improved methods for engaging people who use and deliver services, and by sharing learning and information across the Trust and beyond;
- Produce an annual work programme, secure necessary resources and report regularly to the Board on progress measured against agreed goals and targets.

8.0 Implementation of Policy

8.1 It is the responsibility of all staff to familiarise themselves with and adhere to this policy. This policy will be brought to the attention of all Line Managers within the Trust who will ensure that all staff who do not have internet/intranet access are made aware of the provisions of this policy.

8.2 Staff must be aware of the importance of candour, honesty and openness when dealing with and investigating complaints. The approach to complaints handling must be non-defensive and must be received with a willingness to listen and respond to concerns or challenge about services and/or service delivery.

8.3 Staff must complete the Regional Complaints Handling training (see section 9) and are encouraged to build trust with service users who have raised a complaint in an effective way by promoting the Trust's values and complying with the MCHP. Making a complaint does not constitute an irrevocable breakdown in a relationship and must never be a reason to end service provision.

8.4 In many care settings staff often work closely with the same service users over time providing essential and often intimate personal care. This makes trust and transparency essential when a concern is raised. By completing Regionally agreed training staff, will be able to respond constructively, even when complaints feel personal or emotionally charged.

8.5 Staff must be committed to:

- Treat all service users with courtesy, respect and dignity
- Remain calm and professional when responding to complaints
- Show understanding of how confusion, distress or illness may affect how someone raises a Complaint

9.0 Training and Education

9.1 The Trust will ensure that training and information on the management of complaints and compliments is available for staff at the appropriate level. This must be included within:

- Corporate Induction for all new staff;
- Departmental Induction for all new staff;

9.2 Training on an **"Introduction to Complaints Handling Procedure and Resolution-Stage 1"** is mandatory for all Trust staff and is available via eLearning on Learn HSCNI (or subsequent equivalent platform). Training on Complaint Investigation **"Stage Two: Investigation Phase"** is also mandatory for those staff appointed within their division to investigate complaints, draft responses and identify learning. This training is available via eLearning on Learn HSCNI.

9.3 NIPSO has developed training resources and guidance on specific aspects of complaints handling which are available from www.nipso.org.uk/nipso. NIPSO has also provided training resource that can be referenced when responding to a complaint at Stage One. How to Investigate Complaints at Stage One | NIPSO

10.0 Information for Service Users

10.1 Guidance for service users which assists them understand what behaviours may be expected of them during the complaints process is available on the Western Trust Website and from the Complaints Services Department. This include requesting that:

- service users provide details of their key issues of concern including providing any supporting information they want to submit (it is important to recognise that some

people will require support to do this and the need to ensure they are aware of the support that is available to them)
- service users work with the organisation's staff to ensure that there is an agreed understanding of the issues of complaint
- service users or someone acting on their behalf responds to reasonable requests for information
- service users abide by the Expected Behaviour as per Western Trust website and are aware of the Trust Zero Tolerance and Security Policy.

10.2 The Trust will produce information for service users on how to make a complaint on our services, this will be well publicised, simple and clear, and available in all service areas across the Trust. Other arrangements will be made as necessary to meet the specific needs of those wishing to comment on our services, including the provision of interpreting services and translation of information into additional languages, extra supports and other reasonable adjustments, as required.

10.3 All service users are made aware of the independent confidential support and advice that is available should they wish to make a complaint regarding our services. For example, The Patient and Client Council (PCC) is an independent regional body established to provide advice, guidance, advocacy and support to members of the public and their families regarding any aspect of their health and social care in Northern Ireland. The PCC is available to support people, families or carers who wish to raise a concern or a complaint and can be contacted on 0800 917 0222 or email info@pcc-ni.net. This information is available on the Trust Website and from the Trust Complaints Department, staff will proactively check whether members of the public who wish to make a complaint require additional support.

10.4 Other independent advocacy and specialist advocacy services are available for service users who wish to provide feedback. Further information is available from Complaints Department staff by telephoning 028 7161 1226 or via email at Complaints.Department@westerntrust.hscni.net or Compliments@westerntrust.hscni.net.

11.0 Recording, Monitoring, Audit and Review

11.1 Complaints received are recorded on the Datix system. Staff members connected to complaints including staff named within the complaint or subsequently connected to the cause/issues of the complaint will be linked as "Contacts" on the Datix system. The Datix system includes mandatory fields that must be completed for all complaints along with other fields for completion where possible. Examples of mandatory information for inclusion are:

- the date the complaint was received
- the service user's name and contact details
- the issue/nature of the complaint
- the service the complaint refers to
- staff member responsible for handling the complaint
- action taken and outcome at Stage One response
- any extension authorised at Stage One (if applicable)
- the date Stage One response was closed
- the date request for Stage Two escalation was received (if applicable)
- any extensions authorised at Stage Two (if applicable)

- action taken and outcome at Stage Two (if applicable)
- whether the complaint was resolved, upheld, partially upheld, not upheld
- date the investigation response was issued at Stage Two (if applicable)
- the underlying cause of the complaint and any remedial action taken
- any organisational learning as a result of the complaint

11.2 Reports monitoring the nature, volume, trends and learning associated with complaints and compliments will be provided regularly to various groups/committees within the Trust's governance arrangements. Reports will also be provided to Department of Health (DoH), Strategic Planning and Performance Group (SPPG) in line with their requirements. An annual complaints report will also be submitted to the DoH and published on the Trust's website.

11.3 Compliance against relevant complaints handling standards will be regularly monitored by the Complaints Department.

11.4 Implementation of actions following BSO Internal audit and/or recommendations from NIPSO reports will be monitored by the Complaints Department.

11.5 The Governance Manager/Complaints Manager will ensure that regular reports are produced which include information on complaints management and compliments received. Reports are considered weekly at Rapid Review Group meetings, with any high risk complaints escalated for discussion. Quarterly reports are provided to Directorate Governance meetings, Clinical & Social Care Governance Sub-Committee & Patient Safety & Quality Committee within the Trust's Governance Accountability Framework. Performance reports are also provided at Chief Executive Assurance reviews.

11.6 Directors are responsible for onward dissemination of these reports to senior managers and services/teams within their Directorate. These reports can be used to consider emerging issues/trends, potential risks and actions taken.

11.7 The Complaints Manager is responsible for ensuring that appropriate monitoring reports are returned to the Department of Health and other organisations as required.

11.8 This Policy will be reviewed as necessary due to developments and initiatives as driven by external and internal influences.

12.0 Evidence Base/References

The Health & Social Care Model Complaints Handling Procedure NIPSO (1 July 2025)
Further Resources available www.nipso.org.uk/service-providers/complaints-standards

13.0 Consultation Process

13.1 This is an update of an extant policy using the Western Health & Social Care Trust's template for policies. The updates are based on a review to incorporate the MCHP which itself was subject to a regional consultation process.

14.0 Equality and Human Rights Considerations

14.1 This policy has been through the Equality screening process for equality implications as required by Section 75 and Schedule 9, of the Northern Ireland Act, 1998, which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories. The policy has been 'screened out' without mitigation or an alternative policy proposed to be adopted.

The Trust aims to handle all complaints fairly and honestly regardless of who makes a complaint. The Trust treats all members of the community equitably and will not show bias to any particular individual or group.

Western Health and Social Care Trust

Part 2

PROCEDURES for the

Management of Complaints and Compliments / Service User Feedback

1.0 Introduction

1.1 This Procedure details the Trust's processes following the receipt of Service User Feedback or Enquiries in the form of complaints, enquiries, comments/suggestions and compliments about care or treatment, or about issues relating to the provision of health and social care. Training is also provided for front line staff in relation to dealing with complaints, which have been raised directly by service users or their representatives.

1.2 We are committed to promoting active approaches to resolving complaints at local level, sensitively and in a timely manner. Staff must view complaints investigation and management as a central component of the delivery of a holistic package of care to service users. Therefore, all complaints received should be treated with equal importance and every effort should be made to resolve such complaints. Staff must make sure that the service user's immediate care needs are being met before matters relating to the complaint are addressed. If staff are unsure about how to deal with any complaint they should seek advice from their line manager on what should be the appropriate approach. Advice and assistance can also be sought at any time from Complaints Department.

2.0 Two Stage Complaints Handling Procedure

2.1 The complaints procedure consists of two stages. Stage One is an opportunity to resolve complaints early, close to the point where the service was delivered. Stage Two is for when the service user remains dissatisfied after Stage One. After both stages are complete, if the Service User remains dissatisfied, they will be signposted to the NI Public Services Ombudsman.

2.2 It is anticipated that the majority of complaints will be resolved at Stage One. If the service user remains dissatisfied after Stage One, they can request the Trust to look at their complaint at Stage Two - Investigation. In exceptional circumstances and in agreement with the service user it may be appropriate for some highly complex complaints to be progressed to Stage Two without being considered at Stage One. See appendix 2 for Complaints Flowchart summarising the process.

3.0 Who Can Make a Complaint?

3.1 Anyone who receives, requests or is directly affected by our services, or a service contracted or commissioned by us, can make a complaint. This includes the representative of someone who is dissatisfied with our service (for example, a relative, friend, advocate or adviser).

3.2 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 the complaint him/herself; or
- has requested the representative to act on his/her behalf.

If a complainant is making a complaint on behalf of someone else, this will require the person's verbal or written consent. Further detail can be found on section 8.

3.3 Where a complaint relates to the actions of the Western Health and Social Care Trust and one or more Health and Social Care (HSC) organisations for example, another Health and Social Care Trust, there should be full co-operation between complaints staff in the organisations involved to ensure the complaint is appropriately investigated and responded to. The consent of the person making the complaint will be sought before sharing details of the complaint across HSC organisations and complaints staff will keep him/her informed regarding how each aspect of the complaint will be dealt with and by whom.

3.4 Where a complaint is received relating to services from another HSC organisation, the complaint will be forwarded to the relevant complaints office/department for investigation and issuing of a response directly to the person concerned. Complaints staff 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.

3.5 Where a complaint raises issues across more than one Trust, the Complaints Department will:

- Gain consent from the complainant before sharing any details of any complaint across other HSC organisations
- Notify the other organisation(s) involved, to discuss and agree one of the following options:
- Each Trust will deal with the issues relevant to their Trust;
- One Trust will take the lead in investigating and co-ordinating the response
- Advise the complainant about how each aspect of their complaint is being dealt with and by whom.
- For those aspects of the complaint that are being dealt with by Western Trust, keep the complainant informed in line with the Trust's processes for managing complaints.

3.6 All parties involved have individual responsibility for ensuring their part of the complaint is appropriately investigated and ratified by their Trust.

3.7 Service Users have an absolute assurance that the submission of a Complaint will not in any way lead to the withdrawal of the services they are assessed as being in need of. Staff should therefore ensure that there is no suspension of contact with a service user when a complaint is made or intimated, and their actions should in no way construe this as being the case.

3.8 The Trust will not normally respond to complaints on social media. Where a complaint is raised on the Trust's official media channels, the Corporate Communications team will signpost the person to the Trust's complaints procedure and provide details on how they can make a complaint.

3.9 In a circumstance where a simple complaint that is likely to affect a large number of people and a very simple response is all that is required which could be beneficial to others, for example a temporary service disruption or a public concern about extended waiting times, it may be appropriate for a response to be provided on social media. Any response should be agreed with the Corporate Communication team which is

responsible for administering the Trust's social media channels. Individual teams or staff should not respond on social media.

4.0 Contact from MLAs, MPs, or Councillors

4.1 It is recognised that Councillors, MLAs and MPs may make complaints in their capacity as an elected member, in supporting their constituents by bringing complaints about public services. They can also bring a complaint as a service user.

4.2 Written correspondence received from elected representatives including Local Councillors, MEPs, MLAs, Committees within the Northern Ireland Assembly and Government Offices/Departments will be assessed by the office of the Chief Executive and, on considering the detail presented, who will make a judgement in terms of how the correspondence should be processed. If the matter is to be dealt with as a complaint, they will forward correspondence to the Complaints Department for action. In the case of all other matters/issues these will be processed as Enquiries which are handled by Chief Executive's Office.

4.3 It is important that no matter whether a complaint is brought by an elected member on behalf of a constituent, or is made by an elected member as a service user, in both circumstances the MCHP must be followed. Guidance is available from the Information Commissioners Office in relation to seeking third party consent where elected members are bringing complaints on behalf of their constituents. (see section 8 for further details on Consent)

5.0 How to Make a Complaint / Compliment

5.1 A complaint or concern may be made in person at the place where they received care, treatment or advice, or where the incident that they want to complain about happened. It is easier to resolve complaints if they are made quickly and directly to the service concerned.

5.2 Complaints can also be made by telephone or in writing, including, post, email or via the online complaints form or downloadable PDF complaints form, available on the Western Trust website. The Trust will be as flexible as possible to remove any barriers service users may have when submitting complaints.

5.3 The Western Trust Complaints Department can be contacted at:

By Post: Complaints Department, Trust Headquarters, MDEC, Altnagelvin Area Hospital, Londonderry, BT47 6SB

By Email: Complaints.Department@westerntrust.hscni.net

By phone: 028 7134 5171 or Direct Dial: 028 7161 1226 (10am to 12pm & 2pm to 4pm, Monday to Friday, excluding bank holidays). A brief summary of your complaints can be taken via phone.

When submitting a complaint, the following details are required:

- full name and address

- phone number, (if content to provide it)
- email address (if this is the preferred method of contact)
- full name, address and date of birth of the person affected (if complaining on behalf of somebody else)
- as much helpful detail as possible about the complaint
- what has gone wrong; and
- what outcome is being sought

Providing this information will help the Trust to clearly identify the problem and what needs to done to resolve it.

6.0 Time Limit for Making Complaints

6.1 A complaint, written or verbal, should be made as soon as possible, or raised up to 6 months after the events occurred or the service user becoming aware of the issue.

6.2 There is discretion to extend this time limit where it would be unreasonable, in the circumstances of a particular case, for the complaint or enquiry to have been made earlier and where it is still possible to investigate the facts of the case. For example bereavement, poor health, communication difficulties, limited support or you may have only recently become aware of the issue(s) of concern.

6.3 If a complainant feels that the time limit should not apply to their complaint, they need to provide reasons why. This discretion will be used with sensitivity, and the Complaints Manager will discuss any such complaints and enquiries as they arise with the appropriate Director and the Assistant Director of Quality and Safety and the Governance Manager. Contact will then be made with the Chief Executive who will decide what action is necessary. If the Trust decides that, because of the time that has passed since the incident occurred, and that the Trust cannot consider the complaint, the Trust will confirm their rationale in writing to the Complainant.

7.0 Service User Feedback (Comments, Suggestions and Compliments)

7.1 For the purposes of this procedure, service user feedback are those made by, or on behalf of patients / clients / visitors about the service which they have experienced.

7.2 Comments / suggestions made by service users or their representatives directly to the Trust should be considered and acted on where possible. If it is felt by the service that a written response to the person's comment or suggestion is required, the service will respond directly in writing to the service user.

7.3 If a service user has expressed dissatisfaction to a staff member, in line with the definition of a complaint, but does not want to complain, the staff member will explain to the service user the benefits of raising a complaint in improving services. Encouraging a service user to submit their complaint will ensure that the service user is updated on the action taken and gets a response to their complaint, though the approach must not be overbearing

7.4 Where service users insist that they do not wish to complain, the issues raised will be recorded as an anonymous complaint and processed. This approach enables tracking of trends and themes in complaints. Where the complaint is serious, or there is

evidence of a problem with the Trust's services, greater emphasis must be placed on conducting an investigation into the issues raised.

7.5 The Trust also values compliments on the treatment and care we provide and share these with the staff and service that is being complimented. The Trust is committed to providing high quality treatment and care. Letting us know when we meet this standard gives helpful feedback to staff and has a positive effect on staff morale. Compliments also help us identify areas of best practice which can be shared with other services and teams within the Trust and promote confidence in Trust services. Compliments can be shared in person at the place where care, treatment or advice is received or positive feedback can be shared by submitting an email to: Compliments@westernstrust.hscni.net

7.6 The Trusts acknowledges that staff involved in the delivery of health or social care will receive compliments from service users in various formats such as Thank You cards and letters on a regular basis. All written compliments received directly by the Ward/Department should be shared with relevant staff as soon as possible and recorded on the Trust's Compliments database available here

7.7 Where compliments are received via the Trust's website or to the Complaints Department via email or letter, they will be forwarded by the Complaints Department to the Manager of the Ward / Department concerned for sharing with relevant staff and recording on the Trust's Compliments database available here

7.8 The Public Health Agency launched an online user feedback platform (Care Opinion) in August 2020 to complement and enhance existing feedback systems within the Trust by providing a technological approach for users to share their experience of health and social care services. Care Opinion is a place where you can share your experience of health or care services, and help make them better for everyone. Care Opinion is a platform for public feedback about health and social care. It is not a formal complaint process, nor part of a complaint process.

8.0 Consent and Capacity

8.1 Sometimes a service user may be unable or reluctant to make a complaint on their own. Where someone other than the person to whom the complaint relates, or their authorised representative (MLA, MP, local Councillor) wishes to make a complaint on behalf of a person, the Trust will check with the service user that they have given their consent for this.

8.2 The staff member investigating/responding to a complaint/ will ensure the complaint is handled in accordance with confidentiality and data protection legislation, reference should be made to the relevant Trust Policy.

8.3 A person with parental responsibility can pursue a complaint on behalf of a child where the Trust judges that the child does not have sufficient understanding of what is involved. While in these circumstances, the child's consent is not required (nor is the consent of the other parent), it is considered good practice to consider whether it is in the best interests of the child to explain the process and inform them that information from their health records may need to be disclosed to those investigating the complaint.

Where the Trust judges that a child has sufficient maturity and understanding, the child can either pursue the complaint themselves or consent to it being pursued on their behalf by a parent or third party of their choice. In these circumstances the Trust will adhere to The Children (Northern Ireland) Order 1995 and reflect any guidance or advice that may be issued by the Northern Ireland Commissioner for Children and Young People.

8.4 Where a person is unable to give consent, an organisation can agree to investigate a complaint made on their behalf by a third party. However, before doing so they should satisfy themselves that the third party has:

- no conflict of interest; and
- a legitimate interest in the person's welfare, for example if they are the Nominated Person under The Mental Capacity Act (Northern Ireland) 2016 or Nearest Relative within the meaning of Mental Health Order.

8.5 For complaints being responded to under Stage One, it may be necessary to confirm verbally with the service user that they have given their consent. This will ensure the timeframe for response at Stage One is adhered to. A record of the date, method of obtaining the consent and confirmation that the person understands their personal data may be shared with the authorised person as part of the complaints process should be recorded on Datix.

8.6 For complaints that have been escalated to Stage Two (and not previously responded to under Stage One), the Trust's Complaints department will seek consent, if required and record this on Datix

8.7 If consent has not been received, this must be taken this into account when handling and responding to the complaint. In such circumstances the Trust may be constrained as to what they can do in terms of investigating the complaint, or in terms of the information which can be included in the report of such an investigation. The staff member dealing with the complaint must ensure the service user understands their personal information may be shared as part of the complaints handling process (particularly where this includes sensitive personal information). Where limitations apply the person who submitted the complaint must be made aware of these limitations and the effect this will have on the scope of the response.

9.0 Confidentiality

9.1 All Trust staff have a legal and ethical duty to protect the confidentiality of the service user's information. The legal requirements are set out in General Data Protection Regulation (GDPR) and Data Protection Act 2018 and the Human Rights Act 1998. Ethical guidance is available from the respective professional bodies and from the Department of Health 'Code of Practice on Protecting the Confidentiality of Service User Information' published in January 2012 and updated in April 2019. The common law duty of confidence must also be observed.

9.2 Care must be taken at all times to make sure that any information disclosed about the service user is confined to that which is relevant to the investigation of the complaint and is only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint.

9.3 It is good practice to inform the service user that in order to investigate and fully answer their complaint it may be necessary to examine information within their health or social care notes and records relevant to the investigation of their complaint or enquiry. Such information only being available to those with a demonstrable need to know. For complaints being responded to at Stage One, the staff member responding to the complaint will advise the complainant, if required. For Complaints being responded to at Stage Two, the Complaints Team will provide this information within the complaint acknowledgement correspondence and the service user will be advised to contact the Complaints Team immediately if they do not agree to their notes and records being examined. The service user's wishes should always be respected, unless there is an overriding public interest in continuing with the matter.

9.4 Explicit consent must be obtained before identifiable information is given to any third party. In addition, the following principles also apply to all complaints:

- records relating to complaints must be stored securely;
- information pertaining to the investigation of the complaint including reports, notes of meetings and the written response must be kept separately from the service user's health or social care records; These documents must be attached to the complaint record on Datix;
- the reference number provided by complaints staff, not the person's name, should be used wherever possible during investigations to maintain confidentiality;
- information and reports produced to identify trends and inform future good practice from lessons learned should safeguard the confidentiality of service users and staff;
- when forwarding information electronically all identifiable information pertaining to the person making the complaint or enquiry should be enclosed as attachments and password protected.

9.5 The duty of confidence applies equally to third parties who have given information or who are referred to in the service user's records. Particular care must be taken where the service user's records contain information provided in confidence, by, or about, a third party who is not a health or social care professional. Only that information which is relevant to the complaint should be considered for disclosure, and then only to those within the HSC organisation who have a demonstrable need to know in connection with the investigation into the complaint or enquiry.

9.6 Third party information must not be disclosed to the service user unless the person who provided the information has expressly consented to the disclosure. If the third party objects, then it can only be disclosed where there is an overriding public interest in doing so.

9.7 Anonymising information does not in itself remove the common law of confidentiality but, where all reasonable steps are taken to ensure that the recipient is unable to trace the service user's identity, it may be passed on where justified by the complaint investigation. Where a service user has expressly refused permission to use information, then it can only be used where there is an overriding public interest to do so.

9.8 All letters regarding the complaint will be marked 'strictly private and confidential'.

10.0 Anonymous Complaints or Concerns

10.1 Anonymous complaints or concerns (verbal or written) will be investigated in the same manner as those from identified persons, provided that sufficient information is supplied suggesting that there is some validity in the complaint or concern made. An investigation will be undertaken, findings recorded, and remedial action taken as necessary. If possible a response will be provided to the writer.

11.0 Complaint Grading

11.1 The Complaints Department will apply an initial risk rating to complaints received by them. The Complaint Investigating Officer (handler) will review this risk rating following review/investigation of the complaint. Reporting on risk grading will be available to Divisions and will be presented through the Integrated Governance and Assurance Framework.

11.2 All Complaints received will be graded in line with the HSC Regional Risk Evaluation Matrix and Impact Assessment Table - see Appendix 3.

12.0 What to do When You Receive a Complaint

12.1 The Complaints Handling Procedure aims to provide a simple, accessible and compassionate process for responding to complaints by capable, well-trained staff. The aim is, where appropriate, to provide an early frontline response focused on trying to resolve the complaint to the service user's satisfaction at Stage One. Where it is not possible to resolve and/or the service user remains dissatisfied with the Trust's response at Stage One, then the complaint moves to Stage Two (investigation). Following investigation, the service user must be provided with a clear, reasoned and timely response to their complaint. Complaints must be managed in an open and transparent way which builds trust in the Trust's complaints handling process.

12.2 When a Complaint is received is it essential staff know what to consider. The following four questions should be considered, this will help staff to either resolve the complaint or respond to the complaint quickly (at Stage One).

i. What exactly is the service user's complaint (or complaints)?

- It is important to be clear about exactly what the service user is complaining about. Staff may need to ask the service user for more information and explore the issue to get a full understanding.
- Staff will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit the ability to respond to the service user (such as the time limit for making complaints, confidentiality, anonymity or the need for consent).
- If the matter is not suitable for handling as a complaint, staff must explain this to the service user and signpost them to the relevant procedure or other organisations for further advice. If the service user is dissatisfied that their complaint is not being accepted by the Trust, they must be directed to escalate their complaint to Stage Two. The Trust must review their decision not to accept the complaint and respond accordingly, to include signposting to NIPSO. See appendix 10 for further info.

ii. What does the service user want to achieve by complaining?

- At the outset, staff must clarify the outcome the service user wants. Sometimes, the service user may not be clear about this, and staff will need to explore further to find out what they expect, and whether this can be achieved through the complaint handling procedure.

iii. Is it achievable?

- The Trust must ensure that staff dealing with complaints have sufficient training and understand their level of authority. This can help complaint resolutions to be achieved in a timely manner or explanations to be provided where an immediate remedy is not achievable. It is always better to be clear with service users about what may be achievable or not achievable as soon as possible in the process.

iv. If a response cannot be provided, who can help?

- Where staff receive a complaint and feel they do not have the appropriate skills and experience (for example, they are unfamiliar with the issues or area of service involved), they must be able to forward the complaint to someone who can better deal with the issues. It is important that the transfer of complaints between staff does not result in a reduction in service to the service user, including the opportunity to resolve the issue early in the process.

13.0 Resolving the Complaint

13.1 The Trust must try to resolve complaints wherever possible. Key to being able to resolve a complaint is listening with empathy and building a trusting relationship with the service user. A complaint is resolved when both the Trust and the service user agree what action (if any) will be taken to provide full and final resolution of the complaint. A complaint may be resolved at any point in the complaints handling process, i.e., during stages one or two. Resolving a complaint can be a very effective approach where there is an ongoing relationship with the service user or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.

13.2 Where the Complaint has been resolved at Stage One it is not normally necessary to provide a written response to the service user unless this has been specifically requested by the service user. **The Investigating Officer must however, make a clear record of how the complaint was resolved, what action was agreed, and the service user's agreement to this as a final outcome.** Where a complaint is not resolved at Stage One a written response will be required and details escalation to a Stage 2 will be provided. Where a complaint is resolved at stage 2 this will require a written response setting out the agreed resolution. Where a complaint is not resolved at the end of stage 2 then the service user must be signposted to NIPSO [see section 26 Signposting to NIPSO].

13.3 In all case, the outcome of all complaints must be recorded on Datix. This will enable the Trust to meet the internal and external reporting obligations. Recording of complaint outcomes must also be compliant with the MCHP.

14.0 Stage One Complaints Process: Frontline Response

14.1 The aim at Stage One is to respond quickly (within 5 working days) to service users. Listening to service users with empathy and responding promptly builds trust. Frontline staff often will have regular contact with service users and are well placed to respond quickly to concerns, de-escalate situations, and provide reassurance. This approach also supports a culture of openness. Responding to a complaint by providing an on-the-spot apology where appropriate or explaining why the issue occurred and (where possible), what will be done to stop this happening again can be very effective. Responding quickly and clearly demonstrating any change for future service users will demonstrate a commitment to learning from complaints. Staff must be aware of their level of authority to resolve or respond to complaints, please ensure staff have completed the regional online training and Datix training for entering a complaint.

14.2 On occasion, further enquiries will be required before a response can be provided. It is our aim to give a Complainant a response at Stage One within 5 working days or less, however there may be circumstances where we need more time to provide a full and complete response. If this is the case, the Trust will aim to provide the Complainant with a response within 10 working days.

14.3 If the complaint cannot be resolved at this stage, the Investigating Officer will explain to the Complainant why and advise them of the next steps. The Trust will explain that a more detailed investigation may be required under Stage Two of the Complaint Procedure. The complainant may also request that their complaint is managed under Stage 2. Should they choose to do this, they should provide the Trust with details of what they remain dissatisfied with and the outcome they are seeking.

14.4 The Complainant can request that their complaint is escalated to Stage Two at any stage of the Stage One Complaints Procedure. Decisions on accepting Stage Two requests outside the standard timeframe must be clearly recorded, including the rationale and any learning potential. However, if the Trust has responded to their complaint at Stage One and they remain dissatisfied, they should request further investigation of their complaint at Stage Two within 30 days of receiving the outcome at Stage One. In exceptional circumstances, the Trust may be able to accept a Stage Two complaint after the time limit. If the Complainant feels that the time limit should not apply to their complaint, they will be asked to provide details why.

14.5 Complaints that are received on the frontline or at the point of service (verbal, written) will be entered onto the Datix system by the services staff. It is the Services discretion how they wish to manage the entry of complaints onto the Datix system within the Directorate governance arrangements for Complaints handling. All complaints received by the Trust will be recorded as a Stage One Complaint. Complaints received into the Complaints office via Phone, Email, Online, Post will be entered onto the Datix system by the Complaints team. All documents linked to the complaint will be attached as part of the complaint.

14.6 Once a complaint is entered and saved on the Datix system, an automatic generated email will be issued to the Investigating Officer. The complaint automatic email will also be copied to relevant personnel as per each Directorate's governance arrangements.

14.7 It is important that the Nominated Investigating Officer ensures there is independence to the investigation of complaints and in particular where the complaint refers to a specific member of staff. Regional online training is available to support staff regarding

appropriate investigation of complaints involving staff. Complaints Department staff will also provide advice to the Nominated Investigating Officer.

14.7 On receipt of the Stage One Complaint, the Investigating Officer should make immediate early contact with the complainant to clarify issues, to help inform area(s) for investigation and/or understand the expectations for outcome. An Investigation Template to support Investigating Officers is provided in Appendix 4.

14.8 If a complaint is about the actions of another staff member, it is good practice for the complaint to be shared with them, where possible, before responding, however this must not unnecessarily delay the response to the service user, for example where an on-the-spot apology is warranted

14.9 Stage One response must be completed within 5 working days, or sooner is possible. In operating the complaints procedure, the date of receipt is normally considered to be the day a complaint is received unless it is received after 2pm on a working day, or is received on a weekend or bank holiday in which case the date of receipt is the next working day. This does not preclude Complaints from progressing over a weekend or bank holiday.

14.10 In exceptional circumstances, a short extension of time at Stage One is permissible due to unforeseen circumstances (such as the availability of a key staff member or a complex complaint that requires further enquiries). Services must ensure Complaint extensions do not become the norm and every effort is made to resolve the Complaint within the first 5 days.

14.11 Where an extension is necessary, the Investigating Officer must seek approval from their senior manager in accordance to their Directorate Governance arrangements for Complaints Handling. The Investigating Officer must keep the Complainant informed that the complaint has not been resolved and an extension has been applied. It is important to take into account the complainants preferred method of communication.

14.12 The maximum extension that can be granted at Stage One is 5 working days (that is, no more than 10 working days in total from the date of receipt). If a Stage One complaint has not been responded to within 10 working days and there is no clear date when a full response will be issued, the complaint must be escalated to Stage Two.

14.13 The Trust will communicate to the service user the outcome of their Stage One complaint. There are a number of ways in which decisions at Stage One can be conveyed by the Investigating officer. These include face-to-face discussion, a telephone call or in writing (email, letter or direct message). The Investigating Officer must determine the service user's preferred method of contact and to use this where possible throughout the complaints process.

14.14 Where the Complaint has been resolved at Stage One it is not normally necessary to provide a written response to the service user unless this has been specifically requested by the service user. If requested, The Investigating officer can provide a written summary of the discussion held either by email or written letter form their department. A written response should be provided if it has not been possible to contact the service user by telephone, or speak to them in person. Should the Complainant require a formal corporate response from the Chief Executive, the Complaint must be escalated to a stage two – please refer to section 15.0 for further detail.

14.15 Staff guidance notes on writing statements and reports have been produced and are detailed in Appendix 5.

14.16 Where a complaint is not resolved at Stage One, the Investigating officer must inform the Complaints Department. A written communication will be issued to the complainant to inform them:

- that their complaint has been escalated to a Stage Two
- the reasons for the decision
- explain the timescale for a response.

This will be captured in the 'Acknowledgement Letter' at Stage Two.

14.17 Were the complaint involves more than one Directorate the relevant Director/s will be asked to identify which Investigating Officer will be responsible for taking the lead, co-ordinating the investigation and drafting the response. The Complaints department will support coordination of the response, however it is essential the Complaints department is informed of all agreed discussions.

15.0 Stage 2: Investigation Complaints Process

15.1 Stage Two is appropriate when a complaint has not been resolved at Stage One and/or the service user has requested further consideration and investigation. In exceptional circumstances and in agreement with the service user, complex complaints may be progressed to Stage Two without a response at Stage One. This should be by exception only.

15.2 It is the responsibility of the Investigating Officer to seek approval from their senior management to escalate the Stage One Complaint to a Stage Two complaint for investigation. This must be completed before the end of the response period (5 or 10 working days). Details of date requested, who approved the escalation and when it was approved must be recorded on the Datix system. The Complaints Department must also be informed details of the reason why the Stage One Complaint has been escalated

15.3 It is encouraged at the beginning of Stage Two to reconsider where complaint resolution approaches other than investigation may be helpful [see section 20.0 Complaint resolution approaches].

15.4 At Stage Two the Trust must explore the complaint further. A restatement of the response at Stage One is not sufficient. The aim is to give the service user a full, objective and proportionate response that represents the final position of the Trust. Complaints must, where possible, be investigated by someone who was not involved in the complaint (for example, a line manager or a manager from a different area/department).

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16.0 Stage 2 Investigation: Acknowledging the complaint

16.1 Stage Two Complaints must be acknowledged **within 3 working days** of receipt of the complaint at Stage Two. The date of receipt is normally considered to be the day a complaint is received unless it is received after 2pm on a working day or is received on a weekend or bank holiday in which case the date of receipt is the next working day.

16.2 Once the Investigating officer has advised the Complaints department that the Stage One complaint has been escalated to a Stage Two, the Complaints department will issue an Acknowledgement letter to the Complainant in a format which is accessible to the service user, taking into account their preferred method of contact. Critical to a successful investigation is that the issues of complaint and/or the expected outcome are clear from the outset. The Acknowledgment letter will state the reasons why it has been escalated to a Stage Two complaint.

16.3 Where the issues of complaint and expected outcomes are clear from the complaint detail, it is good practice to set these out in the acknowledgement and ask the service user to get in touch if they consider the issues are not understood or agreed. It is always good practice to make early contact with the service user when investigating a complaint.

16.4 Included with each acknowledgement letter will be the Trust's Complaints Leaflet which states:

- information on how the Complaints Procedure works;
- reference to the supportive role offered by the Patient and Client Council;
- guidance on further action which can be taken if the person making the complaint is not satisfied with the final written response; and
- contact details for complaints staff should the person making the complaint have any queries.

17.0 Stage Two Investigation: Confirming the Issues of Complaint and Outcome Sought

17.1 While the complaint will have been considered at Stage One it is important to confirm the issues of complaint and outcome sought where this is not clear. It is important that the Investigating officer contacts the service user to confirm these early at Stage Two. This can be by telephone, face-to-face or virtually. In some cases, it may be appropriate to clarify complaints in writing or where this is preferred by the service user or it is not possible to contact the service user by other means. The key point is ensuring a shared understanding of the complaint and keeping a clear record of:

- the issues of complaint to be investigated
- confirmation of any issues of complaint that cannot be considered
- the outcome sought by the service user and if these are achievable.

18.0 Stage 2 Investigation: Updating Staff Members Involved

18.1 If the complaint is about the actions of a particular staff member (whether named or not) it is expected the Trust will update the staff member(s) involved that the complaint has been escalated to Stage Two. Involvement and co-operation of staff is encouraged but the absence of staff must not cause unreasonable delay. The following process must be followed where possible:

- share the complaint information with the staff member/s (unless there are compelling reasons not to)
- advise them how the complaint will be handled, how they will be kept updated and how the Trust will share the complaint response with them
- discuss their willingness to engage with complaint resolution approaches (where

applicable); and
- signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (where possible, this must not be the person investigating or signing off the complaint response).

18.2 It is important that these steps are followed as part of Complaint handling, if they identify a possible disciplinary issue or the need for a disciplinary investigation. This must include advice to the investigator on the interface between the two separate processes.

18.3 Service Managers should bear in mind that staff will often require support if a complaint is received. Support is available from their line management, Occupational Health, 'Inspire Workplaces' (employee assistance scheme) as well as support regarding the complaints process from the Complaints department.

18.4 Complaints which involve decisions or actions involving senior staff can be more difficult, as there may be a conflict or perceived conflict of interest for the staff investigating the complaint. When complaints are raised which involve senior staff, the investigation will be conducted by an individual who is independent of the situation and management line to avoid any perceived conflict of interest.

19.0 Stage 2 Investigation: Investigating the Complaint

19.1 Investigation planning is key to ensuring successful and timely completion of investigations. Trust staff are encouraged to promote through their policy, procedures and training, the need for investigation planning. Please refer to NIPSO Best Practice Guidance on Investigating a Complaint www.nipso.org.uk/service-providers/complaints-standards

19.2 The Complaints department can be contacted for advice by Investigating Officers, Assistant Directors and Directors if necessary during the investigation of complaints and when draft responses are being prepared.

20.0 Stage 2 Investigation: Complaint Resolution Approaches

20.1 While staff are expected to encourage complaint resolution approaches prior to Stage Two, staff must feel empowered to keep complaint resolution under consideration during the investigation process.

20.2 Approaches such as complaint resolution discussions, mediation or conciliation can reduce the risk of the complaint escalating further and rebuild/maintain relationships. If mediation is attempted, a suitably trained and qualified mediator must be used. Other methods include: independent advocates, independent experts or lay persons. These approaches can help the Trust and the Complainant to understand what has caused the issue and can lead to mutually satisfactory solutions.

20.3 These approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, exploring the service user's desired outcome or resolving one of the issues.

20.4 Where the Trust and the complainant (and any staff member/s involved) agree to use complaint resolution approaches, an extension to the timeline will need to be agreed. This must not discourage the use of these approaches.

20.5 The Complaints department can support alternative resolution methods. Further information about conciliation and the use of independent experts or lay persons is detailed at appendix 6.

21.0 Stage 2 Investigation: Meeting with the Service Users During the Investigation

21.1 To effectively further investigate a complaint, it may be necessary to arrange a meeting with the service user. This decision should be reached through consultation with the relevant Assistant Director and/or Director and include identification of those staff members requiring to be present at the meeting. Guidance notes developed with regard to complaints-related meetings are attached at appendix 7. If required this must take place as soon as possible following receipt of the request to escalate the complaint and must not unreasonably delay responding to the complaint. The availability of staff must not delay having a meeting unless the presence of that member of staff is essential. Meetings with a large number of staff must be kept to a minimum and only those strictly necessary to address the complaint are required. Where it is not possible to meet and provide a final response to the complaint within 20 working days it may be appropriate to extend the timescale for responding to the service user. The Investigating Officer must discuss this with the service user and a written record of a meeting must be completed.

21.2 As a matter of good practice a record of the meeting may be provided to the service user and must be provided if requested. Alternatives to this may be considered as part of a reasonable adjustment. It is the responsibility of the Investigating officer to arrange a record of the meeting.

22.0 Stage 2 Investigation: Timelines and extension to the timelines

22.1 The following timeframes apply to Stage Two investigations:

- complaints must be acknowledged within 3 working days
- a final response to the complaint must be provided as soon as possible but no later than 20 working days from the time the complaint was received at Stage Two.

22.2 It is expected that the majority of complaints will receive a final response within 20 working days. It is, however, permissible to extend the timescale if necessary to complete the investigation and provide a comprehensive response. Where the timescale is extended the service user must be advised and provided with the reason for the extension as well as the expected response date. It is poor practice to extend the response date on multiple occasions and this often leads to a loss of trust in the HSC Trust on the part of the service user. Others involved in the complaint must also be advised of the extension to the timescale.

22.3 It is the responsibility of the Investigating Officer to seek approval for the extension to the timescale for investigations from their senior management according to their Directorate Governance Arrangements for Complaint Handling. A clear rationale must be recorded on each occasion including a record of what action has been taken to

progress the complaint and the date the Complaint has been escalated. All details must be recorded on Datix by the Investigating Officer.

22.4 The Complainant must be contacted at least once every 20 working days to update them on the progress of the investigation. The Trust must maintain contact with the complainant advising them on further extensions after the first extension and rationale why the complaint has not been resolved. Extensions must be the exception and long delays due to the absence of a member of staff are unlikely to be a sufficient reason to delay an investigation.

23.0 Stage 2 Investigation: Closing the Complaint

23.1 The general expectation is that a final response to a complaint would be in writing or in such other form taking account of any reasonable adjustments made to meet the needs of the service user. Staff details must be included should the service user wish to clarify any aspect of the response they do not understand. This must not lead to an extension of the complaint process.

23.2 It is the responsibility of the relevant Investigating Officer to prepare the draft response from the information obtained from the investigation. The response should be clear, accurate, balanced, simple and easy to understand. The response should aim to answer all the issues raised in the complaint, be open and honest explaining the situation, why it occurred and reporting the action taken or proposed. The response should also include an apology where things have gone wrong with the aim of assuring the person making the complaint, that we have taken their concerns seriously.

23.3 The draft response must then be sent through the line management structure to the Assistant Director for consideration and approval. Following approval at Assistant Director level, the Investigating Officer or Assistant Director, must send the draft response to the Complaints Officer in the Complaints Department for quality assurance checks. Should any outstanding issues be identified, the Complaints Officer will continue to follow up with the Investigating Officer until resolved. The Complaints Officer will then forward the updated draft response to the relevant Director for approval.

23.4 If required, the Complaints staff will, during the approval process, make minor amendments to the draft response, and forward it to the Chief Executive for approval and signature. A final Corporate response to the Complainant will be signed by the Chief Executive on behalf of the Trust.

23.5 If not completed as part of the Investigation process, an offer to meet with the person making the complaint may be included in the written response, if this is felt to be appropriate. In advance of the response being issued, contact details for a member of staff should be identified with whom complaints staff can liaise if the person making the complaint wishes to take up the offer of a meeting, requires additional information or feels there are outstanding issues requiring to be resolved.

23.6 In summary, the Stage Two responses must:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational;
- avoid technical and medical terminology, but where these must be used, an explanation of the term must be provided;

- address all the issues raised and demonstrate that each element has been fully and fairly investigated;
- include an apology where things have gone wrong (refer to Appendix 11 - NIPSO Guidance on Issuing an Apology);
- highlight any area of disagreement and explain why no further action can be taken;
- indicate that a named member of staff is available to clarify any aspect of the letter.

23.7 In the same correspondence, the service user must be advised that:

- they have completed the complaints procedure
- if they remain dissatisfied, they may bring their complaint to NIPSO within 6 months since they received correspondence from the Trust

NIPSO will generally ask service users to provide details of their complaint and a copy of the final response from the organisation.

See section 26.0 Signposting to NIPSO

23.9 A copy of the final response will be sent to the relevant Investigating Officer/s and/or Assistant Director, for appropriate action, learning and service improvement. Staff should be informed of any changes in system or practice that resulted from complaints.

23.10 A record of the investigation process, documents, decision, and details of how it was communicated to the service user, must be recorded on the Datix system.

23.11 The complaint must then be closed and Datix record updated accordingly. The outcome of Complaint must be selected. There are four distinct complaint outcomes to every complaint when closed at Stages 1 or 2: resolved, upheld, not upheld and partially upheld. Understanding and accurately recording whether a complaint is resolved, upheld, partially upheld or not upheld is essential (further detail on Appendix 11). The recording of complaint outcomes enables the trust to meet their internal and external reporting obligations and comply with the Model Complaints Handling Procedure (MCHP). It helps the Trust to analyse trends, identify early warning signs and identify service gaps to prevent repeat complaints. It also helps provide quick and mutually agreeable full and final resolutions and helps identify areas of good practice.

24.0 Post-closure Contact

24.1 Where a service user contacts the Trust for clarification following receipt of a final response, it is permissible to have further discussion with the service user to clarify a response and answer their questions. This can be used as a further opportunity to demonstrate the Trust's commitment to improvement and learning. This is not an opportunity to reopen the complaint or ask for a new investigation.

24.2 If the Complainant is dissatisfied with the Trust's response or does not accept the investigation findings, then the Trust must explain that it has already given its final response on the matter and signpost them to NIPSO. It is important that the clarification of the Trust's response does not go on for a long period and unnecessarily prolong the process for the service user.

25.0 Acting Upon and Learning from Complaints

25.1 The Trust supports the ethos of learning from complaints. They provide a rich source of service user information and opportunity for service improvement. Many complainants indicate their rationale for making a complaint is that they do not want other patients to go through a similar experience.

25.2 Complaints provide valuable service user feedback. One of the aims of the Trust's complaints procedure is to identify opportunities to improve services. By recording and analysing complaints data, the Trust can identify and address the causes of complaints, to identify how the matter could be handled better in the future and, where appropriate, identify training opportunities and introduce service improvements. Complaints and complaints data can provide an early warning sign when things have gone wrong especially when considered alongside other information sources available to the Trust.

25.3 Before the closure of the complaint, the staff member handling the complaint must consider whether any learning has been identified. Where learning has been identified, this must be recorded to enable reporting and sharing. To assist with this, a Complaint Outcomes section has been included on the Datix system, which must be completed by the Investigating Officer in conjunction with the relevant staff for all complaints and where possible record what learning has been identified. The completion of this is important as it contributes to the process of learning from complaints, implementation and sharing of that learning. If there has been no learning this must be made clear in that section before closure.

25.4 Directors, Assistant Directors, Managers and Staff are responsible for ensuring that actions/learning identified on the Complaints Outcome fields on Datix are implemented. Evidence will be required of improvements made through complaints learning and full completion of this section will help facilitate this.

25.5 Learning and improvements made from complaints should be a standard agenda item for discussion at team meetings and/or briefings. Managers should encourage and enable this to take place in a safe and supportive environment.

25.6 Regular reports are provided to Directors and management staff to ensure that they are made aware of any learning arising from complaints. In addition, reports provided to the Trust's Learning for Improvement forum for onward sharing through the Assurance Framework will include examples of learning identified in service Directorates.

25.7 The Trust must have clear systems in place to act on issues identified in complaints. As a minimum, the Trust must:

- seek to identify the cause(s) and contributory factors of complaints
- take action to reduce the risk of recurrence
- systematically review complaints performance reports to improve service delivery.

25.8 Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data. Where the Trust has identified the need for service improvement in response to an individual complaint, they will need to take appropriate action. The Trust should include details on their process for learning from complaints within their Directorate Governance Arrangements as part of their guidance to staff.

25.9 The process must meet the following minimum standard:

- the action needed to improve services must be authorised by an appropriate manager a staff member(s) (or team) must be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
- a target date must be set for the action to be taken
- senior member of staff must follow up to ensure that the action is taken within the agreed timescale
- where appropriate, performance in the service area must be monitored to ensure that the issue has been resolved
- any learning points must be shared with relevant staff.

25.10 Senior management must review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where the review identifies the need for service improvement, the Trust must take appropriate action (as set out above). Where appropriate, performance in the service area must be monitored to ensure that the issue has been resolved.

25.11 The Trust will provide further guidance and/or examples in relation to how complaints information will be used to learn from complaints and/or how learning from complaints will be shared within the Trust. Learning will also be shared externally to help promote a culture of how the Trust welcomes and learns from complaints.

26.0 The Northern Ireland Public Services Ombudsman (NIPSO)

26.1 As stated, once the investigation stage has been completed, the service user has the right to go to NIPSO if they remain dissatisfied or if the Trust has refused to investigate a complaint where it felt the complaint fell outside the time limits. It is important to make clear to the service user:

- their right to ask NIPSO to consider the complaint
- the time limit for doing so
- how to contact NIPSO.

26.3 There may be circumstances where the Ombudsman is prepared to accept a complaint directly without the person having first put their complaint to the Trust concerned.

26.4 The NI Ombudsman is completely independent of Health & Social Care organisations and the Government, and can be contacted by completing a complaint form (available from the NIPSO website) or if preferred individuals may write a letter of complaint. So that complaints can be dealt with as quickly as possible, information should be provided regarding the organisation being complained about, what is being complained about and how the person has suffered as a result. Any relevant correspondence or documentation should be enclosed along with the complaint and sent to:

The Northern Ireland Public Services Ombudsman
33 Wellington Place, Belfast, BT1 6HN
Tel: Freephone: 0800 34 34 24
Email: nipso@nipso.org.uk
Web: www.nipso.org.uk

26.5 Once the Ombudsman has received the complaint, it will be examined to determine whether it is within the Ombudsman's power to investigate, and if so, whether it should be investigated.

26.6 If the Ombudsman decides not to proceed with an investigation of the complaint, the person concerned will be informed and the reasons for the decision explained. However, if there are a lot of papers involved, or new or difficult issues are raised, the decision whether to investigate may take slightly longer.

26.7 As a first step in their investigation the Ombudsman's Office will generally send a summary of the complaint to the Trust, asking them for their comments and outlining the information required. Once this has been completed a response will be sent to the person making the complaint informing them whether or not the Ombudsman will continue with the investigation and explaining the reasons for the decision.

26.8 If the Ombudsman decides to continue with the investigation, this will involve thorough consideration of each aspect of the complaint. This is a rigorous process, may involve Independent Professional Advice experts and at its conclusion, a detailed report will be produced. This report is issued in draft format to the Trust for feedback as to factual accuracy, recommendations made etc. A final report will then be issued by the Ombudsman to the Trust and may require final action. Action may be in the form of a letter of apology to the person making the complaint, and/or identification of actions/improvements which are planned or implemented, where appropriate.

26.9 A flowchart has been developed which outlines the Trust processes for dealing with Ombudsman complaints. This is detailed at appendix 8.

27.0 Publishing Complaints Information

27.1 The Trust will publish complaints information on an annual basis (as a minimum). For Family Practitioner Service providers this is through reporting to the Strategic Planning & Performance Group.

27.2 The Complaints and Compliments Annual report will summarise and build on the quarterly reports to senior management produced about service complaints and the six-monthly reports on complaint outcomes and lessons learned. Annually, published information must include:

- complaint performance statistics
- complaint trends and the actions that have been or will be taken to improve services as a result
- lessons learned from complaints.

27.3 Published information must be anonymised and compliant with data protection requirements. This information must be easily accessible to members of the public and available in alternative formats as requested.

27.4 The Annual Report will focus on promoting a culture of learning and the value of complaining. This will take the form of case studies, examples of how complaints have helped improve services, or 'you said, we did'. Publication may be through newsletters, leaflets, websites or other forums used to communicate with service users.

28.0 Unreasonable, Vexatious or Abusive Persons

28.1 Whilst recognising the right of every individual to make a complaint and to be treated equitably in having these thoroughly investigated and fully responded to, there will be times when nothing further can be done to assist them.

28.2 The difficulty in handling such persons making complaints can cause undue stress for staff and place pressures on time and resources. However, someone should only be categorised as unreasonable, vexatious or abusive as a last resort after all reasonable measures have been taken to resolve the complaint using the Trust's Complaints Procedure. Unacceptable actions are outlined in the 'Management of Unreasonable, vexatious or abusive persons in the workplace' Trust policy.

28.3 If the person making the complaint is felt to be unreasonable, vexatious or abusive, staff should raise the matter as soon as possible with the relevant Investigating Officer within their Directorate who will inform the relevant Director. Complaints staff experiencing similar difficulties can raise concerns with the Complaints Manager/Governance Manager and/or Assistant Director of Clinical Quality and Safety initially.

28.4 Staff should complete an incident form on Datix to record all incidents of unacceptable actions by complainants.

28.5 Consideration needs to be given as to whether the Complaints Procedure has been correctly applied as far as possible and that no issue within the complaint or enquiry has been overlooked or inadequately addressed. It also needs to be determined whether a fair approach has been taken and that we can identify the stage at which the person has become unreasonable, vexatious or abusive. Further detail on Appendix 9.

28.6 If it is agreed that a person is at risk of being, or is deemed to be, unreasonable, vexatious or abusive, Appendix One of the 'Management of Unreasonable, Vexatious or Abusive Persons in the Workplace' Trust policy must be completed and approved by the relevant Director and the Chief Executive. Various possible actions should be considered:

- it may be appropriate to inform the individual in writing that they are at risk of being classified as being unreasonable, vexatious or abusive and provide an explanation of the reason for this. The individual should then be allowed the opportunity to modify their behaviour or action before a decision is taken;
- try to resolve matters before categorising someone as unreasonable, vexatious or abusive, by drawing up a signed agreement with the individual setting out a code of behaviour for the parties involved if the Trust is to continue dealing with them. If the agreement is breached consideration would then be given to implementing other actions as outlined below:
- affected staff should be consulted and involved in drawing up and agreeing a management plan for future communication with the individual and shared with all relevant professionals;
- restrict further contact with the individual either in person, by telephone, by letter or by email - or any combination of these provided that one form of contact is maintained. It may be deemed appropriate to only take telephone calls from the individual at set times or on set days. In extreme situations further contact may be restricted to liaison through an identified third party;

- notify the individual in writing that previous responses have addressed the issues raised with a view to resolving the complaint, that there is nothing further to add and that continuing contact on the matter will serve no useful purpose. The individual should also be notified that correspondence on the matter is at an end and that further letters received will be acknowledged but not answered;
- notify the individual that only a certain number of issues will be considered within any given period and ask them to limit or focus their requests accordingly;
- return irrelevant documents to the individual or, in extreme cases advise them that further irrelevant documents will be destroyed;
- temporarily suspend all contact with the individual, or the investigation of the complaint, whilst seeking legal advice from the Directorate of Legal Services (DLS); or take any other action considered to be appropriate.

28.7 Further actions may need to be considered in addition to the above measures, and advice should be sought from the Assistant Director of Quality and Safety, the Governance Manager, the Corporate Risk Manager, the Police Service of Northern Ireland (PSNI) or the Directorate of Legal Services (DLS) if the unreasonable, vexatious or abusive behaviour persists.

28.8 The individual must be informed in writing of the action being taken, the reasons why, and, where relevant, the length of time any restrictions will be in place. A copy of any correspondence sent to individuals classified as unreasonable, vexatious or abusive will be copied and promptly and forwarded to the relevant Assistant Director or Director and the relevant Investigating Officer for information. A record will be kept by the Complaints Department, for future reference, of the reasons why an individual has been classified as unreasonable, vexatious or abusive, the actions taken and the review arrangements.

28.9 A decision to restrict contact with the person making the complaint may be re-reconsidered if the individual demonstrates a more acceptable approach. The Complaints Department will contact Directors to ensure a review of the status of all individuals with restricted contact arrangements.

28.10 The decision to restrict contact can be appealed by the individual concerned. A Director who was not involved in the original decision should consider the appeal. The individual will then be notified in writing that either the restricted contact arrangements remain in place or a different course of action has been agreed.

28.11 With regard to telephone calls taken from aggressive, abusive or offensive individuals the staff member taking the call has the right to inform the caller that their behaviour is unacceptable and end the call if the behaviour does not stop. Similarly, with regard to other aggressive or abusive behaviours staff directly experiencing this may take the decision to deal immediately with that behaviour in a manner they consider appropriate to the situation and in accordance with the Trust's Zero Tolerance and Security Policy.

28.12 With the exception of immediate decisions taken at the time of an incident, decisions to restrict contact by such individuals with the Trust should only be taken after careful consideration of the situation by the relevant Director.

29.0 Regulated Establishments & Agencies and other Independent Service Providers or Commissioned Services

29.1 Complaints are best handled by the organisation that delivers the service. Complaint handling processes must be clear on the role of the service provider and the role of the commissioner. When a complaint or enquiry is received which relates to a regulated establishment or agency registered with the Regulation and Quality Improvement Authority (RQIA) or another independent service provider (e.g. private hospital) the person making the complaint or enquiry should be encouraged to raise their concerns, at the outset, with the registered or independent sector provider.

29.2 All registered providers that hold a contract with the Trust to provide services must operate a complaints procedure that meets the requirements of applicable Regulations, relevant Minimum Standards, relevant legislative requirements and the Model Complaints Handling Procedures. They are required by legislation to ensure the complaint is fully investigated.

29.3 Any service provider delivering a service on behalf of or through a contract or commissioning arrangement with the Trust must follow the MCHP when dealing with complaints about that service. This includes organisations delivering Family Practitioner Services and organisations in the private, voluntary or community sectors. The organisation must investigate the complaint by following the two stage complaints handling procedure. Where the complaints handling procedure has been exhausted the service provider must signpost the service user directly to NIPSO. The service provider must ensure appropriate reporting of complaints and outcomes to the commissioning organisation. All service providers are required to follow the MCHP in full. Additional guidance for commissioned services and Family Practitioner Service providers is available on NIPSO's website

29.4 Where the Commissioner receives a complaint about the service, they must forward the complaint to the service provider for handling through their complaints handling procedure. Where the commissioner receives a complaint which has already been investigated through the service provider's complaints handling procedure, the commissioner must signpost the service user to NIPSO. If the service provider refuses to investigate the complaint, the commissioner's contract must clearly set out the next steps. There is an obligation on the commissioner to ensure that the complaint is properly investigated. Both the service provider and the commissioner must ensure that the recording and reporting arrangements in place will enable compliance with the MCHP.

29.5 If a complainant prefers to raise their concerns in relation to a regulated service, independent or commissioned service through the Trust, the Complaints Department will forward the complaint to the relevant Service Manager, who will establish the nature of the complaint and consider how best to proceed. The Service Manager, with the agreement of the Assistant Director, may refer it to the registered provider for investigation, resolution and response. If it is a matter that can only be dealt with by the Trust, if it raises serious concerns or if the Trust deems it to be in the public interest, it will investigate. The person making the complaint or enquiry will be informed regarding the action being taken.

29.6 In the event that the matter has not been resolved to the satisfaction of the person making the complaint or enquiry, the Trust will then investigate the complaint if it has commissioned the service user's care. If the issue being complained about or enquired

about relates to the registered establishment or agency's failure to comply with regulations or associated standards, the complaint will be shared with the relevant Service Manager and Assistant Director, who will consider whether a referral to RQIA is appropriate for further action.

29.7 Complainants may approach the NIPSO if they remain dissatisfied. It is possible that referrals to the Ombudsman, where complaints are dealt with directly by the registered provider without the participation of the Trust in local resolution, will be referred to the Trust by the Ombudsman for action.

30.0 Complaints and Disciplinary or Whistleblowing

30.1 Issues can be raised in a complaint which overlap with matters which may be dealt with under a disciplinary or whistleblowing process. The Trust will provide guidance to staff to ensure that complaints are managed appropriately, ensuring that there is no breach of confidentiality.

30.2 The fact that either a disciplinary or whistle blowing investigation is ongoing may not prevent some aspects of a complaint being investigated and responded to. It may be that some information cannot be disclosed to the service user and where this is the case they must be advised accordingly. Staff guidance must provide direction in managing such complaints.

Part Three

APPENDICIES

Appendix 1 – Examples of Complaints and Possible Actions

The following tables give examples of complaints that may be considered at the frontline Stage One and Stage Two and suggested possible actions.

COMPLAINT	POSSIBLE ACTIONS
The complaint relates to clinical treatment. The service user is unhappy that several attempts to draw blood were not successfully completed, and that there was a lack of pain management to address her discomfort	• Apologise to the service user for the pain and • discomfort. • Explain the appropriate procedure for taking blood and agree with the person making the complaint how this will be approached in the future. • Inform the service user that you will request/ ensure a different and more experienced person draws the blood in the future. • Ensure suitable pain management is available if needed, to address her discomfort. • Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to the delivery of sensitive medical supplies to a patient at home. The person is unhappy that the sensitive medical supplies delivered to her home were left exposed, clearly identifying to neighbours the content of the package.	• Apologise to the person for any embarrassment and/or anxiety caused • Explain the process for how the delivery person should deliver and cover packages of sensitive medical supplies • Explain that you will record the complaint and ensure that staff are made aware of the issue • Discuss the complaint with appropriate staff to understand the issue from their perspective and to ensure they understand the appropriate policy and procedure to follow. This should • ensure the incident does not reoccur or happen to someone else • Record relevant details of the complaint for • monitoring and learning purposes.
The complaint relates to misplaced property The person is not happy that, despite already asking staff to locate their missing dressing gown, nothing has been done about it and no one has advised them of the actions taken	• Thank the person for bringing the matter to your attention. • Apologise, recognising the distress that the loss of the dressing gown will have caused. • Offer to provide a hospital replacement gown in the meantime. • Explain the action you will take to try and locate the dressing gown. • Where appropriate, signpost him to the process • For claiming lost property. • Record relevant details of the complaint for • Monitoring and learning purposes.
The complaint relates to staff attitude. It is alleged that when asked to explain why surgery had been delayed, the nurse was	• Thank the person for bringing the complaint to your attention. • Apologise, recognising that they feel the nurse did not respond appropriately to the enquiry.

rude, insensitive to the service user's needs and did not explain the reason for the delay.	• Make sure that you provide a full response to the person's request for information about the surgery and any reasons for delay. • Explain that you will record the complaint and ensure that staff are made aware of the need to respond fully and appropriately to all enquiries. • Discuss the complaint with appropriate staff, to understand the issue from their perspective. • If and where appropriate, provide support to staff to respond appropriately to enquiries
The complaint relates to care. The service user is unhappy at being in a mixed sex ward and wants moved to a single sex ward.	• Acknowledge and apologise to the service user for their discomfort and the impact this has had on them. • Explain the basis for mixed sex wards and the reason the person has been admitted to a mixed sex ward. Ask what you can do to resolve the issue satisfactorily. • Consider if the person can be moved to a room or a single sex ward. Where possible, arrange the relocation as soon as possible.
The complaint relates to a lack of privacy during visiting hours. The service user complained that visitors to the patient in the bed next to her could overhear medical staff discussing her condition and treatment. She felt humiliated by this.	• Apologise to the service user for the distress felt by the service user. • Advise her of the normal procedure for discussing her medical condition with her. • Explain the action you will take to ensure that this situation is not repeated, and any discussions in regard to diagnosis, care or treatment will be conducted in private moving forward. • Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to a delay in ambulance transport. A person complains that their scheduled transport for a hospital appointment did not arrive on time, causing them to miss their appointment.	• Apologise to the person for the delay in transport, recognising the frustration and inconvenience this will have caused. • Explain any potential reasons for the delay. • Explain and confirm the transport scheduling procedures. • Check the status of the transport request and provide the person with an update. • Offer assistance in rescheduling the missed • appointment (if necessary). • Explain the action you will take to understand why their transport did not arrive and ensure that any associated learning will be taken forward for service improvement. • Record relevant details of the complaint for monitoring and learning purposes

Examples of Stage Two complaints and possible actions

COMPLAINT	**POSSIBLE ACTIONS**
The complaint relates to the deregistration of a patient from a GP/ Dental Practice. The patient is dissatisfied the Practice failed to provide a warning prior to deregistration. The Practice could not demonstrate the	• Thank the patient for bringing the complaint to the attention of the Practice and that every complaint is viewed as an opportunity to learn. • Review the relevant Regulations covering the removal of patients to establish if the Practice

patient acted in a way that would warrant immediate removal	followed all appropriate steps and identify any deviation. • Explain to the service user what steps the Practice failed to follow. • Apologise to the service user for staff failing to follow the process and issue a warning prior to de-registration. • Offer to reinstate the patient onto the practice list and explain to the service user the appropriate procedure to be followed to enable this. • Explain to the service user that you will relay the information to staff and deliver training on the steps to follow for deregistration, as required by the Regulations. • • Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to the care of a service user in a nursing home. The service user required a staff member to monitor her when she used the toilet. The service user was left alone in the toilet and was found on the floor with a broken hip. The complainant was dissatisfied that the Home did not monitor the patient in line with her care plan.	• Thank the service user for bringing this to the attention of the nursing home and that every complaint is viewed as an opportunity to learn. • Review the care plan in place for the service user at the time. Also, review the records of the event. • Conduct an investigation into the event including obtaining statements from the staff member who took the service user to the bathroom. • Create and retain appropriate records of the investigation. • Explain the findings and the rationale for them to the service user • Apologise to the complainant for staff failing to follow the care plan. • Explain to the complainant that you will relay the information to staff and deliver training on the importance of following care plans to ensure residents' safety. • Identify any trends or related history around the circumstances to this complaint and take necessary corrective steps to prevent a recurrence. • Consider the appropriateness of any disciplinary • action. • Consider initiation of a SAI process if not already • commenced. • • Record relevant details of the complaint for monitoring and learning purposes
The complaint relates to hospital staff not toileting the patient on the day of her discharge from hospital. The service user had taken fluids and a diuretic the same day. This resulted in the service user sitting in soiled clothing for several hours prior to returning home.	• Thank the complainant for bringing this to the Trust's attention and that every complaint is viewed as an opportunity to learn. • Review the nursing standards. Also, review the records from the day of discharge. • Conduct an investigation into the event including obtaining statements from relevant nursing staff. • Create and retain appropriate records of the investigation. • Explain the findings and the rationale for them to the complainant. • Apologise to the complainant for staff failing to act in accordance with the service user's

	fundamentals of care including her toileting needs and the impact on her dignity. • Explain to the complainant that you will relay the information to staff and deliver training on the fundamentals of care, including keeping service users in a clean and hygienic condition. • Identify any trends or related history around the circumstances to this complaint and take necessary corrective steps to prevent a recurrence. • Record relevant details of the complaint for monitoring and learning purposes.
The complaint relates to Trust physiotherapy staff not conducting an appropriate assessment of the service user. The service user's legs were contracted in a bent position at the point of his discharge from hospital.	• Thank the complainant for bringing this to • the Trust's attention and confirm that every complaint is viewed as an opportunity to learn. • Review the relevant standards for physiotherapists. Also, review the service user's physiotherapy records during his stay in hospital. • Establish what assessments the physiotherapy • team should have conducted for the service user. • Establish what assessments the physiotherapy team carried out and if these were in line with relevant guidance and standards. • Create and retain appropriate records of the • investigation. • Explain the findings and the rationale for them to the complainant. • Apologise to the complainant for staff failing to conduct appropriate physiotherapy assessments for the service user. • Explain to the complainant that you will relay the information to staff and deliver training to relevant physiotherapy staff on the importance of conducting appropriate assessments in line with the relevant sections of the Health and Care Professions Council Guidance. • Identify any trends or related history around the circumstances to this complaint and take necessary corrective steps to prevent a recurrence. • • Record relevant details of the complaint for monitoring and learning purposes.

Appendix 2 – Complaints Flow Chart

Complaint received (In person, by phone, email or in writing).
Staff Member receiving the complaint will log detail of the complaint on Datix.

Stage 1
Frontline Resolution

Frontline Resolution
Complaint resolved and/or response provided within **5 working days** (can be extended to another 5 working days, as required).
Advise Service User the outcome of the complaint, explain the reasons for the decision or the action taken to resolve the complaint.
Update Datix

Not able to be resolved at Stage 1 Frontline Resolution.
(Complex Complaint that requires detailed investigation

Service user satisfied that complaint is resolved and closed

YES

Record Service User's agreement to this as a final response (N.B. written response to Service User not required unless requested or if it has not been possible to speak to the Service User).
Update Datix

End

NO

A written Response is required. Explain to Service User that they can escalate the complaint to Stage 2 and outline the process

Escalation to Stage 2 Investigation

Advise Complaints Team immediately of Escalation to Stage 2.
Complaints Team will acknowledge Stage 2 Investigation with Service User within 3 working days of being advised.

Service to identify Staff Member to investigate the complaint. Investigating Officer to confirm with service user the issues of complaint to be investigated and outcome the service user is seeking.
Investigation Officer to add all Notes/Documents/Learning Forms/Action Logs relating to investigation to the complaint record on Datix web.
Update Datix

Complaints Team to be provided with a draft written response to complaint, with sufficient time allowed approval process, for a final response to complaint to be issued within a maximum of 20 working days, unless there is a clear and agreed reason for extending this timescale. Service to provide reason for extension.
Complaints team to keep Service User advised of any extensions.
Update Datix

Complaints Team will issue the Final Response. Complaint Handler will ensure that information is recorded on Datix including outcome, learning and actions. Once complete the Complaints Team will close the complaint.
If Service User remains dissatisfied to be sign-posted to NIPSO.
Update Datix

Complaint Closed

Appendix 3: HSC REGIONAL RISK MATRIX – WITH EFFECT FROM APRIL 2013 (updated June 2016 & August 2018)

Risk Likelihood Scoring Table			
Likelihood Scoring Descriptors	**Score**	**Frequency** (How often might it/does it happen?)	**Time framed Descriptions of Frequency**
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

	Impact (Consequence) Levels				
Likelihood Scoring Descriptors	**Insignificant(1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
Almost Certain (5)	**Medium**	**Medium**	**High**	**Extreme**	**Extreme**
Likely (4)	**Low**	**Medium**	**Medium**	**High**	**Extreme**
Possible (3)	**Low**	**Low**	**Medium**	**High**	**Extreme**
Unlikely (2)	**Low**	**Low**	**Medium**	**High**	**High**
Rare (1)	**Low**	**Low**	**Medium**	**High**	**High**

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 *(Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)*	• Near miss, no injury or harm.	• 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).	• 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	• Long-term permanent harm/disability (physical/emotional injuries/trauma). • Increase in length of hospital stay/care provision by >14 days.	• Permanent harm/disability (physical/ emotional trauma) to more than one person. • Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES *(Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)*	• Minor non-compliance with internal standards, professional standards, policy or protocol. • Audit / Inspection – small number of recommendations which focus on minor quality improvements issues.	• Single failure to meet internal professional standard or follow protocol. • Audit/Inspection – recommendations can be addressed by low level management action.	• Repeated failure to meet internal professional standards or follow protocols. • Audit / Inspection – challenging recommendations that can be addressed by action plan.	• Repeated failure to meet regional/ national standards. • Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. • Audit / Inspection – Critical Report.	• Gross failure to meet external/national standards. • Gross failure to meet professional standards or statutory functions/ responsibilities. • Audit / Inspection – Severely Critical Report.
REPUTATION *(Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)*	• Local public/political concern. • Local press < 1day coverage. • Informal contact / Potential intervention by Enforcing Authority (e.g. HSENI/NIFRS).	• 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.	• Regional public/political concern. • Regional/National press < 3 days coverage. Significant effect on public confidence. • Improvement notice/failure to comply notice.	• 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 (eg, Ombudsman). • Major Public Enquiry.	• 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.

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	**MINOR (2)**	**MODERATE (3)**	**MAJOR (4)**	**CATASTROPHIC (5)**
FINANCE, INFORMATION & ASSETS *(Protect assets of the organisation and avoid loss)*	• Commissioning costs (£) <1m. • Loss of assets due to damage to premises/property. • Loss – £1K to £10K. • Minor loss of non-personal information.	• 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	• 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	• 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	• 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 *(Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)*	• 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.	• 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.	• 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.	• 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.	• 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 *(Air, Land, Water, Waste management)*	• Nuisance release.	• On site release contained by organisation.	• Moderate on site release contained by organisation. • Moderate off site release contained by organisation.	• Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc).	• Toxic release affecting off-site with detrimental effect requiring outside assistance.

Appendix 4: Investigation template for Investigation Officers

**If more than one service involved, service managers to liaise and agree lead Investigating Officer*

Complainant Name (person making complaint)		**Complainant's Contact Details** (e.g. phone, email)	
Service User Name (if different from above)		**Service User's Details** (Address, DOB, H&C Number)	
Draft Response due (to Complaints from Directorate)		**Service User Consent Received?**	
Complaints Office Initial Grading		**Service Area's Initial Triage** (issues to consider before proceeding with formal complaints process)	**1. Confirm Grading:** _____ **2. Can this be resolved informally by immediate contact with complainant?** ☐YES ☐NO _____ **3. Who will Investigating Officer/s be?** _____ **4. Does it meet criteria for SAI?** ☐YES ☐NO
Any delay in draft response? (from Directorate to Complaints)	☐YES ☐NO If yes, give reason: (inform Complaints Department asap of delay & reason)		

Key Issues of Complaint for Investigation (list below or reference other document where you have these as applicable) Where appropriate, you should contact complainant (phone / meet) to clarify issues / nature of complaint / their expectations / outcome they would like, before commencing investigation – *getting your investigation right first time*	
	Complainant's expectations for outcome?

Investigation Methodology
Details of how you carried out your investigation (list not exhaustive) (tick box as applicable)
Attach all documentation to support your investigation, e.g. service user records (inc. electronic), staff rotas, policy/procedure/guidance, reports, interviews, record of phone calls, emails, timeline, etc – *you need to evidence a thorough, robust & proportionate investigation*

☐ Records reviewed (inc. electronic records)? Details:
☐ Reports received? Details:
☐ Trust policy/procedure/protocol/standard etc? Details:
☐ Regional or National policy/procedure/guidelines/guidance etc? Details:
☐ Staff/witnesses interviewed? Details:
☐ Complainant/other external witnesses interviewed? Details:
☐ Chronology or timeline of events? Details:
☐ Independent advice internal? Details:
☐ Independent expert advice external? Details:
☐ Use of Lay Person? Details:
☐ Root Cause Analysis? Details:
☐ Other? Details:

Investigation Details / Analysis / Findings – Review each key issue identified above (detail below or reference other document where you have recorded these, as applicable) Example: What happened? What should have happened? If something went wrong, what? Why, when & how did it happen? Facts v disputed events? What is the root cause? Any contributory factors? Mitigating circumstances? Any good practice?

Conclusion/s

Remedy for Complainant / Put Things Right

See Ombudsman's 'Principles for Remedy' i.e. if possible, returning the person to the position they would have been in if the poor service had not occurred, e.g. apology, reviewing/changing a decision, remedial action, reimbursement for costs incurred, etc.

Action Plan to Prevent Recurrence / Lessons Learnt (SMART Objectives)

NB: If no action has been identified, please indicate this below

Issue Identified		Action Taken / Planned	Person Responsible	Completion Date	
				Target	Completed
1					
2					
3					
4					

Sharing the Learning

What has been learned?

How will you share the Learning ?	☐ **Directorate(s)** (specify)		☐ **Trustwide**	
	☐ **Other** (specify)		☐ **Regional**	

Providing Outcome of Investigation to Complainant – How will you provide the outcome of your investigation?

Meeting? – ☐YES ☐NO
(arrangements can be made via the Complaints Department; a minute/note of the meeting will be required)

Written Response? – ☐YES ☐NO
(to draft a Trust response to the complainant, please ensure you address all their issues, and send the draft via email to the Complaints Department as detailed in the Action email)

Checklist	☑ ☒ 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?		
2. Have you identified all issues of complaint?		
3. Have you separated facts from disputed events?		
4. Have you interviewed any staff / witnesses involved?		
5. Have you reviewed all relevant records/documentation?		

6. Was a visit to the relevant site / facility / clinical area required?		
7. Have you liaised with any other service areas involved to ensure one coordinated investigation and response?		
8. If the complaint relates to clinical / professional issues, have you included review by clinician / professional with appropriate seniority?		
9. Have you obtained all evidence to support your findings?		
10. Have you attached all investigative documentation?		
11. Has your draft response received all relevant Directorate approval (e.g. Assistant Director; Associate / Clinical Director, etc)		
12. Have you shared the outcome with any staff complained about?		

Investigating Officer Completing this Complaints Investigation Report

Name: _____ Designation: _____ Date: _____

Keep this form and all documentation supporting your investigation in a secure location

Appendix 5: Staff Guidance Notes on Writing Statements and Reports

Statements and reports

Trust staff may be asked to help with an investigation into a complaint or enquiry by providing a written account. The following guidance aims to help staff with writing a statement or report.

Begin with your full name, work base, job title and location at the time of the complaint. Refer to the service user's case notes or records, if necessary/applicable.

Statements and reports should be:

- Factual;
- A record of what you did and why;
- An accurate and full description of what happened giving precise dates and times;
- Honest;
- Thorough;
- Legible;
- A record of why you did certain things rather than others.

They should not:

- Be written hastily, briefly, dismissively or seek to blame others;
- Avoid giving opinions and use of hearsay (i.e. someone else's view or version of events);
- Make statements beyond your knowledge or recollection;
- Comment on the aftermath, rather than the event;
- Make subjective statements;
- Comment on what you would have done according to normal practice;
- Include jargon or abbreviations (without providing explanations).

Read through your statement carefully. Sign and date your comments at the end. Keep a copy for reference in a safe place and forward to the relevant Directorate Investigating Officer within the identified timescale.

Appendix 6: Using conciliation, independent experts or lay persons

Conciliation

Conciliation is a process of examining and reviewing a complaint with the help of an independent person. Conciliation is a voluntary process available to both the person making the complaint and those named in the complaint. Either may request conciliation but both must agree to the process being used.

The conciliator will assist all concerned to a better understanding of how the complaint has arisen and prevent the complaint being taken further. He/she will work to ensure that good communication takes place between both parties involved to enable them to resolve the complaint.

In deciding whether conciliation should be used, consideration must be given as to the nature and complexity of the complaint and what attempts have already been made to achieve local resolution. Conciliation may be helpful, for example, in the following situations:

- where staff feel the relationship with the complainant is difficult;
- where trust has broken down between the person making the complaint and the Trust and both parties feel it would assist the resolution of the complaint;
- where it is important, for example, because of ongoing care issues to maintain the relationship; or
- when there are misunderstandings with relatives during the treatment of the patient/client.

All discussions and information provided during the process of conciliation are confidential. This allows staff to be open about the events leading to the complaint so that both parties can hear and understand each other's point of view and ask questions. Using conciliation does not affect the right of the person making the complaint to pursue their complaint if they are not satisfied. The conciliator should advise when conciliation has ceased and whether a resolution was reached. No further details should be provided.

Agreement to use conciliation must be agreed by the relevant Director and the complainant and then contact should be made with the Corporate Risk Manager who will liaise with the HSC Board and request access to this service.

Independent experts

The use of an independent expert in the resolution of a complaint may be requested by the Trust and/or by the person making the complaint. In deciding whether independent advice should be sought, consideration must be given to the nature and complexity of the complaint. Input may be considered beneficial where the complaint:

- cannot be resolved locally;
- identifies a risk to public or service user safety ;
- threatens public confidence in the service or damage to the Trust's reputation;
- could give rise to a serious breakdown in relationships; or
- requires an independent perspective on clinical/professional issues.

Independent experts must be impartial, objective and independent of any parties to the complaint. They may work within another HSC Trust in Northern Ireland or in certain circumstances may be recruited from outside Northern Ireland.

Consideration to use an independent expert must be discussed with the Head of Governance and Patient Safety. Approval to use an independent expert must be obtained from the relevant Director.

Independent lay persons

Independent lay persons may be beneficial in providing an independent perspective on non-clinical/technical issues being investigated under the Trust's Complaints Procedure. Lay persons are not intended to act as advocates, conciliators or investigators. Neither do they act on behalf of the Trust or the person making the complaint. The lay person's involvement is to help bring a resolution to the complaint and to provide assurances that the action taken was reasonable and proportionate to the issues raised.

Input from a lay person may be valuable to test key issues that are part of the complaint, such as:

- Communication issues
- Quality of written documents
- Attitudes and relationships
- Access arrangements (appointment systems).

It is essential that both the Trust and the complainant have agreed to the involvement of a lay person. Lay persons should have appropriate training in relation to the HSC complaints procedure and have the necessary independence and communication skills.

Appendix 7: Guidance notes for complaints-related meetings

Meetings can be a particularly effective way of diffusing a potential complaint, resolving an ongoing complaint or clearing up outstanding issues following a final response to a complaint. It is often far easier to discuss issues and avoid misinterpretation through verbal communication rather than written correspondence.

A meeting may be helpful initially if the complaint is complex.

You may find some staff will say “we’ve already been through this and have answered their concerns” but maybe the person making the complaints did not understand it or wants clarification. Therefore, a meeting should be seen as a tool to assist resolution of the matter and lessen the likelihood of an escalation of the issue.

If the Investigating Officer considers it would be helpful to have a meeting with a complainant, the Complaints Department will make the arrangements.

Checklist

The Complaints Department will:

- Check with the person making the complaint what their issues are and make them aware they can be supported at the meeting by a person(s) of their own choosing. Seek clarification if anyone will be attending with them.
- Determine with the person making the complaint where and when the meeting will be. The person making the complaint may have views on which staff should be present at the meeting.
- Ensure the venue is appropriate. Have refreshments, water etc. available.

The Investigating Officer will:

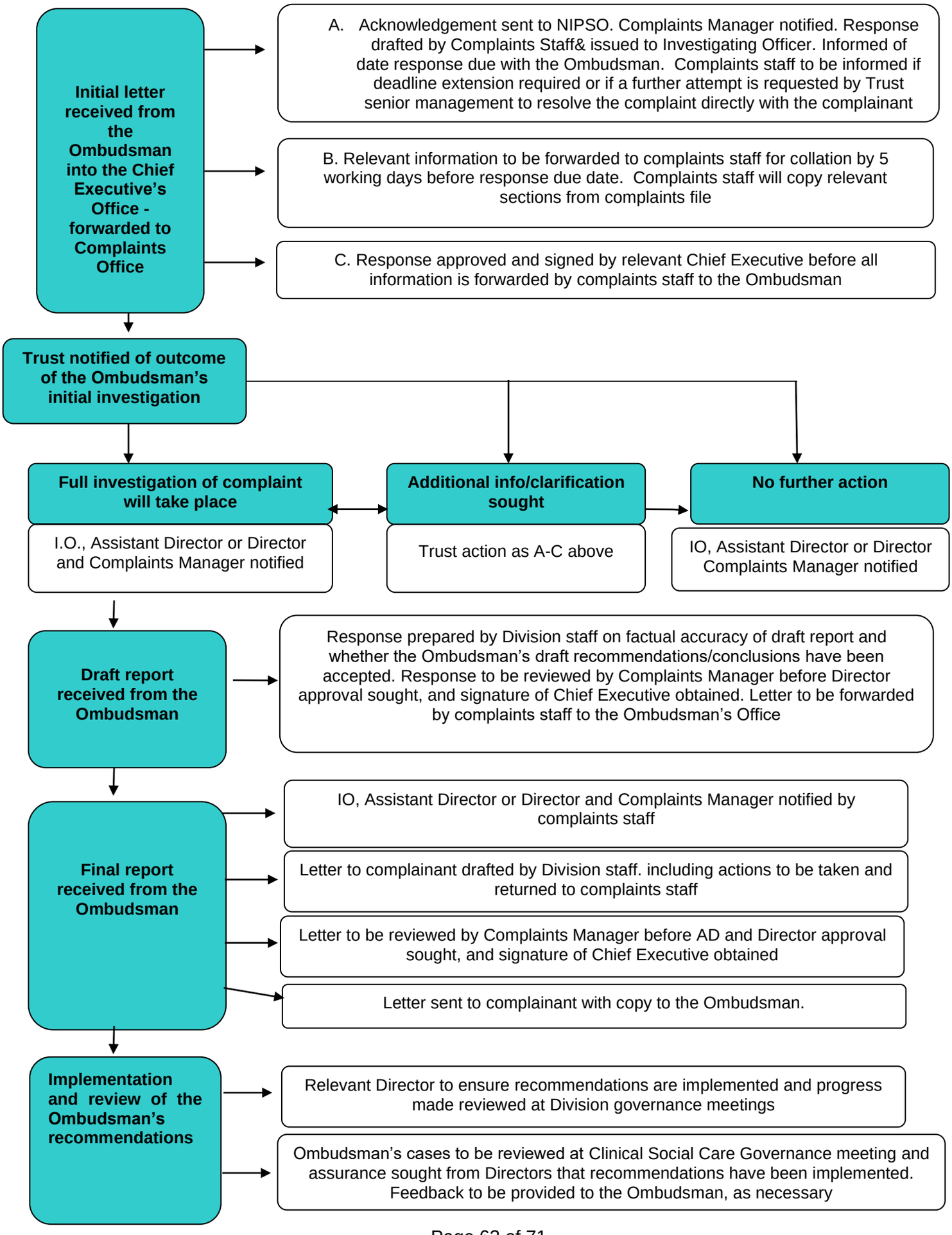
- Consider carefully which staff need to attend the meeting. Remember too many Trust staff in attendance at the meeting may be intimidating for the person making the complaint.
- Decide who will chair the meeting, which will usually be a senior manager at Level 4 or above.
- In difficult cases you may wish to set a deadline at which the meeting will end.
- Before the meeting, review the circumstances and details with staff involved and with staff who will be at the meeting, to maintain honesty, accuracy and consistency.
- Make sure everyone who is to be involved in the meeting is kept up-to-date.
- If you feel the person making the complaint or those in attendance with them may be intimidating to a staff member you may take the decision not to have that staff member at the meeting.
- Ensure that staff who attend the meeting are briefed and offered support, they should not be left to take the full brunt of the person’s anger etc.
- Have someone identified to be a note-taker at the meeting. Their role is to summarise the key points, actions agreed and who will undertake them as well as any outstanding issues. This will enable a written response to be issued after the meeting, if necessary.

The Chair should:

- Begin with introductions and their understanding of the reasons for the meeting.
- Listen – ask the person making the complaint to outline his/her key issues. Clarify any outstanding issues from those that might already have been addressed.
- Have the background file to hand for reference, if required.
- Accept blame and apologise if necessary.
- Highlight at the beginning of the meeting that detailed notes/minutes will not be taken instead information recorded will be as outlined above.
- At the end of the meeting summarise key actions in response to the issues raised to make sure all the points have been covered. Where issues have not been resolved, explain to the person making the complaint what will happen next and when. For example, further information may need to be obtained and forwarded to the person making the complaint or the Trust will write to the person making the complaint outlining the reason why it is not possible to answer the issues raised.
- Adhere to any timescales you have agreed at the meeting.

Similarly, conciliators can be involved to chair a meeting if agreed by all parties. The conciliator is an independent lay person, not employed by the Trust, who acts as a neutral mediator between the person making the complaint and those complained against in order to resolve outstanding concerns. The aim being to identify areas of conflict, make sure all issues are fully discussed and help bring the situation to a satisfactory conclusion and resolution, if possible. Alternatively, a senior manager from another Directorate could be approached to chair the meeting with a view to resolving the person's issues/concerns.

Appendix 8 Processes for dealing with Ombudsman complaints



Appendix 9 - Criteria applicable to unreasonable, vexatious or abusive persons making complaints or enquiries

Promoting Positive Behaviour in the Management of Complaints

The Trust recognises that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can also affect how a person expresses themselves. The circumstances leading to a complaint may also result in the service user displaying unacceptable behaviours. We recognise that service users who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance, and it is important that all complaints are taken seriously. However, the Trust recognises that the actions of some service users may result in unreasonable demands on time and resources or unacceptable behaviour towards staff. The purpose of this document is to set out the expected behaviours of staff and the complainant during the complaints process and provide guidance on managing behaviours that are not acceptable.

Expected Behaviours the Trust is committed to an open, just and learning culture and our complaints process will reflect these values in investigating, responding and learning from complaints. This will require staff to build trust with the service user, to support this process the expected behaviours have been set out below: -

Expected Behaviours – Staff

- Treat all service users with courtesy, respect and dignity
- Remain calm and professional when responding to complainants
- Show understanding of how confusion, distress or illness may affect how someone raises a complaint and treat all complainants with empathy and compassion
- Ensure complainants are kept informed of the progress of their complaint and respond to any concerns arising from the procedure
- Be open, honest and transparent in dealing with complainants during the process of investigation and in the response given to the service user

Expected Behaviours – Complainants

- Staff should be treated courteously and with respect. Violence or abuse towards staff is unacceptable and the Trust will work within the Violence and Aggression in the workplace- Regional Framework. Often a person making a complaint can be angry due to the subject matter or issues raised in their complaint. However, it is not acceptable when anger escalates into aggression directed towards staff.

- Violence is not restricted to acts of aggression that may result in physical harm. It includes the behaviour or language (whether verbal or written) that may cause staff to feel afraid, threatened or abused. Examples of behaviours grouped under these headings include: threats, physical violence, personal verbal abuse, derogatory remarks and rudeness. Inflammatory statements and unsubstantiated allegations are also considered to be abusive behaviour.

Unreasonable demands

Such demands become unacceptable when they start to (or when complying with the demand) would impact substantially on the work of the Trust. Examples of such impact would be that the demand takes up an excessive amount of staff time and in doing so impacts on the work of the Trust or the delivery of services.

Examples of actions grouped under this heading include:

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

Unreasonable levels of contact

Sometimes the volume and duration of contact made to the Trust by an individual is unreasonable. This can occur over a short period, for example, a number of calls in one day or one hour. It may occur over the lifespan of the complaint when the person making the complaint repeatedly makes long telephone calls to the Trust or inundates the Trust with copies of information that has been sent already or that is irrelevant to the complaint.

The Trust considers that the level of contact has become unacceptable when the amount of time spent talking to the person who made the complaint on the telephone or dealing with emails or written correspondence impacts on its ability to complete the work of the Trust and/or deliver Trust services.

Unreasonable use of the complaints process

Individuals with complaints have the right to pursue their concerns through a range of means. They also have the right to complain more than once about a HSC organisation with which they have a continuing relationship, if subsequent incidents, issues or problems arise.

However, this contact becomes unreasonable when the effect of the repeated complaints is to harass or to prevent the Trust pursuing a legitimate aim or implementing a legitimate decision.

The Trust considers access to the complaints process to be important and it will only be in exceptional circumstances that it would consider that such repeated use is unacceptable but it reserves the right to do so in those exceptional circumstances.

The Trust will always answer complaints; but if we feel that we can take the process no further, usually because the consequence of further action or investigation impedes our operational ability to provide effective care for our patients, we will inform the complainant to take their complaint to the NIPSO.

Taking action when a complainant's behaviours are not acceptable

Discussion and agreement will be sought from relevant Director on any action to be taken.

- *Threat or use of physical violence, verbal abuse or harassment towards Trust staff*

If Trust staff directly experience aggressive or abusive behaviour from a person making a complaint, they have the authority to deal immediately with that behaviour in a manner they consider to be appropriate to resolve the immediate situation.

The Trust will manage these behaviours under the 'Management of Unreasonable, vexatious or abusive persons in the workplace' Trust policy.

- *Unreasonable demands*

When unreasonable behaviour impairs the functioning of the complaints process for the complainant or other complainants or the delivery of services, action will need to be taken. Any action taken will be the minimum required to solve the issue(s), taking into account relevant personal circumstances including the seriousness of the complaint and the needs of the individual.

Where the person making the complaint repeatedly telephones and/or visits the Trust, raises the same issues repeatedly, or sends large numbers of documents where their relevance is not clear, the Trust may decide to:

- limit contact to telephone calls from the individual at set times on set days;
- restrict contact to a nominated member of staff who will deal with future calls or correspondence from the person making the complaint;
- see the individual by appointment only;
- restrict contact from the person making the complaint to writing only;
- return any documents to the person making the complaint or, in extreme cases, advise the individual that future irrelevant documents will be destroyed;
- Where the Trust considers correspondence on a wide range of issues to be excessive, it may tell the person making the complaint that only a certain number of issues will be considered in a given period and ask them to limit or focus their requests accordingly; or
- take any other action that the HSC Trust considers appropriate.

In exceptional cases, the Trust will reserve the right to refuse to consider a complaint or future complaints from an individual. It will take into account the impact on the individual and also whether there would be a broader public interest in considering the complaint further.

Appendix 10 - Issues which may not be appropriate to address through the MCHP

A concern may not necessarily be a complaint. For example, a service user might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively and the service user has to persist in asking for service.

1. In some cases, a measure of discretion or further clarification is required in determining whether something is a complaint that should be handled through this procedure or another matter which should be handled through another process. There are also some specific circumstances when complaints should be handled in a particular manner.

2. The following paragraphs provide examples of the types of issues or concerns that must not be handled through the complaints handling procedure. This is not a full list, and you should decide the best route based on the individual case.

Complaints that have already been investigated

3. Where a complaint has already been fully reviewed and investigated under the CHP and no new evidence or information not previously provided is submitted, the complaint will not be re-investigated. The rationale is to prevent duplication of efforts and ensures that resources are used effectively to address new complaints. If a complainant remains dissatisfied with the outcome of a complaint investigation, they will have been directed to escalate their concern(s) to the Northern Ireland Public Services Ombudsman (NIPSO).

Matters subject to legal proceedings

4. Where legal action has been initiated—such as a claim for clinical negligence or other litigation—HSC organisations may not be able to process a complaint through the complaint's procedure. This is because the legal process takes precedence and may involve matters of liability that require adjudication by the courts. However, in some instances, aspects of service quality or communication may still be reviewed separately, provided they do not interfere with the ongoing legal proceedings.

Disciplinary or staff employment matters

5. Complaints about individual staff members, including grievances regarding employee conduct, disciplinary actions, or employment disputes, are not handled through the CHP. Instead, these issues are addressed through internal Human Resources (HR) policies and staff disciplinary procedures. If a complaint highlights a potential performance or conduct issue, this information may be referred to the appropriate management team for review, but details of any disciplinary action taken will not be shared with the complainant.

Complaints about private healthcare

6. The CHP applies to services provided or commissioned by HSC organisations. If a service user receives privately funded care from a private healthcare provider – whether by personal choice or through private insurance -the relevant HSC organisation is not responsible for investigating complaints about the private service received. In such cases, the complainant must raise their concerns directly with the private provider, who should have their own internal CHP. However, where HSC funded care was provided by the private healthcare provider on behalf of a HSC organisation e.g., private care provided to reduce HSC funded waiting lists, the HSC funded elements of the care can be

investigated by the relevant commissioning HSC organisation and may be able to review aspects of the complaint related to the commissioning process.

Decisions made by independent regulatory bodies

7. Some health and social care decisions are made by independent regulatory or professional bodies, such as:

- The Regulation and Quality Improvement Authority (RQIA), which inspects and regulates health and social care services in Northern Ireland.
- The General Medical Council (GMC), which oversees professional standards for doctors.
- The Nursing and Midwifery Council (NMC), which regulates nurses and midwives.
- The Health and Care Professions Council (HCPC), which regulates health and care professions such as paramedics.

If a complaint concerns a decision made by one of these regulatory bodies, it must be pursued through their own formal appeals or review processes rather than through the CHP.

Requests for access to medical records

8. Under UK Data Protection Legislation (Data Protection Act 2018 and UK GDPR), individuals have the right to request access to their own medical records. However, if access to medical records is denied or there is a dispute over the information provided, this is not handled through the CHP but rather through the formal Subject Access Request (SAR) process. If a service user is unhappy with how their request was handled, they may escalate their concerns to the Information Commissioner's Office (ICO), which oversees data protection compliance.

Complaints about social care decisions with appeal mechanisms

9. Certain decisions within social care services come with a statutory appeals process. For example, if a service user disagrees with the outcome of a care needs assessment or financial assessment for social care, they must follow the relevant formal appeals process rather than the CHP. Similarly, disputes over eligibility for social care services, carer assessments, or home care support are appropriately addressed through the established review and appeals mechanisms rather than the CHP.

Complaints that indicate a patient safety concern

10. Where a complaint identifies a patient safety concern which requires review under an extant patient safety process for example the procedure for the reporting and follow up of a Serious Adverse Incident (SAI), a designated senior person must advise the complainant, and any person/staff member named in the complaint in writing that a SAI is to be conducted.

They must also indicate to all concerned that the complaints procedure may continue during the SAI review. However, only to investigate those aspects of the complaint not falling within the scope of the SAI. The overall consideration must be to ensure that when the SAI review process is invoked, the complainant is not left feeling that their complaint has only been partially dealt with.

Claims for compensation only

11. A service user may seek to use the CHP to obtain compensation if they consider the organisation liable. This includes issues such as personal injury or loss of or damage to property. Where it is clear from the information provided by the service user that the matter is not a complaint but is a claim only and the outcome sought is compensation, it may not be appropriate to consider the matter as a complaint. Claims for compensation only are not complaints, so you must not handle them through the CHP. You should be clear, however, that where a service user wants to complain about the matter leading to their request for compensation, for example a patient's teeth are damaged during surgery, you may consider that matter as a complaint. The request for compensation may or may not be dealt with separately. You may decide to suspend complaint action pending the outcome of the claim for compensation. If you do this, you must notify the service user and explain that the complaint will be fully considered when the compensation claim has been decided.

12. If you receive a compensation claim, you should explain to the service user the process for claiming compensation in line with the relevant policy on these claims

Some organisations may have a policy on making time and trouble payments. If so, organisations should clarify that this is distinct from compensation (so complaints where the service user is asking for a time and trouble payment can be handled under the CHP).

Example text:
You may still make 'time and trouble' payments for inconvenience suffered by service users, in line with our policy on such matters. This is distinct from compensation claims.

Appendix 11: NIPSO Guidance Note on Recording Complaint Outcomes

The following provides an explanation of each of the four complaint outcomes. There are four distinct complaint outcomes to every complaint when closed at Stages 1 or 2: resolved, upheld, not upheld and partially upheld.

This guide aims to provide clarity, explanations and examples as to what each of the above complaint outcomes mean. It does not aim to provide an exhaustive list of outcome examples for every complaint. Please refer to NIPSO guidance on Complaint Outcomes in the HSC Sector.

Resolved

'Resolved' complaints are where the organisation takes action to resolve it without fully investigating the complaint or reaching any conclusions about whether there were any failings (for example, where appropriate action has been taken to address the concerns raised without further investigation). Resolution focuses on putting things right, providing explanations, or agreeing practical steps forward, and does not depend on whether the complaint is formally upheld.

Upheld

A complaint is 'upheld' when your organisation identifies failing(s) by it and remedial action is required. In these circumstances, the organisation should always uphold the complaint and apologise to the customer.

For clarity, if you know your organisation fell short of its expected standards, you should always uphold (or partially uphold) the complaint.

Partially Upheld

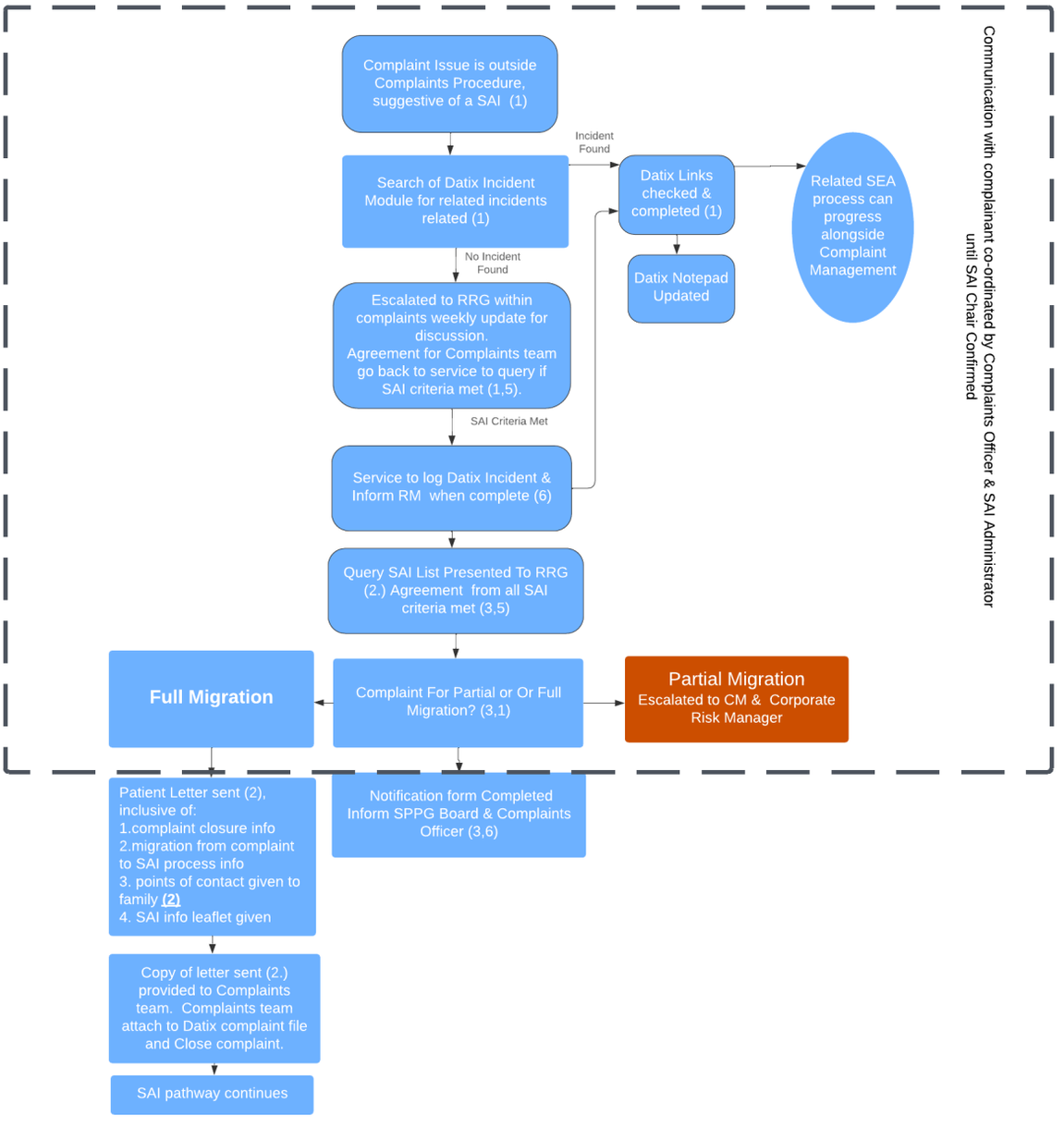
'Partially upheld' complaints are when one or some elements of the complaint are verified as valid failings by your organisation and require remedial action. Similar to upheld complaints, in partially upheld complaints, the organisation should always uphold the issue(s) of complaint and apologise to the customer.

Not Upheld

A 'not upheld' complaint outcome is reached when following an investigation there is no or unsubstantiated evidence to verify that the complaint is valid and no remedial action by your organisation is required.

Importantly, even in circumstances where complaints are 'not upheld,' they can still provide valuable insights for service improvements. For example, an investigation may highlight areas for improvement, offering an opportunity for positive change.

Appendix 12: Management of Complaint with Query SAI Criteria Met



Further detail is available from Risk Management & Complaints Team

If a service user remains dissatisfied when they receive a final response following the SAI/SEA process, and they have a complaint about the process, they can ask NIPSO to review. NIPSO generally expect complaints to be brought to it within 6 months of the service user receiving correspondence from the Trust informing them that the process is complete and of their right to refer their complaint to NIPSO.