

MCHP

The **Health and Social Care**
Model Complaints Handling Procedure



Foreword

Northern Ireland based research commissioned by my office, together with international research has indicated there is a reluctance to complain about public services. Both because of a perceived difficulty in navigating the process but also that complaining was unlikely to bring about change. In our research¹ 70% of people surveyed who had received a poor public service, did not complain primarily because they did not believe it would make any difference.

Despite a significant number of public and other inquiries in Northern Ireland there is evidence that public bodies are still failing to learn from complaints. A significant number of health-related public inquiries in both Northern Ireland and across the UK have highlighted missed opportunities to identify and address systemic issues and serious failings because of a failure to properly address and respond to complaints. The Hyponatremia Report, the Neurology Inquiry to name but two have all highlighted missed opportunities that a more open complaints culture and better analysis of complaints may have provided.

The Home Truths Report issued by the Commissioner for Older People painted a concerning picture in relation to complaints in Dunmurry Manor care home and a failure to recognise safeguarding and safety issues that were being raised. The Department of Health commissioned a report on the lessons from Dunmurry Manor which highlighted the need for a complaints transformation programme in Health and Social Care and particularly among care homes. In 2022 the commissioned report recommended my office lead on this work.

This Model Complaints Handling Procedure (MCHP) sets new Standards for how the Health and Social Care sector in Northern Ireland manages complaints. This will establish a simple, accessible and compassionate approach to complaints handling and aims to make it easier for people to make a complaint and know what level of service to expect when they do so.

This MCHP is set out in three parts. Each part clearly distinguishes between mandatory requirements and best practice.

Part 1 sets out the two-stage process for handling complaints which is to be adopted by all Health and Social Care organisations.

Part 2 sets out what Health and Social Care organisations must include in guidance to their staff to ensure the new standards become embedded and meet statutory requirements.

Part 3 sets out key information which must be provided by Health and Social Care Organisations to service users.



A handwritten signature in black ink that reads 'Margaret Kelly'.

Margaret Kelly
NI Public Services Ombudsman.

¹ Complaints handling in the public sector: Research Report <https://www.nipso.org.uk/service-providers/complaints-standards-old>

Within the left hand margin throughout this Model Complaints Handling Procedure the following key is used to clearly distinguish between mandatory requirements and best practice.

Key

- Mandatory Requirement
- Best Practice

Part 1: **The Procedure**



Part 2: **Organisational Guide**



Part 3: **Key Information for Service Users**



Appendices



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The Procedure

- 5 The Statement of Principles
- 5 The Model Complaints Handling Procedure Document
- 6 MCHP – Two Stage Complaints Procedure



The Statement of Principles

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.



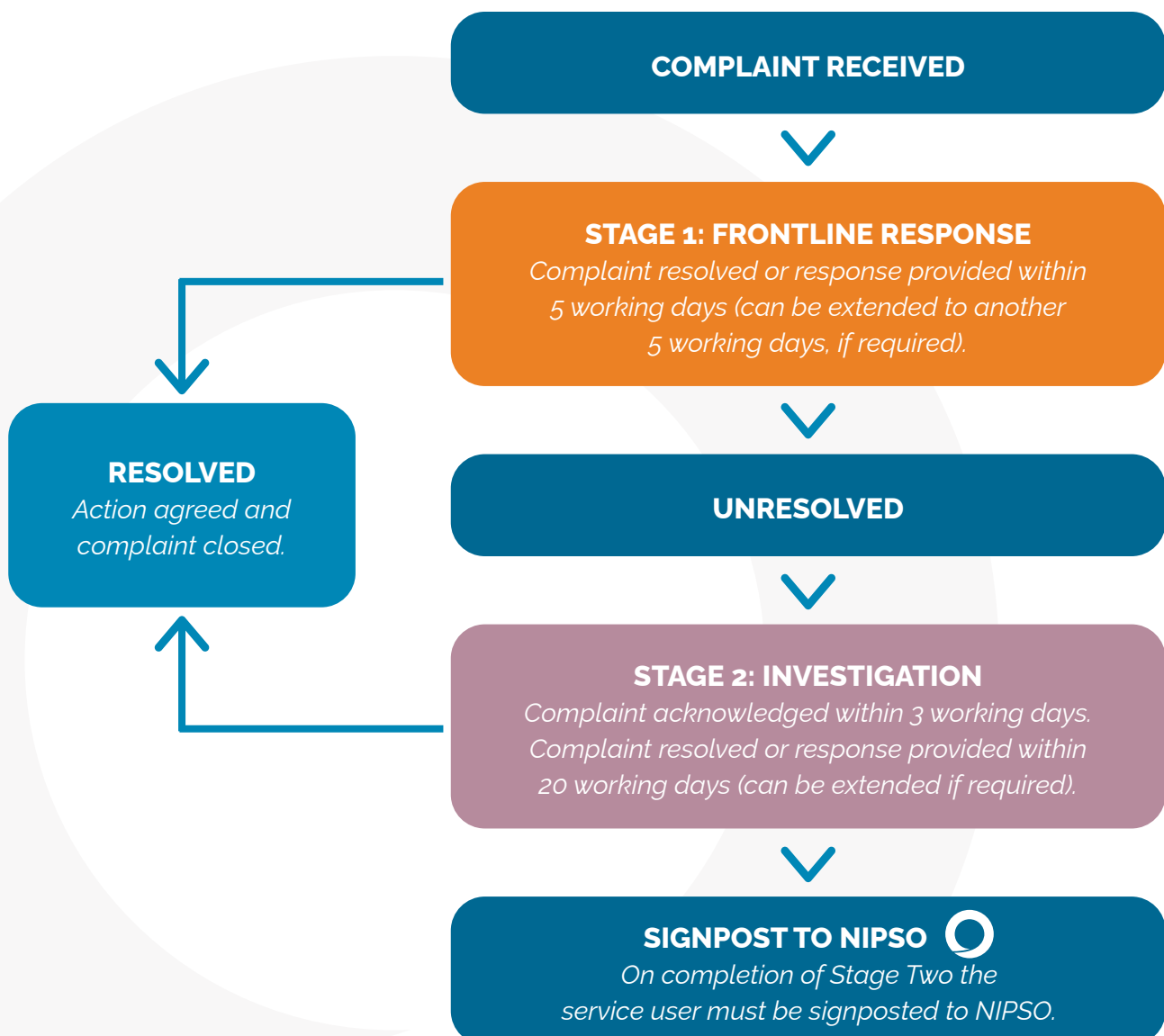
The Model Complaints Handling Procedure Document

The Health and Social Care Model Complaints Handling Procedure (MCHP) was developed by NIPSO in partnership with HSC organisations, advocacy groups, and staff from organisations who have a governance or regulatory role. Published on 1 July 2025, it replaces the Department of Health's HSC Complaints Procedure Directions and Guidance on 1 January 2026.

MCHP – Two Stage Complaints Procedure

The complaints procedure consists of two stages. Stage One is an opportunity to respond and 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. When the two stages are complete public services must signpost to the NI Public Services Ombudsman.

It is anticipated that the majority of complaints will be addressed at Stage One. If the service user² remains dissatisfied after Stage One, they can request that the organisation looks at their complaint at Stage Two. 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.



² Where 'service user' is mentioned within the MCHP, this includes any family member/s or third party who, having gained written consent from the service user (where possible), is complaining on behalf of the service user.

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Organisational Guide

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Introduction

To support the implementation of the new statutory complaints standards approach in Health and Social Care, your organisation must support staff through the development of a Complaints Handling Procedure and supporting guidance. The development of an internal procedural document with supporting guidance which takes account of this guide will ensure your organisation meets its mandatory requirements in relation to complaints.

Key Information to comply with the MCHP

It is each organisation's responsibility to ensure that their complaint handling procedure meets the mandatory elements of the MCHP and that it reflects any additional relevant standards or regulations which they must follow. To ensure compliance the following **must** be included:

- a definition of a complaint (which meets as a minimum the one provided in the MCHP)
- a two stage complaints process
- the timescales for each stage as set out in this guide
- a requirement to record, report and publish complaints information
- a commitment to learn from complaints
- a commitment to make it easy to complain with information on how to complain being widely disseminated and available in a variety of formats
- the provision of support to remove any barriers to making a complaint.

Adopting the MCHP

NIPSO recognises the importance of enabling organisations to reflect their own structure, operational systems and corporate style when implementing the requirements of the MCHP. Nothing in this guidance prevents an organisation reflecting their corporate identity and language in their complaint handling procedure.

NIPSO recommend that your complaint handling procedure should include a foreword from your Chief Executive or Chair.

This part contains 3 sections

- Section 1: When and How to Use the Complaints Handling Procedure
- Section 2: The Operations of the Complaints Handling Procedure
- Section 3: Governance of Complaints

Three Appendices provide further information

- Appendix 1: Examples of Stage One and Stage Two Complaints and Outcomes
- Appendix 2: Issues which may not be appropriate to address through the Complaint Handling Procedure
- Appendix 3: Timelines

Section 1:

When and How to Use the Complaints Handling Procedure (CHP)

1.1 What is a Complaint?

Organisations must provide a definition of a complaint. NIPSO requires as a minimum the following definition of a complaint:

'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.'

An organisation may amend the definition above to provide greater clarity in relation to their type of service but must not narrow or reduce the scope of what can be considered under its complaints handling procedure.

NIPSO recommends that a detailed list of what may be considered as a complaint is provided to staff to ensure consistency. The following examples 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

Appendix 1 provides examples of complaints organisations may receive at Stage One and Stage Two, and how these may be handled.

A complaint **is not**:

Some issues may not be suitable for handling through the organisation's complaints handling procedure. Organisations must provide clear guidance for staff relevant to the services they provide. The complaints handling procedure must help staff decide what is not a complaint but is an issue which should be addressed by another route e.g., an appeal or review process. The Complaint Handling Procedure guidance must enable staff to advise service users on the most appropriate route to deal with their concerns. **Appendix 2** outlines examples.

Listed below are matters which are generally not considered to fall within the scope of the definition of a complaint. However, dissatisfaction expressed due to inaction in respect of these matters may subsequently meet the definition of a complaint and therefore be required to be processed under the organisation's complaint handling processes.

- a routine first-time service request
- a fitness to practice issue referred to a professional regulatory body. However, the issue will require careful examination, as there may be elements of the complaint which can proceed under the organisation's complaint handling processes, with any fitness to practice issue regarding an individual being dealt with by the regulator and/or the organisation via its Human Resources (HR) policies.
- a request for a second opinion in respect of care or treatment
- Serious Adverse Incidents (SAI) initiated by the organisation. Where an SAI commences following a complaint the outcome of the SAI may be used to address the specific aspect of the complaint that the SAI addresses. Other aspects of the complaint should proceed while the SAI is being undertaken.
- a legal claim for negligence seeking compensation [see section 1.16 **Complaints and 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.

There may be times when a complaint process has to be paused to allow another process to be completed. If this is the case staff must record the reason, and both update and keep the service user fully informed. Where it is appropriate to do so those elements that can continue to be progressed must be.

When a matter cannot be progressed or needs to be delayed it is important for organisations to include sufficient information to enable staff to explain to service users either why the matter cannot be dealt with under the complaints handling procedure and signpost to the appropriate organisations, or why a complaint needs to be paused while another process such as a criminal or HR investigation takes place.

Organisations must ensure that advice and support is available to front line staff dealing with complaints to assist them manage issues that fall outside the scope of complaints handling procedure.

Some complaints can provide a greater degree of challenge for the organisation to manage. This can include complaints which relate to the actions of senior staff. Organisations must identify the types of complaints which they consider provide a greater degree of challenge and provide guidance to staff on how the complaints handling procedure must be applied if such a situation arises. Any guidance or changes must still include only two stages to be compliant with the MCHP.

Organisations must provide guidance to staff on other agencies that may be able to assist service users if their complaint is not appropriate for handling through their own complaints process.

1.2 Who can make a complaint?

The complaints handling procedure must include a section on who can make a complaint. This must be as open as possible. Anyone who receives, requests or is directly affected by or comes into contact with an organisation's services can make a complaint. This includes residents or service users, family members or representatives acting on their behalf, and depending on the type of organisation may also include visitors, neighbours or other people affected by the service.

An organisation's definition of service users must include a role for relatives or other representatives to act on behalf of service users where they have been given authority to do so. Organisations must provide guidance to staff on managing complaints where someone wishes to act on behalf of the service user. Two examples are listed below:

- parents (or persons with parental responsibility) on behalf of a child under the age of 18 years
- any appropriate person in respect of a service user unable by reason of physical or mental incapacity to make the complaint themselves or where the person is deceased e.g., the next of kin.

Further information on managing complaints made by representatives of service users is provided in section 1.6 **Consent and Capacity**.

1.3 Supporting the service user

It is crucial that everyone can easily access an organisation's complaints processes. In order to ensure this is the case organisations need to recognise the barriers that some service users may face when seeking to raise a complaint. These may include physical, sensory, communication or language barriers, but can also include cognitive impairments/memory loss, or their own personal anxieties and concerns. Service users may fear that complaining will affect their care or relationships with staff and will need reassurance that the organisation welcomes and learns from complaints.

Organisations must set out their approach to promoting equality of opportunity, non-discrimination and making reasonable adjustments as they relate to managing complaints. Organisations must provide guidance to staff setting out their commitment to addressing barriers to making a complaint and the arrangements in place. This is part of each organisation's clear commitment to valuing complaints and ensuring accessibility.

Where organisations have separate documents setting out their approach to equality, non-discrimination and support, they may include references to these, and the information contained within them as part of their guidance to staff.

The range and type of adjustments that an organisation may need to provide will depend on the services that it offers. Some examples of common adjustments that may be relevant to remove barriers to complaining include:

- asking staff to proactively check whether members of the public who wish to complain require additional support to do so.
- offering alternatives to writing a complaint and assisting service users to record their complaint where this is a barrier. Requiring a complaint to be in writing would not be compliant with the MCHP.
- providing accessible information about the complaints process in a range of languages and different formats. For example, 'easy read' and sign language, and formats suitable for those with visual impairment.
- organisations must also provide interpretation and/or translation services for those who need them and ensure that there is a clear process in place for service users who request this, including promoting the availability of this service and highlighting that it is free of charge for the service user.
- helping service users access independent advocacy relevant to the issues being raised in the complaint.
- NIPSO recommends that organisations consider which advocacy bodies or support groups may be able to assist users of their service with making a complaint and provide information to service users and staff about these organisations and the services that they can offer.

In addition to meeting its legal obligations under equality legislation the MCHP requires organisations to ensure that support is available to vulnerable individuals and groups to access the complaints procedure. Organisations must consider what factors may impact on people's access to complaints handling (for example, bereavement or homelessness) and ensure their complaints process is accessible to all. There may also be users (or a specific group of users) who face additional barriers to raising a complaint.

Organisations should consider consulting with relevant third-sector organisations in developing advice for staff in relation to supporting service users to complain.

Examples of appropriate actions may include:

- helping vulnerable service users recognise when they might wish to make a complaint, for example, by training frontline staff to notice signs of dissatisfaction, withdrawal or changes in behaviour. Staff should be confident in having supportive conversations and encouraging service users to speak up).
- providing a neutral point of contact for service users (where the relationship between service users and frontline staff is significant and ongoing; and the service-user may feel reluctant or find it difficult to complain to the person delivering the service). In relation to Family Practitioner Services, support and advice is available to the service user through the Strategic Planning and Performance Group's Honest Broker role.

1.4 Expected behaviours

Organisations must have arrangements (including information and training) in place that make clear to staff the importance of candour, honesty and openness when dealing with and investigating complaints. The organisation's guidance must also make clear that the approach to complaints is non-defensive and must be received with a willingness to listen and respond to concerns or challenge about services and/or service delivery. Staff must be trained and encouraged to build trust with service users who have raised a complaint as an effective way of promoting the organisation'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.

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. Organisations must equip staff to respond constructively, even when complaints feel personal or emotionally charged. Organisations must set out the behaviours they expect from staff when dealing with complaints within guidance. This must include a commitment that staff will:

- 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

Organisations may wish to set out and communicate the expected behaviour of service users in similar terms by developing guidance for service users which assists them understand what may be expected of them during the complaints process. This may 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 Positive Behaviour Policy (or equivalent).

1.4.1 Unexpected or unacceptable behaviour

It is important organisations recognise 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. Organisations must provide information and training to staff to assist them in managing such situations with empathy and compassion.

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, NIPSO recognises that the actions of some service users may result in unreasonable demands on time and resources or unacceptable behaviour towards staff.

Organisations must have guidance on how it deals with behaviours from service users during the complaints process which it considers are unacceptable. The action taken must be the minimum necessary (and for the minimum time) to enable the complaint to be managed by the organisation.

Actions under the organisation's complaints handling procedure must not result in the service user's complaint not being dealt with, or the service user not receiving a response. Where the actions of a complainant are not in line with the organisation's promoting positive behaviour policy and action is taken, a mechanism must be in place to allow a service user to have this reviewed if they do not agree with the action.

An organisation must provide prior warning to the service user of their intention to impose any restriction unless doing so would create an unreasonable risk. Any actions taken to control

or restrict an individual's access to the complaints procedure must be proportionate and be proactively reviewed by organisations to ensure that they are still necessary. Service users must be advised if/when any restrictive measures have been removed.



NIPSO are currently developing Best Practice Guidance to assist organisations in managing challenging behaviour.

1.5 Maintaining confidentiality and data protection

Confidentiality is important in complaints handling. This includes maintaining the service user's confidentiality as well as confidentiality in relation to information about staff members, contractors or any third parties (such as other service users) involved in the complaint.

Ensuring confidentiality must not prevent organisations from being open and as transparent, as possible, in managing complaints. This includes sharing as much information with the service user (and, where appropriate, any affected staff members) as is permissible. When sharing information, organisations must be clear about why the information is being shared and their expectations on how the recipient will use the information. Confidentiality must not be used to prevent legitimate comment by service users about their complaint.

Organisations must bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of service user information.

Organisations may wish to include guidance for staff who handle complaints as to where staff should seek advice and support on data processing matters, and where to find relevant policies, guidance and legislation. The **Information Commissioner's Office** has detailed guidance on data sharing and has issued a data sharing code of practice.

Organisations may wish to provide guidance to staff on how to deal with situations where full disclosure of information regarding the management of a complaint may not be possible. This should include examples and where to get support.

Examples include:

- where a complaint has been raised regarding the actions of a staff member and the investigation indicates that a disciplinary investigation may be necessary
- where someone has raised a concern about how a child or adult safeguarding issue was managed. In such circumstances the response may not be able to disclose all of the information obtained as part of the investigation.

1.6 Consent and Capacity

Sometimes a service user may be unable or reluctant to make a complaint on their own. Organisations must provide clear guidance to staff on consent and capacity. Where someone other than the person to whom the complaint relates, or their authorised representative, (including MLAs, MPs and local Councillors), wishes to make a complaint on behalf of a person, organisations must ensure that the complaint is handled in accordance with confidentiality and data protection legislation, internal policies on confidentiality and the use of service user information.

In such circumstances, for example, organisations must check whether consent has been received from the person for the complaint to be made on their behalf. If consent has not been received, organisations must take this into account when handling and responding to the complaint. In such circumstances the organisation may be constrained as to what it can do in terms of investigating a complaint, or in terms of the information which can be included in the report of such an investigation. The organisation 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.

In circumstances where the person does not have the capacity to consent to the complaint being made on their behalf, any person making the complaint on the person's behalf must have a legitimate interest in the person's welfare and no conflict of interest.

It is good practice to keep the patient on whose behalf the complaint is being made, informed of the progress of any investigation into the complaint, where it is in their best interests and in so far as it is possible.

Organisational guidance in relation to obtaining consent must include where the person who is the subject of a complaint is a child/young person. Relevant procedures should 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.

Generally, a person with parental responsibility can pursue a complaint on behalf of a child where the HSC body or health service provider 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 an organisation 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. It is also good practice to obtain the child's written consent to information from their health records being released.

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 a welfare attorney acting on behalf of an individual covered by The Mental Capacity Act (Northern Ireland) 2016.

Organisations may wish to provide further guidance or examples in relation to issues relating to capacity, providing and gaining consent and information sharing, for example in relation to Power of Attorney or Guardianship arrangements.

1.7 How complaints may be made

The organisation's complaints handling procedure must make it clear that complaints may be made verbally or in writing, including face-to-face, by telephone, letter or email. Organisations must be as flexible as possible to remove any barriers to service users submitting complaints.

Where a complaint is made verbally, organisations must set out the expectations of staff, but as a minimum it is expected that staff will make a record of the key issues raised in the complaint. It is permissible for an organisation to have a template form that captures key information about a complaint, which adds to the effectiveness of how a complaint is managed. The completion of a complaints form must however never be a barrier to complaining or reduce access to the organisation's complaints procedure.

Organisations may use digital platforms including social media as a means of communicating with their service users and/or their families or other representatives. If this is the case, organisations must include guidance for staff about how and whether they will respond to complaints on social media and how they will progress complaints made on social media. Organisations may choose not to respond to complaints on social media. NIPSO considers a number of ways are open to organisations who may wish to adopt one of the following approaches;

- Where a complaint is raised via a digital channel managed and controlled by the organisation (for example an official X address or Facebook page), explain that the organisation does not accept complaints made on social media and provide details to the person how they can complain.
- If organisations wish to accept or respond to simple complaints on social media, they should provide guidance to staff. For example, it may be appropriate to respond directly to very simple complaints on social media where an issue 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, an apology for a temporary service disruption and advising when normal operations are expected to resume or an acknowledgment of a public concern about long wait times and providing an update on efforts to address the issue).

- Organisations may also wish to consider providing guidance to staff on its approach if it becomes aware that an issue has been raised via a digital channel not controlled or managed by it (for example a YouTube video or post on a private Facebook group).
- In managing complaints on social media and digital platforms organisations should be mindful of its data protection obligations.

1.8 Time limit for making complaints

An organisation's complaints handling procedure must set out clearly for staff the time limit for raising a complaint and how to approach complaints received after this time period. To ensure uniformity within and across sectors NIPSO requires organisations to permit complaints to be raised up to 6 months after the events occurred or the service user becoming aware of the issue. However, organisations must not apply the time limit rigidly and must provide guidance to staff on how to consider complaints raised outside of this timescale. For example, where issues such as bereavement, poor health, communication difficulties or limited support have delayed the complaint, or the person has only recently become aware of the issues of concern.

Similarly, an organisation's complaints handling procedure must set out the time limit for a service user requesting that an organisation progress a complaint to Stage Two of the complaints process following receipt of a Stage One response. To ensure consistency within and between sectors NIPSO requires a minimum period of 30 days be provided to enable a person to consider whether to continue with their complaint. Again, organisations must not apply this rigidly to the detriment of service users and must provide guidance for staff on how to consider requests received outside this timescale.

In determining whether to apply discretion outside these time limits, NIPSO considers as a minimum the following factors must be considered; health or bereavement issues, the seriousness of the issue, the availability of relevant records and/or the staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical outcome for the service user or useful learning for the organisation.

At the conclusion of the complaints procedure, the service user has the right to bring their complaint to NIPSO and the time limit for this is usually within six months of completing the organisation's complaints procedure. An organisation's complaints handling procedure must provide information to staff on the role of NIPSO and on the organisation's obligation to signpost service users to NIPSO at the end of the organisation's complaints process.

Particular circumstances

1.9 Anonymous complaints

Organisations must provide guidance to staff on how to manage anonymous complaints within the context of valuing all complaints. Organisations must have a commitment to investigate anonymous complaints where it is appropriate to do so. Factors relevant to the consideration of anonymous complaints include whether there is enough information in the complaint to enable

further enquiries. Any decision not to pursue an anonymous complaint must be authorised by an appropriate manager with the rationale for not investigating recorded.

If an anonymous complaint raises serious issues, these must be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant to child protection, adult protection, raising a concern or disciplinary procedures.

1.10 What if the service user does not want to complain?

Organisations must develop guidance for staff on how to manage situations where a service user has expressed dissatisfaction in line with the definition of a complaint but does not want to complain. In such circumstances it is expected that organisations would 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.

For Family Practitioner Service providers support and advice is available to both the service user and the organisation through the Strategic Planning and Performance Group's Honest Broker role.

Where service users insist that they do not wish to complain, organisations are not required to progress the complaint through the complaints procedure. The issues raised must be recorded as an anonymous complaint and dealt with as outlined in the section above regarding anonymous complaints. This approach enables tracking of trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with the organisation's services, greater emphasis must be placed on conducting an investigation into the issues raised.

Appendix 1 provides examples of complaints that may be considered at Stage One and Stage Two, together with possible actions.

1.11 Complaints involving more than one area or organisation

Organisations must provide guidance to staff relating to the management of complaints which raise issues about two or more areas within the organisation. Key to managing such complaints is good communication between service areas and co-ordinated communication with the service user which sets out what they can expect to receive and from whom.

Where service users complain about the service of another organisation or public service provider, staff must help service users to identify who can assist in dealing with their complaint.

Where the issues raised in a complaint relate to the actions of more than one organisation, it is good practice to cooperate and issue a joint response. Identify a 'lead' organisation, who will be responsible for making sure the person who raised the complaint is kept involved and updated throughout.

If it is not possible to identify a 'lead' then each individual organisation must respond to the service user on the issues which relate to their service.

There are circumstances where a service user living in Northern Ireland, receives treatment or care outside of Northern Ireland.

Where a complaint relates to care and treatment under an Extra Contractual Referral (ECR) the service provider must investigate the complaint.

1.12 Complaints about commissioned services

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.

Service provider (contractor)

Any service provider delivering a service on behalf of or through a contract or commissioning arrangement with a HSC body 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 (as detailed within section 2.7).

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.

Commissioner

Where the commissioner receives a complaint about the service provider, 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, then 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.

1.13 Complaints about senior staff

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, it is particularly important that the investigation is conducted by an individual who is independent of the situation to avoid any perceived conflict of interest. Guidance for service users and staff must set out clearly how complaints involving senior staff will be managed.

1.14 Complaints and disciplinary or whistleblowing

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

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.

1.15 Contact from MLAs, MPs or Councillors

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. Organisations must provide guidance to staff on handling complaints made by elected members in all circumstances. 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.

Organisations may wish to consider the guidance from the **Information Commissioners Office** in relation to seeking third party consent where elected members are bringing complaints on behalf of their constituents.

1.16 Complaints and legal action

Organisations must provide guidance to staff to enable them to manage complaints involving legal action or proposed legal action. This guidance must consider scenarios particular to the services they provide. Guidance must be clear on when a legal process has commenced how related complaints from a service user will be managed. Aspects of the complaint which do not fall within the scope of the legal action may continue to be investigated under the complaints handling procedure. In these circumstances, investigation will only be taken forward if it does not, or will not, compromise or prejudice the matter being investigated under any other process.

1.17 Prison Healthcare Complaints

Healthcare in prison is commissioned by the Department of Health. The South Eastern HSC Trust has responsibility for health care in all NI prisons and is responsible for handling complaints.

Complaints about healthcare in prisons must comply with the MCHP and persons living in prison must be made aware of their right to complain. Appropriate information on how to complain must be freely available.

Section 2:

The Operations of the Complaint Handling Procedure

This section sets out what organisations must include in guidance to their staff to ensure the implementation of the new complaints approach meets the necessary standards.

2.1 The definition of a complaint

Key to ensuring effective complaints handling is the inclusion of a clear definition of what a complaint is. The MCHP definition of a complaint is:

'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.'

2.2 The complaints handling process

The MCHP 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 organisation's response at Stage One, then the complaint moves to Stage Two (investigation). Following investigation, the service user must be provided with a clear and reasoned response to their complaint. Complaints must be managed in an open and transparent way which builds trust in the organisation's complaints handling process.

2.3 Resolving the complaint

Organisations 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 organisation 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.

It may be helpful to use complaint resolution approaches when trying to resolve a complaint [see section 2.6.5 **Complaint resolution approaches**].

Where an organisation has resolved a complaint 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.

Organisations 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 of how to escalate the complaint to stage 2 must 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 2.7 **Signposting to NIPSO**].



NIPSO are currently developing Best Practice Guidance to assist organisations on approaches to resolving complaints.

In all case, organisations must have a mechanism in place for recording the outcome of all complaints. The recording must enable organisations to meet their internal and external reporting obligations. Regardless of the recording requirements mandated by whoever commissions and / or funds the service, it is each organisation's responsibility to ensure their recording is compliant with the MCHP.

2.4 What to do when you receive a complaint

It is essential for staff to have clear guidance on what to do when a complaint is received. This must include the four questions below. 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 organisation, they must be directed to escalate their complaint to Stage Two. The organisation must review their decision not to accept the complaint and respond accordingly, to include signposting to NIPSO.

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?

- Organisations 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.

2.5 Stage 1: Frontline response

The aim at Stage One is to respond quickly (**within 5 working days**) to service users.

Organisations must decide which staff can deal with complaints at this stage (including whether it is appropriate for the staff member complained about to be involved). Staff must be aware of their level of authority to resolve or respond to complaints. Listening to service users with empathy and responding promptly builds trust. This means empowering frontline staff with authority to resolve or respond to complaints. Frontline staff often will have regular contact with service users and are well placed to respond quickly to concerns, deescalate 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. .



NIPSO's '[Guidance on issuing an Apology](#)' is a useful guide.

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.

See: [NIPSO Training Resources on Stage One response](#)

2.5.1 Stage 1: Timelines

Stage One response must be completed **within 5 working days**, although organisations are encouraged to respond sooner. 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 normal business hours 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 organisations from progressing a complaint over a weekend or bank holiday.

2.5.2 Stage 1: Extension to the timeline

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). Organisations must have appropriate arrangements in place to ensure that extensions do not become the norm. Where an extension is necessary, for example to enable a Stage One response to a complex

matter, the organisation must advise the service user of the extension, the expected response date and the reason that the extension was necessary.

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 service user can request that the complaint be escalated to Stage Two.

2.5.3 Stage 1: Responding to the complaint

Organisations must 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. This includes face-to-face discussion, a telephone call or in writing (email, letter or direct message).

Where a resolution of the complaint has not been possible organisations must provide the service user with a written response explaining:

- the reasons for the decision
- that they can escalate the complaint to Stage Two if they remain dissatisfied and explain the timescale and how to do so.

Timescales must not be rigidly applied and must take account of personal circumstances.

Where a resolution of the complaint has been possible organisations must keep a full and accurate record of the resolution agreed with the service user.

Where it has not been possible to contact the service user by telephone, or speak to them in person, or where they have requested, a written response must be provided detailing the proposed or agreed resolution. It is necessary to determine the service user's preferred method of contact and to use this where possible throughout the complaints process.

- Organisations may provide further guidance or examples about when to provide written confirmation of the decision at Stage One of the procedure.
- it is important that staff members handling complaints consider whether any learning has been identified. Where learning has been identified, this must be recorded to enable reporting of root causes, trends and themes [see section 3.2.4 **Learning from complaints**].

2.6 Stage 2: Investigation

Stage Two is appropriate when a complaint has not been resolved at Stage One and the service user has requested further consideration. 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.

Organisations must provide guidance to staff which encourages reconsideration at the beginning of Stage Two where complaint resolution approaches other than investigation may be helpful [see section 2.6.5 **Complaint resolution approaches**].

At Stage Two the organisation 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 organisation. 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).

The organisation must decide who has the authority to issue Stage Two responses on behalf of the organisation.

Details of the complaint must always be recorded so that all records and information are available to those investigating or responding to the complaint.

See: [NIPSO Training Resources on Stage Two investigation](#)

2.6.1 Stage 2 Investigation: Acknowledging the complaint

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 normal business hours or is received on a weekend or bank holiday in which case the date of receipt is the next working day.

Acknowledgements must be 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.

Where the issues of complaint and expected outcomes are clear from the complaint, 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.

2.6.2 Stage 2 Investigation: Confirming the issues of complaint and outcome sought

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 to contact 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 possible to clarify complaints in writing 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.

2.6.3 Stage 2 Investigation: Updating staff members involved

If the complaint is about the actions of a particular staff member (whether named or not) it is expected that organisations 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. Organisations must develop guidance for staff involved in investigations which requires the following:

- 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 organisation 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).

It is important that organisations address in their guidance how complaints will be managed 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.

2.6.4 Stage 2 Investigation: Investigating the complaint

Investigation planning is key to ensuring successful and timely completion of investigations. Organisations are encouraged to promote through their policy, procedures and training the need for investigation planning.



NIPSO are currently developing Best Practice Guidance on investigating a complaint.

See: [See our website for e-learning resources on investigating a complaint at Stage Two](#)

2.6.5 Stage 2 Investigation: Complaint resolution approaches

While organisations 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.

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. These approaches can help the organisation and the service user to understand what has caused the issue and can lead to mutually satisfactory solutions.

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.

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



NIPSO are currently developing Best Practice Guidance to assist organisations on approaches to resolving complaints.

2.6.6 Stage 2 Investigation: Meeting with the service users during the investigation

To effectively further investigate a complaint, it may be necessary to arrange a meeting with the service user. 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. This must be discussed with the service user. A written record of a meeting must be completed.

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.

2.6.7 Stage 2 Investigation: Timelines and extension to the timelines

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 not later than **20 working days** from the time the complaint was received at Stage Two.

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 organisation on the part of the service user. Others involved in the complaint must also be advised of the extension to the timescale.

Organisations must have in place arrangements for the approval of extensions to the timescale for investigations. A clear rationale must be recorded on each occasion including a record of what action has been taken to progress the complaint during the extension timeframe before a further extension is approved. A service user and any member/s of staff complained about must be contacted **at least once every 20 working days** to update them on the progress of the investigation.

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. See **Appendix 3** for further information on timeframes.

2.6.8 Stage 2 Investigation: Closing the complaint

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 and is for organisations to consider how they manage this appropriately.

Organisations will have their own formats and style for communication, however Stage Two responses must:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational
- avoid technical terms, 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
- 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.

In the same correspondence, or within two weeks of the day the complaints procedure is exhausted/completed, the service user **must** be advised that:

- they have exhausted/completed the complaints procedure
- if they remain dissatisfied, they may bring their complaint to NIPSO [see section 2.7 **Signposting to NIPSO**].

Where a complaint is about the actions of particular staff member/s, it is expected that the organisation will share with them any part of the complaint response which relates to them, unless there are compelling reasons not to.

Where a complaint involves clinical issues, the draft findings and response must be shared with the relevant staff to ensure the factual accuracy of any clinical references. Where this is appropriate the relevant staff must always have regard to the timescales within which the decision must be issued.

A record of the decision, and details of how it was communicated to the service user, must be recorded on the organisation's complaints system.

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.

The complaint must then be closed and records updated accordingly.

2.7 Signposting to NIPSO

Once the investigation stage has been completed, the service user has the right to come to NIPSO if they remain dissatisfied. 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.

NIPSO recommends that the following wording is used to inform service users of their right to ask NIPSO to consider their complaint. This information must only be included in an organisation's final response to the complaint.

Information about NIPSO

The Northern Ireland Public Services Ombudsman (NIPSO) is the final stage for complaints about the majority of public services in Northern Ireland. This includes complaints about **[the organisation]**. NIPSO is an independent organisation that investigates complaints. The service provided by NIPSO is free. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have considered this response, you can ask NIPSO to look at your complaint. NIPSO generally expect complaints to be brought to it:

- within 6 months since you received correspondence from **[the organisation]** informing you that the complaints handling procedure is complete and of your right to refer your complaint to NIPSO.

NIPSO will generally ask service users to provide details of their complaint and a copy of the final response from the organisation. You can do this online, by telephone or in person.

NIPSO's contact details are

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

2.8 Post-closure contact

Where a service user contacts an organisation 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 organisation's commitment to improvement and learning. This is not an opportunity to reopen the complaint or ask for a new investigation.

If the service user is dissatisfied with the organisation's response or does not accept the investigation findings, then the organisation 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 organisation's response does not go on for a long period and unnecessarily prolong the process for the service user.

Section 3:

Complaints Governance

3.1 Roles and responsibilities

As part of introducing the MCHP, all staff must be made aware of:

- the MCHP
- how to handle and record complaints at Stage One
- who they can refer a complaint to, if they are not able to handle the matter themselves
- 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
- that introductory training on the complaints procedure must be part of an organisation's induction process for all new staff. More in-depth and refresher training must be provided to particular staff on a regular basis depending on the frequency and complexity of complaints they may be asked to handle.

The roles and responsibilities in each organisation will vary depending on size, organisational structure, portfolio responsibilities and a host of other business considerations. The following paragraphs provide general examples of the roles and responsibilities that an organisation may consider appropriate in respect of complaints handling. Organisations are, however, free to manage their complaints procedure in the most efficient and effective manner for their organisation.

This information must be amended to suit the organisation. However, organisations must provide a clear description of the roles and responsibilities in relation to complaints handling for each level of the organisation.

Board members have an important role and play a key part in the overall accountability and governance of complaints data and trends. Their role is to:

- ensure the organisation has a complaints procedure which meets the requirements of the MCHP.
- ensure complaints data and trends are analysed and routinely considered as part of leadership information
- provide the necessary challenge and hold senior staff to account for the organisation's performance in complaints handling and management
- provide strategic leadership to drive the required culture of openness in organisations where complaints are welcomed and valued.

The strategic oversight and scrutiny role of board members is designed to promote effective organisational learning from complaints. This helps to ensure early warning signs are identified and acted upon so that the need for potential future actions, such as public inquiries into wider and more serious issues, which may originate from complaints, is negated.

The following are examples of questions which board members may find helpful in undertaking their scrutiny role in relation to complaints:

- What were the main issues of complaint received?
- What was the organisational learning from the complaints received?
- What actions were taken as a result of lessons learned from complaints?
- How many complaints were subsequently submitted to NIPSO and upheld?
- What were NIPSO's recommendations and were they complied with (if applicable)?
- How have the organisation triangulated complaints data with other measures of performance at an individual, service area or organisational level.

Chief Executive:

The Chief Executive provides leadership and direction in ways that guide and enable an organisation to perform effectively across all services. This includes driving a culture where complaints are welcomed and valued. To ensure the complaints procedure is effective the Chief Executive and senior staff need to demonstrate the culture expected. A culture which is open and values complaints is not focused on either denial or blame. The focus of the Chief Executive must be on ensuring learning, improving services and taking responsibility for the organisations performance in relation to service delivery and complaints. To ensure accountability and build trust the Chief Executive must ensure there are appropriate mechanisms in place for recording of complaints and that there is reporting on complaints and complaints performance at all levels in the organisation including to the Board. The Chief Executive may be actively involved in the management of complaints or may delegate responsibility to senior staff. It is expected that the Chief Executive would receive regular management reports to provide assurance on the operation of the complaints process in the organisation.

The Chief Executive is also responsible for ensuring that there are governance and accountability arrangements in place in relation to complaints about contractors/commissioned services. This includes:

- ensuring performance monitoring for complaints is a feature of the service/management agreements between an organisation and contractors/commissioned services
- setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide an overview of how the contractor/commissioned service is meeting its objectives.

Directors:

On the Chief Executive's behalf, directors are responsible for:

- managing complaints and the way the organisation learns from them
- reporting complaints quarterly (as a minimum) to the senior management team
- overseeing the implementation of actions required as a result of a complaint
- overseeing the investigation of complaints
- ensuring all staff receive training appropriate to their role
- preparing and signing off organisational responses where this has been delegated so they must be satisfied that the investigation is complete and their response addresses all aspects of the complaint. However, directors may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, directors must retain ownership and accountability for the management and reporting of complaints.

Heads of service:

Heads of service are involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing off on Stage Two responses to service users, so they must be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

Complaints investigator:

The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised complaints team, involved in the investigation and in coordinating all aspects of the response to the service user.

The complaints investigator role may include:

- maintaining or co-ordinating communication with the service user and any relevant staff, planning the investigation,
- collecting and assessing evidence and preparing a comprehensive written report with their findings and conclusion.
- Identification of service improvements and organisational learning through their investigation.

In some organisations staff undertaking investigations will be doing so alongside their other routine work tasks and as such they must be supported to conduct the investigation independently and provided with access to the information they need. They may also need adjustments to their routine work tasks to allow for time to conduct the investigation.

3.2 Recording, reporting, publicising and learning from complaints

Complaints provide valuable service user feedback. One of the aims of an organisation's complaints procedure is to identify opportunities to improve services. By recording and analysing complaints data, an organisation can identify and address the causes of complaints 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 organisation.

Both commissioning organisations and the service provider must have arrangements in place to ensure complaints about commissioned services are recorded, reported on and publicised in line with this MCHP.

3.2.1 Recording complaints

All complaints must be recorded. It is important to record suitable data to enable the organisation to fully investigate and respond to the complaint, as well as using complaint information to track themes and trends. As a minimum, the following must be recorded for each complaint:

- 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 issued
- the date request for Stage Two 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

Where applicable organisations must also consider and record the outcome of any NIPSO investigation to inform learning. It is good practice to record the full journey of a complaint, as this allows organisations to use the information to identify good practice or areas for improvement.

It is a requirement of the MCHP that organisations make arrangements through their retention and disposal schedule to retain records necessary for a complaint investigation including by NIPSO. It is expected that when notified of a complaint or an investigation by NIPSO organisations will take the steps necessary to secure any records

Organisations may provide further guidance and/or examples in relation to how to record complaints in line with their internal system.

3.2.2 Reporting of complaints

Organisations must have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of areas where services need to improve.

Organisations must report at least **quarterly** to senior management on:

- complaints performance statistics
- analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

Organisations should also internally report every **6 months** (as a minimum) information on complaints outcomes and actions taken to improve services i.e., good practice and lessons learned.

Complaints Performance Statistics:

Complaints Performance Statistics must include the following:

Complaints received

- Number of complaints received
- Number of complaints escalated from Stage One to Stage Two

Performance against timescales

- Number of complaints closed in full at Stage One within 5 working days as a percentage of all Stage One complaints closed in full
- Number of complaints closed in full at Stage Two within 20 working days as a percentage of all Stage Two complaints closed in full

Average response times

- Number of working days to respond in full to complaints at stages one, and Stage Two

Complaints resolved, upheld, partially upheld and not upheld

- Number of complaints 'resolved', 'upheld', 'partially upheld' and 'not upheld' at stages one and two

Number of complaints where an extension was authorised

- Number of complaints at stages one and two where an extension was authorised

Lessons learned from Complaints

- Brief summary of any organisational learning (if identifiable at point of complaint closure)

The organisation may provide further guidance and/or examples in relation to how complaints information will be reported internally. It is each organisations responsibility to ensure their recording, reporting and publishing of complaints information is compliant with the MCHP in addition to meeting any recording and reporting requirements in commissioning and contractual arrangements.

3.2.3 Publishing complaints information

To comply with the MCHP organisations must externally 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.

Annual reports can 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 [as detailed in the section 3.2.2 **Reporting of complaints**]
- complaint trends and the actions that have been or will be taken to improve services as a result
- lessons learned from complaints.

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.

Organisations may add more detail on what will be published in addition to what is set out in this guide. The focus is on promoting a culture of learning and the value of complaining. This could 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.**

Going forward, NIPSO expects the Health and Social Care Sector to work together on an annual Complaints Information document for the sector.

3.2.4 Acting upon and learning from complaints

Organisations must have clear systems in place to act on issues identified in complaints. As a minimum, organisations must:

- seek to identify the root cause of complaints
- take action to reduce the risk of recurrence
- systematically review complaints performance reports to improve service delivery.

Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.

Where organisations have identified the need for service improvement in response to an individual complaint, they will need to take appropriate action. Organisations may wish to include details on their process for learning from complaints as part of their guidance to staff.

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.

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 review identifies the need for service improvement, organisations 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.

Organisations may 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 organisation. As detailed in the previous section this must also be shared externally to help promote a culture of how the organisation welcomes and learns from complaints.

3.3 Monitoring compliance and performance

Compliance

All organisations are required to ensure that they have in place a complaints procedure which meets the requirements of NIPSO's Complaints Handling Principles (see Part 1) as well as complying with the Health and Social Care MCHP.

NIPSO expect organisations to have appropriate self-assessment arrangements in place to assure themselves that their complaints procedure is operating in accordance with the MCHP and tracks complaints performance.

NIPSO will monitor compliance with the MCHP both through the complaints it investigates and liaison with organisations. This may include quality checks of published complaints data, and information and guidance on an organisation's complaints procedures. Where NIPSO identifies any concerns about the operation of a complaints handling procedure, it will provide feedback to enable the issues to be resolved and will generally only revert to the use of statutory powers where improvements have not been made.

Future revisions of the MCHP

The MCHP may be reviewed and revised periodically by NIPSO and any revisions to the MCHP will be managed by NIPSO. Where an organisation considers that an amendment to Parts 1, 2 or 3 of the MCHP is required, this should be submitted to NIPSO. This should briefly describe the change requested, explain why the change is proposed and highlight any associated issues in relation to costs, time, quality or risks.

NIPSO will consider and decide upon any request, in consultation with the relevant sector and other relevant stakeholders.

3.4 NIPSO advice and support

The MCHP Parts 1–3 places a strong emphasis on simple and time bound complaints process. It also requires that staff are appropriately trained and poses the skills necessary to handle complaints effectively.

All staff need to feel empowered and have the necessary delegation to deal with complaints effectively. This is achieved through setting a culture that values complaints and provides staff with the necessary knowledge skills and experience. Effective complaint handling includes being aware of how to identify opportunities for early resolution and having the authority to agree an outcome for the service user.

It is for organisations to identify the training needs of staff to ensure they have the skills and confidence to use the authority delegated to them. NIPSO has developed training resources and guidance on specific aspects of complaints handling which are available from www.nipso.org.uk/nipso.

3

Key Information for Service Users

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Introduction

To comply with the Health and Social Care MCHP, your organisation must provide and publish guidance for service users on how to make a complaint. We have set out below the **key information** NIPSO expect to see in complaints guidance, to enable a member of the public to make a complaint about an organisation. You must also refer to the Statement of Principles (see Part 1) to assist with developing your information for service users.

Key Information for Service Users

i Accessibility

Information about how to make a complaint must be easily accessible and available in a variety of formats (for example, this should include different languages and how to request an interpreter). Some service users may require extra support or reasonable adjustments to make a complaint, examples of these and how to request support should be clearly set out in your information. If you work with or are aware of other organisations who may be able to provide support for service users, such as the Patient and Client Council (PCC), ensure this information is available.

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. More information is available on the [PCC Home](#) website.

ii Definition of a Complaint

Provide a definition of a complaint and illustrate this with some examples relevant to your organisation. The definition provided in the Health and Social Care MCHP is:

"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 a organisation".

iii Complaints Procedure

Clearly set out the complaints procedure and the timescales involved in the two stages. A sample diagram of this is provided on the next page of this document. Describe what will happen at each stage so that the service user knows what to expect and how long it should take.

iv Sign-Posting

If someone is dissatisfied at the end of the complaints process, sign-post complainants to NIPSO and provide NIPSO's contact details.



The rest of this document sets out detailed information which organisations may find helpful to develop their customer facing guidance. You may already have much of this guidance in your organisation already, in which case please check that the above key information is provided and that the contents fully reflect the Model Complaints Handling Procedure.

A quick guide to the Complaints Procedure: information for service users

COMPLAINTS PROCEDURE

You can make your complaint in person, by phone, by email or in writing. We have a **2 stage complaints procedure**. We will always try to deal with your complaint quickly. But if it is clear that the matter will need in-depth investigation, we will talk to you about this, agree a way forward and keep you updated on our progress.

STAGE 1: FRONTLINE RESPONSE

We will always try to respond to your complaint quickly, **within 5 working days** if we can. If you are dissatisfied with our response, you can ask us to consider your complaint at Stage 2.

STAGE 2: INVESTIGATION

We will look at your complaint at this stage if you are dissatisfied with our response at Stage 1.

We will acknowledge your complaint within **3 working days**. We will confirm the issues of complaint to be investigated and what you want to achieve.

We will investigate the complaint and give you our decision as soon as possible. This will be after no more than 20 working days unless there is clearly a good reason for needing more time.

NORTHERN IRELAND PUBLIC SERVICES OMBUDSMAN

If, after receiving our final decision on your complaint, you remain dissatisfied with our decision or the way we have handled your complaint, you can ask NIPSO to consider it.

Guidance to develop customer facing complaints information

This information has been created to help organisations develop their own customer facing complaints information. Customer facing information should be clear and concise and written in a way that is as simple and straightforward as possible.

It is important to make service users aware of their right to complain and how to do so. Information about the procedure should be easily accessible at all times, not just made available when a service user wishes to complain.

How to make a complaint must be widely publicised, simple and clear, and made available in all areas of service provision. Organisations should consider the most effective ways to ensure maximum accessibility, such as online information about how to access the complaints procedure. This should be clearly visible on the landing/home page of the organisation's website. Traditional methods such as leaflets can also be helpful, and organisations should consider where these can most effectively be displayed.

Service users should have the support they need to articulate their concerns and successfully navigate the complaints procedure. Organisations should proactively consider and advertise a range of methods for complaining – this might include verbal complaints, a staff member writing for the service user, or providing an interpreter. Use your complaints data to learn about accessibility and diversity in your area and ask service users what kind of support they would find helpful.

Suitable arrangements should be made for the specific needs of those who wish to complain, including access to support or advocacy, information in a variety of formats and languages, use of suitable venues and at suitable times. The information should make clear that adjustments are available, provide some examples of these and how they can be accessed or requested.

i Suggested Contents

Suggested contents and where to find further information in this document is detailed overleaf. A short 'easy read' guide to making a complaint should also always be developed.

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49	What is a complaint?
49	What can people complain about?
50	What can't be dealt with through the complaints procedure?
50	Who can complain?
51	How do people complain?
51	How long do people have to make a complaint?
51	What happens when someone makes a complaint?
51	Stage 1 Frontline Response
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52	What if the complainant is still dissatisfied?
53	Getting help to make a complaint
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ii Ensure your complaints information makes it clear that you welcome and value complaints and will use the information to help improve your services and service delivery.

Encourage service users to tell you if something goes wrong or if they are dissatisfied with your services. Have an easily accessible, short leaflet to describe your complaints procedure and how to make a complaint.

iii What is a complaint?

Provide a definition of a complaint. The definition provided in the Health and Social Care MCHP is: *"an expression of dissatisfaction by one or more members of the public about our action or lack of action, or about the standard of service provided by us or on our behalf".*

iv What can people complain about?

Provide some examples of what people can complain about, for example

- failure or refusal to provide a service
- inadequate quality or standard of care and treatment, or an unreasonable delay in the provision of care

- failure to properly implement or follow policy, procedures and standards
- failure to properly apply law, procedure or guidance when delivering services
- failure to follow the appropriate administrative process
- poor conduct, behaviour or attitude of a member of staff
- a concern about the actions or service of an organisation who is delivering services on our behalf
- disagreement with a decision, (except where there is a statutory procedure for challenging that decision, or an established appeals process)

v What can't be dealt with through the complaints procedure?

There may be a small number of issues that cannot be processed as part of the complaints procedure (for example, a case that is subject to legal proceedings in court). However, it is important that organisations, as part of a culture of encouraging and learning from complaints do not rule out addressing issues of concern.

NIPSO therefore suggests simply advising service users to raise issues and if it is strictly outside the complaints procedure this can be advised on a case-by-case basis.

Provide information to service users if there are other procedures or rights of appeal that can help resolve their concerns.

vi Who can complain?

Anyone who receives, requests or is directly affected by your services, or a service contracted or commissioned by your organisation, can make a complaint. This includes the representative of someone who is dissatisfied with your service (for example, a relative, friend, advocate or adviser). Provide information to help someone making a complaint on behalf of someone else, this will normally require the person's written consent.

Please also read the section on **Getting help to make a complaint** below.

vii How do people complain?

Set out clearly the variety of different ways someone can make a complaint. This may include in-person [provide details of relevant offices if appropriate], by phone, in writing, by email or online. Explain to service users that many issues are easier to resolve if they are made directly to the service concerned when the issue arises or as soon after as possible. Think about using posters, leaflets or other reminders to encourage people to share their complaint and reassure them that staff are there to help.

There will be key information you want service users to share when making a complaint. Encourage them to provide this information. This information might include:

- full name and contact details
- details about the complaint
- what has gone wrong
- what outcome they are seeking.

viii How long do people have to make a complaint?

Make sure your organisation's policy on timeframes is clearly communicated and available to service users. In many cases a complaint must be made within six months of:

- the event occurring; or
- the complainant finding out that they have a reason to complain.

In exceptional circumstances, your organisation may be able to accept a complaint after the time limit. Set out clearly in what circumstances this might apply so that the service user can decide whether to contact you.

ix What happens when someone makes a complaint?

Reassure people how you will look after their personal details and information. You may wish to provide a summary or a link to your data protection policy. You must also tell the service user who is dealing with their complaint and provide contact details. Then set out the two stages of the complaints procedure.

Stage 1: Frontline response

Explain what a Stage One response could be in your organisation and how you aim to resolve complaints quickly wherever possible. This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem. Provide some examples so that service users can understand what this might look like. Set out the timescale for Stage One, which is to provide a decision within 5 working days or less, unless there are exceptional circumstances.

If the service user is not satisfied with the Stage One response, set out what you will do next. For example, explain clearly that a service user can ask for a Stage Two investigation and that

if doing so, what the timescale for this is. In exceptional circumstances, your organisation may be able to accept a Stage One complaint is escalated to Stage Two after the time limit. Set out clearly the circumstances in which this might be considered.

Stage 2: Investigation

Stage Two deals with those complaints that have not been resolved at Stage One and the service user has requested further consideration. It also deals with those exceptional circumstances where, in agreement with the service user, complex complaints may be progressed to Stage Two to enable the necessary detailed investigation.

Set out the timescales and what will happen at Stage Two, for example that your organisation will.

- acknowledge receipt of the complaint within **3 working days**
- check their understanding of the complaint and the outcome the service user is seeking
- try to resolve the complaint where possible
- uses complaint resolution approaches, (such as mediation if applicable)
- explain the timeframe for a Stage Two response, and that the service should receive a response within 20 working days.

If an investigation will take longer than 20 working days, the service user should be notified and kept updated with revised time limits and progress.

x What if the complainant is still dissatisfied?

NIPSO is the final stage for complaints about the majority of public services in Northern Ireland. NIPSO is an independent organisation that investigates complaints. The service provided by NIPSO is free. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If a service user remains dissatisfied when they have a final response from your organisation, they can ask NIPSO to look at their complaint. NIPSO generally expect complaints to be brought to it:

- within 6 months of the service user receiving correspondence from your organisation informing them that the complaints handling procedure is complete and of their right to refer their complaint to NIPSO.

NIPSO will generally ask a service user to provide details of their complaint and a copy of your organisation's response to their complaint. This can be done online at www.nipso.org.uk or call them on Freephone 0800 34 34 24 or by visiting our office at 33 Wellington Place, Belfast.

Service users may wish to get independent support or advocacy to help them progress their complaint. See the section on **Getting help to make a complaint** below.

NIPSO's contact details are:

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

The **freepost address** is: FREEPOST NIPSO

Complaints can be made online, by telephone and in person.

xi Getting help to make a complaint

Include here an organisational commitment to accessibility and inclusion. For example

"We are committed to making our service easy to use for all members of the community. In line with our statutory equality duties, we will always ensure that reasonable adjustments are made to help you access and use our services. If you have trouble putting your complaint in writing, or want this information in another language or format, such as large font, or Braille, please tell us in person, contact us on [insert telephone number], email us at [insert email address] or text us at [insert textphone number]."

Set out clearly the steps your organisation is taking to make the complaints process accessible and inclusive. This could include links to:

- easy read versions of your complaints information
- sign language videos of your complaints information
- complaint information in other languages
- how to request information in other formats (for example, large font or braille) or in a different language
- how to request an interpreter
- who to contact if the service user would like to discuss their accessibility requirements or have questions.

Some service users may need additional support to make a complaint. Set out clearly that you welcome complaints brought on behalf of another person and the circumstances to do this. You may wish to provide examples of people who can bring a complaint, such a friend, relative or an advocate.

Provide contact information for support agencies and advocates in your area, such as the Patient Client Council, who can be contacted by telephone on 0800 917 0222, email at info@pcc-ni.net or completing an [Online Contact Form](#) or signpost service users to other useful organisations as relevant. You should always let organisations know if you are including them in your complaints information and check they are content for you to do so.

xii Provide organisations' contact details

Make it clear who to contact if a member of the public wishes to make a complaint or has questions about how to do so. If you do not have one single point of contact who can signpost people, provide the relevant, key contact details and their remit as clearly as possible.

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Appendix 1

The following tables give examples of complaints received at Stage One and Stage Two, together with possible actions.

Examples of Stage One complaints and possible actions

COMPLAINT	POSSIBLE ACTIONS
<p>The complaint relates to clinical treatment.</p> <p>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.</p>	<ul style="list-style-type: none"> • 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. • Ensure suitable pain management is available if needed, to address her discomfort. • Discuss the complaint with appropriate staff and identify any training needs in relation to drawing blood and pain management. • Record relevant details of the complaint for monitoring and learning purposes.
<p>The complaint relates to the delivery of sensitive medical supplies to a patient at home.</p> <p>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.</p>	<ul style="list-style-type: none"> • Apologise to the person for the 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.

COMPLAINT	POSSIBLE ACTIONS
<p>The complaint relates to misplaced property.</p> <p>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 to try and find it.</p>	<ul style="list-style-type: none"> • Apologise, recognising the distress that the loss of the dressing gown will have caused. • Offer to provide a replacement gown in the meantime. • Explain the action you will take to try and locate the dressing gown. • Record relevant details of the complaint for monitoring and learning purposes.
<p>The complaint relates to staff attitude.</p> <p>It is alleged that when asked to explain why surgery had been delayed, the nurse was rude, insensitive to the service user's needs and did not explain the reason for the delay.</p>	<ul style="list-style-type: none"> • Apologise, recognising that they have described how the nurse did not respond appropriately to the enquiry. • 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.
<p>The complaint relates to care.</p> <p>The service user is unhappy at being in a mixed sex ward and wants moved to a single sex ward.</p>	<ul style="list-style-type: none"> • 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.

COMPLAINT	POSSIBLE ACTIONS
<p>The complaint relates to a delay in ambulance transport.</p> <p>A person complains that their scheduled transport for a hospital appointment did not arrive on time, causing them to miss their appointment.</p>	<ul style="list-style-type: none"> • 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.
<p>The complaint relates to a lack of privacy during visiting hours.</p> <p>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.</p>	<ul style="list-style-type: none"> • Apologise to the service user for the distress felt by the service user. • Advise her of the normal procedure for discussing medical conditions with service users. • Explain the action you will take to ensure that this situation is not repeated, and any discussions. • Ensure 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.

COMPLAINT	POSSIBLE ACTIONS
<p>The complaint relates to the catering services for patients.</p> <p>The service user is unhappy that, despite notifying nurses that he is a vegetarian, no vegetarian meal was provided at dinner time. When he asked for a vegetarian meal, he was advised that the kitchen was unable to provide one, and he was offered a salad sandwich as an alternative.</p>	<ul style="list-style-type: none"> • Apologise, acknowledging that there has been a failing and expressing empathy for the situation the person was in. • Explain the normal protocol for ensuring all dietary requirements are met, and the action that you will now take to ensure that a vegetarian meal is always provided for him. • Follow up with him to ensure that the situation has been satisfactorily resolved, and his dietary needs are being properly met.
<p>A service user expresses dissatisfaction in line with the definition of a complaint but says she does not want to complain – just wants to tell the organisation about the matter.</p>	<ul style="list-style-type: none"> • Tell the service user that the organisation values complaints because they help to improve services and/or service delivery. • Encourage them to submit the complaint. • In terms of improving service delivery and learning from mistakes, it is important that service user feedback, such as this, is recorded, evaluated and acted upon. • If the service user still insists that they do not want to complain, record the matter as an anonymous complaint. This will avoid breaching the complaints handling procedure. Reassure the service user that they will not be contacted again about the matter. • Record relevant details of the complaint for monitoring and learning purposes.

COMPLAINT	POSSIBLE ACTIONS
<p>A resident's family complains that the appearance of their loved one/family member is unkempt. For example, they are always wearing the same clothes, have messy hair and their appearance is generally not acceptable to them.</p>	<ul style="list-style-type: none">• Apologise to the family that the appearance of their loved one/family member does not meet their expectations.• Explain the process staff follow when caring for and preparing residents for the day, and the continual care provided during the day.• Explain the process of developing an improvement plan to resolve their concerns. Ask the family if they would like a meeting to discuss their concerns and contribute to the development of an improvement plan for their loved one.• Inform the family that you will update and discuss the complaint and any agreed improvement plan with the Care Home Manager.• Communicate to the family that you will also meet with staff separately and confidentially, to ensure they are aware of and action the improvement plan.• Communicate to the family that you will monitor and review the situation over an agreed period of time with them. Maintain communication with the family and inform them that you will update them on actions and any improvements.• Explain that you will record all details of the complaint accurately for monitoring and learning purposes.

COMPLAINT	POSSIBLE ACTIONS
The Next of Kin (NoK) of a resident complains that there is a lack of activities available to her mother during the day at the Care Home.	<ul style="list-style-type: none">• Apologise to the NoK that the level of activities available to her mother at the Care Home does not meet her expectations.• Explain the activities currently available to her mother on a daily/weekly/regular basis.• Explain the process that you will firstly, discuss the NoK's concerns with both the activity coordinator and activity therapist. An activity assessment will then be conducted with the resident's mother. Explain to the NoK that she may be present during the assessment.• Explain that an activity plan will then be developed in consultation with the NoK and her mother to ensure sufficient and appropriate activities form part of her mother's regular activities.• Communicate to the NoK that you will also meet with staff separately and confidentially, to ensure they continue to monitor and record her mother's activities alongside the agreed activity plan.• Explain to the NoK that you will continue to monitor the situation and provide regular feedback on her mother's activity plan.• Record all details of the complaint for monitoring and learning purposes.

Examples of Stage Two complaints and possible actions

COMPLAINT	POSSIBLE ACTIONS
<p>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 patient acted in a way that would warrant immediate removal.</p>	<ul style="list-style-type: none"> • 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 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.

COMPLAINT	POSSIBLE ACTIONS
<p>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.</p>	<ul style="list-style-type: none">• 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

COMPLAINT	POSSIBLE ACTIONS
<p>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.</p>	<ul style="list-style-type: none">• 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.

COMPLAINT	POSSIBLE ACTIONS
<p>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.</p>	<ul style="list-style-type: none"> • 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

Issues which may not be appropriate to address through the Complaint Handling Procedure

It is useful to identify what are typical service requests that may be expressed as a concern but are not necessarily a complaint or may not need to be addressed through the complaints procedure. 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.

In some cases, a measure of discretion or further clarification including with the service user, is required in determining whether something is a complaint that should be handled through the complaints handling procedure or through another process. There are also some specific circumstances when complaints should be handled in a particular way. Seeking repayment for loss incurred such as for lost property or deductions from allowances incorrectly applied should be treated as complaints.

The following paragraphs provide examples of issues or concerns that may not be handled through the complaints handling procedure. This is not an exhaustive list, and the appropriate response will depend on the circumstances of the individual case.

1. Complaints that have already been investigated

Where a complaint has already been fully investigated under the complaint handling procedure and there is no new evidence or information. The rationale is to prevent duplication of efforts and ensures that resources are used effectively to address new complaints. If a service user 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).

2. Legal proceedings

Where a complaint contains information which suggests that the complaint is a claim for negligence or an indication of the instigation of another legal process, this should be clarified with the service user and the service user directed to the appropriate mechanism to address the issues they have raised.

3. Disciplinary or staff employment matters

Many complaints will be about the conduct, attitude or behaviour of a member of staff and it is correct that these are handled through the organisation's complaint handling procedure. In addition to the complaints process it may be necessary to deal the the staff conduct through the organisation's disciplinary or other Human Resources (HR) processes. An organisation may be limited in the information it can provide to the service user about the outcome of HR processes.

4. Complaints about private healthcare

The MCHP applies to services provided or commissioned by HSC organisations. If a service user arranges private health or social care which they fund either directly or through private insurance, the requirements of this MCHP are not applicable.

In such cases, the service user should be advised to raise their concerns directly with the private provider.

5. Decisions made by independent professional regulatory bodies

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

- 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 social workers and paramedics.

If a complaint concerns a decision made by one of these regulatory bodies, it may be pursued through their own formal appeals or review processes. Organisations will still need to consider, in consultation with the service user, the issues of complaint to be progressed through their complaint handling procedure.

6. Requests for access to medical records

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 Complaint Handling Procedure 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.

7. Complaints that indicate a patient safety concern

Complaints may raise a range of patient safety issues. If a complaint raises an issue which requires investigation under the Serious Adverse Incident (SAI) process this element of the complaint may need to be paused while the SAI is completed. Other elements of the complaint which can be addressed should be and the full complaint resumed once the SAI has completed.

The organisation's complaint handling procedure should provide clear guidance to staff on these matters.

Appendix 3

Frequently asked questions on Timescales

1. What happens if the organisation cannot meet an extended timeframe?

If the organisation cannot meet the extended timeframe at **Stage One**, the service user should be notified and the delay explained. The focus should be on early resolution, where resolution cannot be achieved the organisation must respond to the issues in writing and signpost to Stage Two investigation. The maximum timeframe allowed for a Stage One response is 10 working days.

If the organisation cannot meet the extended timeframe at **Stage Two**, a further extension may be approved by an appropriate manager if there are clear reasons for this. There should be a clear record of what action has been taken to progress the complaint during the extension timeframe before a further extension is approved. This should only occur in exceptional circumstances (the original extension should allow sufficient time to realistically investigate and respond to the complaint). Where a further extension is agreed, organisations should explain the situation to the service user and give them a revised timeframe for completion. Organisations must update the service user and any staff involved in the investigation at least once every 20 working days.

2. What happens if an extension is granted at Stage One, but then the complaint is escalated?

The extension at Stage One does not affect the timeframes at Stage Two. The Stage Two timeframes apply from the day the complaint was received at Stage Two (20 working days from this date, unless an extension is granted).

3. What happens when a customer asks for Stage Two consideration a long time after receiving a Stage One response?

Unless exceptional circumstances exist, service users should bring a Stage Two complaint within 30 working days of receiving the Stage One response.

Organisations should provide a list of examples of exceptional circumstances and develop a guide for organisational decision-makers on what constitutes an exceptional circumstance.



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