

Procedure for the Management of Service User Feedback Working Draft during implementation period

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Procedure Checklist

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FOREWARD

Working Draft

PROCEDURE FOR THE MANAGEMENT OF SERVICE USER FEEDBACK (Enquiries, Compliments and Complaints – (excluding Care Opinion))

This procedure details Southern Health Social Care Trust (SHSCT) processes for the management of Service User Feedback which will be managed in accordance with an open, honest and just culture approach. Learning identified through Service User Feedback will be actioned and shared and where improvements are required, these will be implemented.

Confidentiality is important in managing Service User Feedback and 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).

Ensuring confidentiality must not prevent staff from being open and honest. This includes sharing as much information with the service user (and, where appropriate, any affected staff members) as is permissible.

1.0 ENQUIRIES

A service user specific enquiry can be considered as “a request for information, an explanation or clarification, relating to a specific service user(s)”. Examples include requests for information on where a patient is on a waiting list or a timeframe for care package allocation.

A service user specific enquiry can be made by the service user themselves or on their behalf by another appropriate person, for example, a relative, friend, carer, an elected representative, or other representative and consent will be required.

All enquiries, including those from Elected Representatives, should be directed to the Service User Feedback team who will manage the allocation of these to the relevant Directorate for response. All enquiries, and their outcomes, will be captured on Datix.

A [flowchart for the management of enquiries](#) is included at appendix 1 of this procedure.

2.0 COMPLIMENTS

It is always encouraging for Trust staff to receive recognition for the vital work that they undertake. Service Users wishing to make a compliment can do so directly to the staff member/team by either using the tear off strip or the QR code on our Every Experience Matters leaflet (appendix 2). They can also email or telephone the Service User Feedback Team.

All staff must complete the compliments form on the intranet, for compliments received within service areas. Compliments received by the Chair and Chief Executive's Office and those received into the Service User Feedback Office will be forwarded to the relevant Directorates for sharing with service areas who must record as detailed above.

On a monthly basis, each Directorate Governance team should share a compliment with the Service User Feedback team for review and personal response by the Chief Executive.

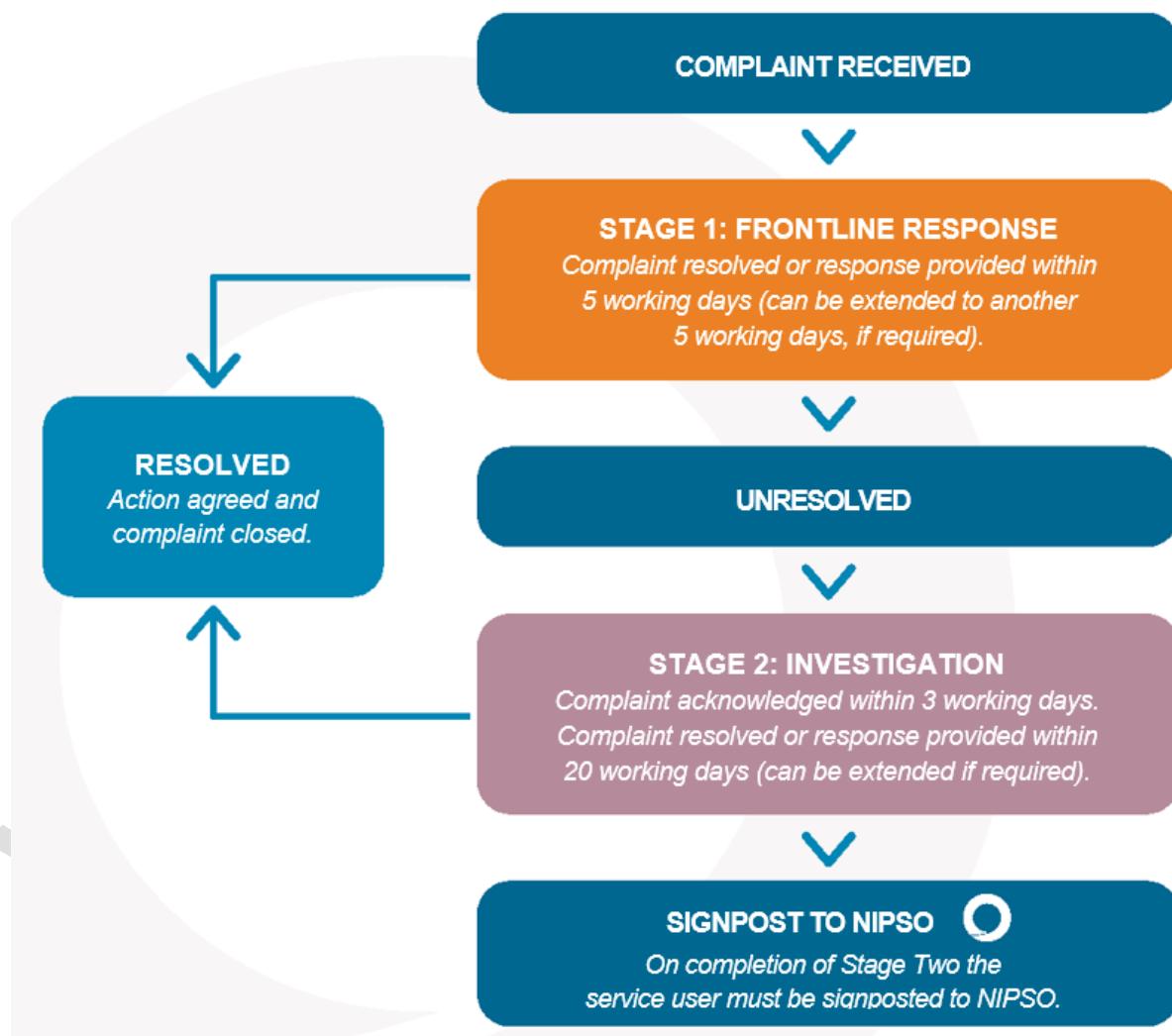
3.0 COMPLAINTS

The complaints handling process consists of two stages and is summarised in the diagram below and is based on the [Northern Ireland Public Services Ombudsman's \(NIPSO\) Model Complaints Handling Procedure for Health and Social Care](#) dated 1 July 2025.

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.

On completion of Stage Two, the complainant will be signposted to NIPSO should they remain dissatisfied.



3.1 What is a Complaint?

A complaint is, 'an expression of dissatisfaction by one or more members of the public about the Trust's action or lack of action, or about the standard of service provided by or on behalf of the Trust.'

Although not an exhaustive list, complaints can include:

- 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 or standards.
- Failure to properly apply the law, procedure or guidance when delivering services.
- Failure to follow the appropriate administrative processes 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 Trust.
- 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.

There may on occasion be matters which are not considered as suitable for management through this procedure, as detailed in section 7.0 of the Service User Feedback Policy.

There may be times when a complaint review must be paused to allow other processes to be completed. Clarification on issues which may not be appropriate to address through the complaints process can be referenced at appendix 2 of the NIPSO Model Complaints Handling Procedure for Health and Social Care dated 1 July 2025. If this is the case staff must record the reason on Datix and keep the service user fully informed, explaining the rationale. Where it is possible for elements of the complaint to be reviewed this must be progressed.

3.2 Who can make a complaint?

Anyone who receives, requests or is directly affected by or comes into contact with the Trust's services can make a complaint. This includes service users, family members or representatives acting on their behalf, and may also include visitors or other people affected by the service.

In cases when someone wishes to act on behalf of a service user, consent will normally be required.

3.3 Expected Behaviours

Complaints should be managed in an open, honest and just culture approach ensuring a non-defensive manner. Staff should demonstrate a willingness to listen and respond to concerns or challenges constructively even when complaints feel personal or emotionally charged. Making a complaint does not constitute an irrevocable breakdown in a relationship and must never be a reason to end service provision.

All staff should:

- 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.

The Trust encourages complainants to have a reasonable approach and this will include:

- Providing details of their key issues of concern including providing any supporting information.
- Working with Trust staff to ensure there is an agreed understanding of the issues of complaint.
- Responding to reasonable requests for information.

The Trust has documented the behaviours it expects from both staff and service users when dealing with complaints in its [Promoting Positive Behaviours](#) guidance (appendix 3).

3.4 Unexpected or unacceptable behaviour

The Trust recognises that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can also affect how a person expresses themselves. The circumstances leading to a complaint may also result in the service user displaying unacceptable behaviours. The Trust will provide information for 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, the actions of some service users may result in unreasonable demands on time and resources or unacceptable behaviour towards staff.

The Trust will 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 restrict an individual's access to the complaints procedure will be proportionate and be proactively reviewed. Service users will be advised if/when any restrictive measures have been removed.

3.5 Consent and Capacity

Sometimes a service user may be unable or reluctant to make a complaint on their own. The Trust has clear guidance for staff relating to [consent and capacity](#) (Appendix 4). Where

someone other than the person to whom the complaint relates, wishes to make a complaint on behalf of a person, the Trust will 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, staff must check whether consent has been received. If consent has not been received, this must be taken into account when handling and responding to the complaint. In such circumstances staff may be constrained as to what they 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. Staff should 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.

It is good practice to keep the service user, 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.

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

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, when it has been determined by a professional member of staff that the child has capacity to make that choice.

Where a person is unable to give consent, staff can agree to investigate a complaint made on their behalf by a third party. However, before doing so staff 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 nominated person acting on behalf of an individual covered by The Mental Capacity Act (Northern Ireland) 2016.

3.6 How complaints may be made

Complaints may be made verbally (face to face or by telephone) or in writing (letter, email or via the website). The Trust will be as flexible as possible to remove any barriers to service users submitting complaints.

Where a complaint is made verbally to either staff within the Service or through the Service User Feedback Team, as a minimum it is expected that staff will make a record of the key issues raised in the complaint via the Datix system.

In relation to complaints made by service users on Social Media platforms, the Trust's Communications team monitor these and will provide any complainant with the contact details for the Service User Feedback team and advise them to make contact directly so their complaint can be investigated and responded to.

3.7 Time limit for making complaints

A complaint should be made as soon as possible, within 6 months after the event(s) occurred or the service user becoming aware of the issue. However, staff may consider complaints raised outside of this timescale. For example, where issues such as bereavement, poor health, communication difficulties, serious patient safety concerns or limited support have delayed the complaint.

In determining whether to apply discretion outside these time limits, extenuating factors must be considered such as; mental and/or physical 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. Should a decision not to proceed with an investigation be agreed, a letter of explanation will be sent to the complainant signed by the Assistant Director for Clinical and Social Care Governance (CSCG).

For service users who have received a response to their Stage One complaint, and request that their complaint is escalated to Stage Two, this should be done within a minimum period of 30 days.

3.8 Anonymous complaints

The Trust is committed to investigating anonymous complaints when it is appropriate, including whether there is enough information to enable an investigation. Any decision not to pursue an anonymous complaint must be authorised by at least Head of Service, clearly recording the rationale.

If an anonymous complaint raises serious issues, these must be escalated, as appropriate for management within the relevant procedure such as child protection, adult protection, raising a concern or disciplinary procedures.

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

There may be occasions when a service user has expressed dissatisfaction in line with the definition of a complaint but does not want to complain. In these circumstances staff should explain to the service user the benefits of raising a complaint, such as 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 (Trust GP Practices) providers, support and advice is available to both the service user and the GP Practice through the Strategic Planning and Performance Group's Honest Broker role.

Where service users insist that they do not wish to complain, the issues raised must be recorded as an anonymous complaint and managed as outlined above, which will facilitate tracking of trends and themes in complaints.

3.10 Complaints involving more than one area or organisation

Effective communication is essential in the management of complaints involving more than one service or organisation, including regular communication with the service user outlining what they can expect to receive, when 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 a complaint spans across more than one Directorate, a lead Directorate will be agreed by the Governance Co-Ordinators within those Directorates to ensure all aspects of the complaint are progressed and responded to. If a consensus cannot be agreed regarding a lead Directorate, the Governance Co-Ordinators will escalate the decision to their operational Assistant Director(s) or Director as needed.

Where a complaint spans across more than one organisation, a lead organisation will be identified, to ensure all aspects of the complaint are progressed and responded to.

If it is not possible to identify a lead, the SHSCT will ensure all aspects of the complaint specifically relating to the Trust are progressed and responded to.

There are circumstances where a service user living in Northern Ireland, receives treatment or care outside of Northern Ireland, this is known as an Extra Contractual Referral (ECR). Complaints relating to an ECR should be managed in line with section 3.13 below.

3.11 Complaints about commissioned services

Service provider (Contractor)

Any service provider delivering a service on behalf of or through a contract or commissioning arrangement with the Trust must follow the NIPSO MCHP. This includes organisations delivering Family Practitioner Services and organisations in the private, voluntary or community sectors.

The service provider must ensure appropriate reporting of complaints and outcomes to the Trust.

Trust (Commissioner)

When the Trust receives a complaint about the service provider, this must be shared with the service provider for managing through NIPSO MCHP. When the Trust receives a complaint which has already been investigated through the service provider's complaints handling procedure, then the Trust must signpost the service user to NIPSO.

If the service provider refuses to investigate the complaint, this should be escalated to the Contract Manager as the Trust has an obligation to ensure that the complaint is properly investigated.

Both the service provider and the Trust must ensure that the recording and reporting arrangements in place will enable compliance with NIPSO MCHP.

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

Completed and nil returns will be forwarded to the Operational Leads, including details of those service providers who have not responded so that this can be dealt with via the contracts management process.

3.14 Complaints about senior staff

When complaints are raised which involve senior staff, advice should be sought from the Service User Feedback team who will assist in identifying an independent individual to investigate the complaint, to avoid any perceived conflict of interest.

3.15 Complaints and disciplinary or whistleblowing

Where issues raised in a complaint overlap with matters which may be dealt with under the Trust's disciplinary or whistleblowing process, staff must ensure they are managed appropriately, maintaining confidentiality. Where possible aspects of the complaint may proceed through investigation and response in tandem with other procedures.

3.16 Contact from MLAs, MPs or Councillors

Councillors, MLAs and MPs may make complaints in the capacity of an elected member, in supporting their constituents by bringing complaints about health services. These representatives can also bring a complaint as a service user. Complaints made by elected members will be dealt with in line with this procedure.

3.17 Complaints and legal action

Where a complainant has commenced a legal process against the Trust, it is important that the issues of complaint are compared against the statement of claim. If both are the same, then the complaints procedure should cease. However, there are occasions when aspects of the complaint which do not fall within the scope of the legal action may continue to be investigated under this procedure. This must only occur if it does not, or will not, compromise or prejudice the matter being investigated under any other process.

4.0 STAGE ONE

Stage One complaints should be responded to within 5 working days.

Stage One complaints can be managed by all staff, irrespective of seniority. Staff should be empathetic with service users concerns, listening attentively and responding promptly. When managing complaints within the service this approach allows concerns to be responding to quickly, situations deescalated and reassurance provided, whilst supporting 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 required service improvements demonstrates a commitment to learning from complaints.

Complaints involving another staff member should be shared with them for consideration and input to the response, however this must not delay the response to the service user.

If staff are unsure about how to deal with the complaint advice should be sought from their line manager in the first instance. Additional support can be provided by the relevant Directorate Governance Co-Ordinator or the Service User Feedback Team.

4.1 Timelines

Stage One responses must be completed **within 5 working days**, although staff can respond sooner if they are in a position to do so. Day one commences on the working day the complaint is received into the Trust up to 5pm, complaints received after this time should be logged the next working day. This does not preclude the Trust from progressing a complaint over a weekend or bank holiday.

4.2 What to do when you receive a complaint?

The following four questions should be considered:

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

Staff must ensure they are clear about the nature of the complaint, asking for further information from the service user to facilitate a full understanding.

Consider whether consent is required to proceed with the complaint investigation.

If the matter is not suitable for handling as a complaint the service user must be informed with an explanation. 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 Trust must review the 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?*

Staff should clarify with the service user their expectation of the outcome of

the complaint.

iii. *Is it achievable?*
Staff should be open and honest with service users in managing their expectations in relation to what aspects of their complaint will be addressed and those which may be more challenging.

iv. *If a response cannot be provided, who can help?*
Where staff are unable to manage the complaint this should be escalated to their line manager.

All Stage One complaints should be recorded on Datix by the member of staff receiving the complaint, either within the service or received centrally in the Service User Feedback Team.

It is necessary to determine the service user's preferred method of contact and to use this throughout the complaints process.

All Stage One complaints will be graded in accordance with the Risk Management Matrix.

4.3 Resolving and Responding to the complaint

Prompt resolution of complaints builds rapport with service users. A complaint is resolved when both the staff member and the service user agree what action (if any) will be taken to provide full and final resolution of the complaint.

Where a complaint has been resolved at Stage One it is not essential to provide a written response to the service user unless this has been specifically requested, other methods include face-to-face discussion or a telephone call. Staff 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.

During the complaints process staff should consider if any learning has been identified. Where learning has been identified, this must be recorded on Datix.

4.4 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). Extensions to timelines can only be granted by Head of Service level (or above in their absence). Where an extension has been approved staff must advise the service user of the reason for extension and expected response date. Guidance on [timelines and extensions](#) is included at (Appendix 5).

Stage One extensions can only be approved for a maximum of 5 working days

If a Stage One complaint has not been responded to within 10 working days and there is no clear date when a full response will be issued, the complaint should be escalated to Stage

Two by the complaint investigator. The service user must be provided with the reasons for the decision.

5.0 STAGE TWO

Stage Two complaints are managed by the Service User Feedback Teams with input from the relevant service(s).

Stage Two complaints are considered more complex and may arise following an unresolved or a dissatisfaction of a Stage One response. In exceptional circumstances and in agreement with the service user, complex complaints may be progressed to Stage Two without a response at Stage One.

The Trust encourages reconsideration of alternative resolution approaches, at the beginning of Stage Two, for those complaints which have not been resolved at Stage One.

A restatement of the response at Stage One is not sufficient. The aim is to give the service user a full, objective and proportionate response that represents the final position of the Trust. Complaints must, where possible, be investigated by someone who was not involved in the complaint.

Responses to Stage Two complaints will be approved by the relevant Director(s) on behalf of the Chief Executive.

Datix will be used as the primary source of record keeping and should be updated regularly in regard to complaint investigation status and complainant interactions. All communication must be uploaded to Datix at the same time as it is being issued and the progress notes section on Datix, should be used as a means of recording updates. Accurate record keeping and compliance with this process will facilitate access to the information by all relevant interested parties and is subject to audit.

Where a complaint is considered complex/high risk on receipt by the Service User Feedback team, it will be escalated to the Service User Feedback Manager in the first instance. These complaints will be escalated to the relevant Governance Co-Ordinator, Assistant Director for CSCG and Directors as required. Escalated complex/high risk will be tabled at the Weekly Governance Meeting for discussion.

5.1 Timeframe

Stage Two complaint investigations:

- must be acknowledged within 3 working days; and
- responded to within 20 working days from the time the complaint was received at Stage Two.

5.2 Acknowledging the complaint

Complaints must be acknowledged within 3 working days of receipt of the complaint at Stage Two by the Corporate Service User Feedback Team. Day one commences on the working day

the Stage 2 complaint is recorded by the Service User Feedback office up to 5pm, complaints received after this time will be recorded the next working day. Acknowledgements must be in a format which is accessible to the service user.

Following confirmation of complaint issued and expected outcomes the acknowledgement letter must include this information, with an offer to the service user to contact the Trust if not understood or agreed.

The Corporate Service User Feedback Team will also obtain consent where applicable.

The complaint and the acknowledgment are uploaded to Datix and a communication is sent to the relevant Directorate Governance Team to commence the investigation process with the service.

5.3 Confirming the issues of complaint and outcome sought

On receipt of a Stage Two complaint with the service, the complaint investigator may need to seek further clarity from the service user regarding the issues and expected outcome in order to ensure accurate records in relation to:

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

5.4 Updating staff members involved

If the complaint is about the actions of a particular staff member (whether named or not) it is expected that the complaint investigator will update the staff member(s) involved of this Stage Two complaint. The complaint investigator should:

- 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 a copy of the complaint response will be shared 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 complaints process (where possible this must not be the person investigating or signing off the complaint response).

It is important that if a possible disciplinary issue is identified that this is escalated appropriately, with advice sought from the Human Resources Department if required.

5.5 Investigating the complaint

Investigation planning is key to ensuring successful and timely completion of investigations.

The complaint investigator will be provided with a [template for investigation](#) (Appendix 6) and advised of a response date. Support will be provided to the complaint investigator and staff

involved throughout the investigation as required, by line managers and Service User Feedback staff.

Outstanding investigations and responses will be escalated internally within Directorates and at the Weekly Governance meeting.

As soon as it is identified that the timeframe for complaint response will not be met, the relevant Head of Service should be approached by the complaint investigator in relation to a possible extension. If approved the complaints handler should contact the service user to advise of the extension rationale and revised response date.

On completion of the complaint investigation, the complaints investigator will provide a draft response to the relevant Directorate Governance Team. 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, within the allocated timeframe for response.

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;
- consider 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;
- include a determination to advise if the complaint is “resolved, *not upheld, partially upheld or fully upheld*,” and
- apologise if there has been a delay in providing the response and explain the delay where appropriate.

In the same correspondence, 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.

The Directorate Governance Team will share a draft response with the relevant Governance Co-Ordinator prior to sharing with the Assistant Director and Director for approval. This should be completed within **20 working days**. Completion of the [complaint response checklist](#) (appendix 7) by the Directorate Governance Team will form part of this process and must also be uploaded onto Datix.

Where a further action has been documented within the complaint response, this should be recorded on Datix by the complaints handler. It is the responsibility of the relevant Assistant Director and Head of Service to initiate this work within their service area and report progress to the Directorate Governance Co-Ordinator.

5.6 Complaint resolution approaches

While the Trust is expected to encourage complaint resolution approaches prior to Stage Two, staff should keep alternative 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 staff 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 there is agreement to using alternative complaint resolution approaches, an extension to the timeline may need to be agreed. This must not discourage the use of these approaches.

5.7 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 to Stage Two 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 should be restricted to staff only necessary to address the complaint. 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. A written record of a meeting must be completed and uploaded onto Datix.

The service user must be provided with a written record of the meeting. Alternatives to this may be considered as part of a reasonable adjustment.

5.8 Extensions to the timeline

Stage Two complaints should be resolved within 20 working days. In exceptional circumstances it is permissible to extend the timescale to complete the investigation and provide a comprehensive response. Where the timescale is extended the service user must be advised by the complaint handler 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 by the service user.

Extensions for Stage Two complaints can only be approved by Head of Service level (or above in their absence). The complaint investigator must provide a clear rationale on each occasion an extension is requested, 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. This must all be recorded on the Datix record by the complaints handler.

Extensions must be the exception and long delays due to the absence of a member of staff will not be a sufficient reason to delay an investigation.

5.9 Closing the complaint

A Stage Two complaint response should in writing or in such other form taking account of any reasonable adjustments made to meet the needs of the service user. Contact details must be included should the service user wish to clarify any aspect of the response they do not understand. Any clarification required will not lead to an extension of the complaint process.

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

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

Before the closure of the complaint, the complaint investigator must consider whether any learning has been identified. Where learning has been identified, this must be recorded on Datix to enable reporting and a Shared Learning Template must be populated.

The complaint must then be closed and records updated accordingly.

At this point, a review of the grading of all Stage Two complaints will be carried out by the relevant Head of Service using the [Risk Management Matrix](#) and verified by the complaints handler.

6.0 SIGNPOSTING TO NIPSO

Once the investigation stage has been completed, the service user has the right to go to NIPSO if they remain dissatisfied. The response letter will inform the service user of:

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

All NIPSO correspondence will be recorded on Datix and processed via the Service User Feedback team in accordance with appendix 8.

7.0 POST-CLOSURE CONTACT

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

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

8.0 MONITORING AND AUDIT

All Stage One and Two complaints, will be included in SHSCT reports.

Regular reports on complaints are produced to:

- monitor the nature and volume of complaints;
- monitor compliance with this procedure;
- provide weekly updates and escalation of complaint activity at the Weekly Governance meeting;
- provide weekly updates on open and pending NIPSO cases;
- escalate the volume of outstanding complaint responses at the Weekly Governance meeting;
- enable benchmarking;
- provide assurance that lessons from complaints have been learned and appropriately shared; and
- inform quality improvement projects.

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

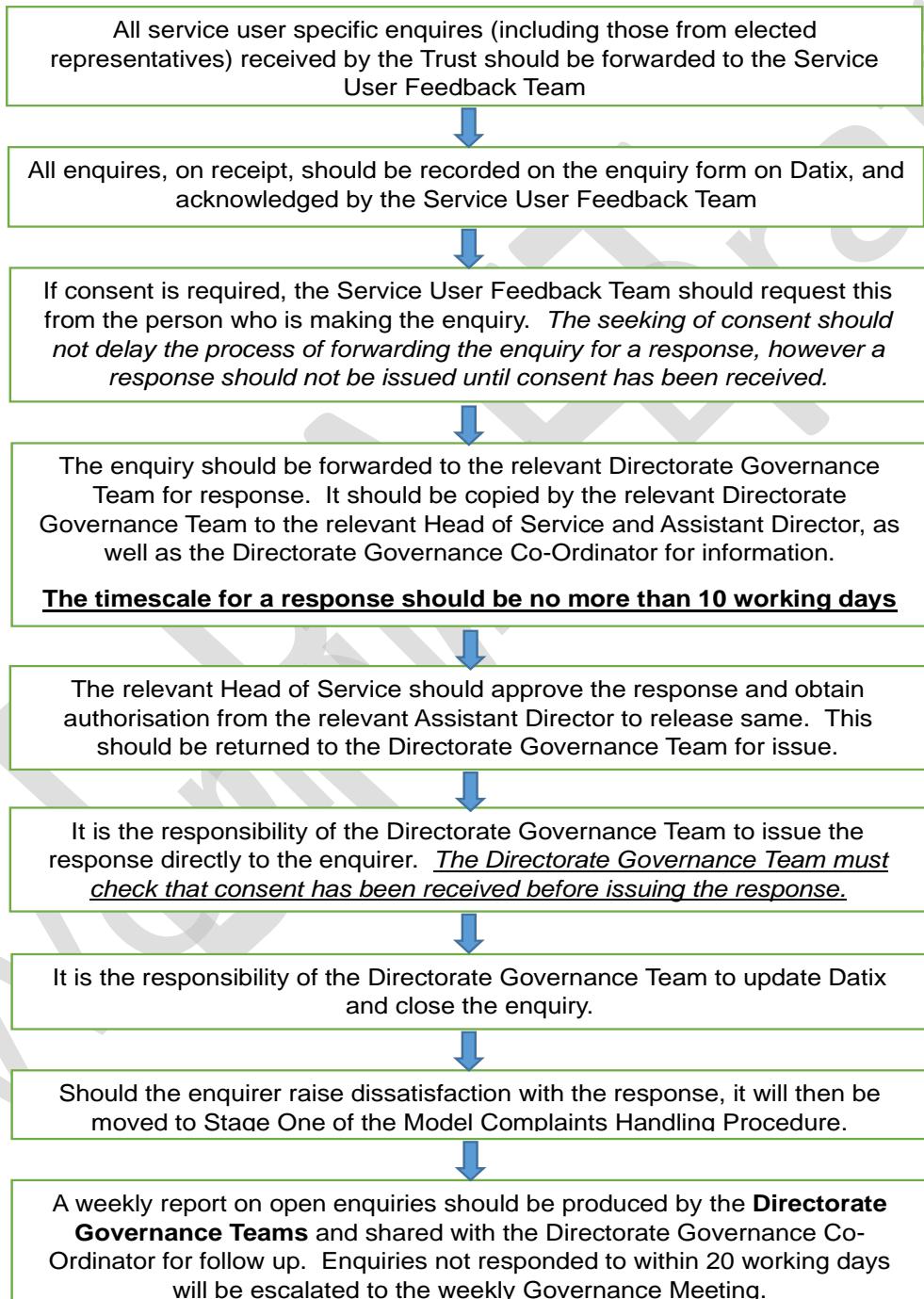
- discussion at Weekly Governance meeting, Directorate Governance meetings, Governance Coordinators Meetings, SLT, Safety & Quality Steering Group meetings and at the Patient and Client Experience Committee meetings;
- the return of closed complaints report to the SPPG;
- the return of the CH8 report to the DoH; and
- the annual Service User Feedback report.

The Service User Feedback team will undertake regular audit on various aspects of this procedure. In addition, as required/requested, ad-hoc audits may be undertaken. Audit results will be shared with the Governance Co-Ordinators and Assistant Director for CSCG. The Corporate Service User Feedback team will also audit at least 25% of all Stage Two complaint responses per quarter for sharing at the CSCG Safety and Quality Steering Group.

9.0 SUPPORT AND ADVICE

As required, support and advice can be provided to any member of Trust staff involved in a complaint by their Line Manager, at any stage of the process or from the relevant Governance Co-Ordinator or the Service User Feedback Team.

PROCESS FOR DEALING WITH SERVICE USER SPECIFIC ENQUIRIES



To be inserted when agreed and printed.

Working Draft

Model Complaints Handling Procedure - Guidance Note on Promoting Positive Behaviours

Introduction

The focus of this guidance is on promoting a positive engagement approach with service users and managing unacceptable behaviour that may arise during the complaints process. It is important to note from the outset that unacceptable behaviour by service users is not solely applicable to complaints and the complaints process.

Most people behave respectfully even in situations where they are justifiably disappointed, frustrated or upset by their experience of a service. However, in a small number of cases, service users may behave unacceptably and create difficult situations that the Trust needs to respond to and manage. This can impede the complaints investigation process if not resolved quickly and effectively. It may also have a detrimental impact on staff's time and well-being.

Staff can find it challenging to know what the most appropriate course of action is in these circumstances. Whilst it is impossible to provide a single correct response for every situation, this guide sets out principles to help staff make informed decisions.

Promoting Positive Engagement

'Start off right' by creating a culture that values complaints. Always thank service users for bringing their issue(s) to your attention and explain that complaints are welcomed, valued and viewed as essential to improving services and service delivery.

Complaints should be handled promptly. Delays and failures in communication are a key reason why service users may become upset.

Complaints should always be handled respectfully. It is widely accepted that people are more likely to accept complaint decisions if they perceive the process as fair, are treated with respect, and receive sufficient information, even if the outcome is unfavourable to them. Staff should:

- Use personal introductions and offer contact details.
- Dedicate time, free from interruption, to give service users a fair opportunity to present their issue(s) of complaint.
- Fully examine the service user's issue(s) by restating their complaint to confirm understanding and check for any additional concerns they may have.
- Keep language professional and friendly, using an even tone of voice.
- Demonstrate active listening skills to show you are listening and taking the complaint seriously.

- Reserve judgement and show empathy and understanding for the service users' point of view by asking questions to clarify their needs. For example, what their ideal remedy or solution would be.
- Take responsibility by using phrases such as, "You're right, we got that wrong" or "We should have done better" (where appropriate).
- Allow service users to discuss or comment on preliminary findings before staff close the complaint.
- Take time to explain the decision, how it was reached, and the rationale.

Engage in difficult conversations

Difficult conversations with service users are sometimes necessary and must be handled appropriately. It may not be possible to resolve a problem as quickly as service users would like, or at all. Avoiding difficult conversations may only make a situation worse. Staff should:

- Explain unwelcome news to service users clearly and as soon as possible.
- Be respectful and acknowledge service users' feelings and disappointment but consistently be open and honest.
- Confirm the response in writing where service users have not understood or appear distressed by any unwelcome news. This can also be referred to in future discussions, particularly if it is taking some time to resolve the complaint.

Recognise and manage 'trigger points'

Staff should recognise their heightened reactions to certain 'trigger point' situations and understand this is normal. A trigger point is behaviour or language that is consistently irritating or annoying, may be offensive, or makes a staff member feel vulnerable and unsure what to do. They may react emotionally, feel flustered or angry, and prejudge the person who is behaving in a way they find difficult. Staff should:

- Recognise and try to control trigger points by remaining calm and trying not to take the service users' actions personally.
- Remember it is very unlikely the person who pressed a trigger point knows this is a particular issue - they may not even be aware their behaviour is difficult.
- Recognise and try to control any increase in stress levels by taking a comfort break and/or asking a colleague for help or to manage the situation.
- Conduct a debriefing with a colleague afterwards, sharing what they find upsetting or annoying to help manage emotions.

- Develop practical strategies to help build confidence, for example, create prompt or phrase cards, or have a selection of scenarios to hand to assist in their management of situations.

What is unacceptable behaviour?

Staff should be aware that unacceptable behaviour varies in type and frequency. It may happen on one occasion or form a pattern of behaviour over time. The behaviour by a person can be any that raises substantial health, safety, resource or fairness issues for the people involved. It can range from unreasonable persistence, demanding or obstructive actions, to zero tolerance situations which are violent, threatening or abusive.

Unacceptable actions can take place on various platforms. For example, in person, by telephone, via written communication, such as correspondence and email, and increasingly on social media. Whatever its form, staff should document and maintain detailed written records of every incidence of unacceptable behaviour.

Examples of unacceptable behaviour include, but are not limited to:

- Communication in a manner which causes offence to staff.
- The threat of harm to staff, others and themselves.
- Aggressive and abusive conduct towards staff.
- Dishonesty, provision of intentionally misleading information and deliberately withholding relevant information.
- Lack of cooperation.
- Unreasonable demands that can substantially affect the service the public body provides.
- Repeated and unnecessary telephone calls.
- Frequent emails providing large amounts of irrelevant information.
- Insistence on things that are unavailable to them and outcomes that are clearly not possible, realistic or appropriate in the circumstances.
- (When a complaint is finalised) unwillingness to accept decisions and continual demands for further action when they have exhausted all available internal review options.

Identifying unacceptable behaviour

When assessing if a service user's behaviour is unacceptable and how to manage it, staff should consider the following questions:

Merits of the service user's case

- Does the complaint have substance?
- Have they suffered a substantial loss or impact?

Service user's circumstances

- Are they capable of cooperating or are they prevented by health, social or other circumstances?

- Are their actions and requirements proportionate to the harm/injustice they have suffered?

Service user responsiveness (if known)

- Is this the first time they have behaved this way?
- Have they responded well to defusing techniques in the past?
- Has the public body previously warned them about their action and/or restricted their access to the service?

Service user's experience of the complaints process

Given that delays and poor communication are often the reason why service users become upset when complaining, staff should also consider if experience of the complaints process is an underlying factor. Taking steps to address any identified issues may be enough to end the unacceptable behaviour.

- Was the organisation's role and complaints handling process explained to the service user, and in a way they understood?
- Was the service user's role, responsibilities and expected behaviours in the process clearly explained?
- Where reasonable adjustments made, where required?
- (If ongoing) has communication with the service user been regular, timely and effective?
- Was the service user successfully sign-posted to advocacy and support services?
- Has the service user been given a clear rationale for any decision(s) made, in a way that they can understand?

Responding to unacceptable behaviour

If the behaviour of the service user is identified as being challenging or unacceptable, staff must decide how best to respond to it.

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

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

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

- ensure the complaints procedure has been correctly implemented as far as possible, and that no material element of a complaint is overlooked or inadequately addressed;
- appreciate that even habitual complainants may have grievances which contain some substance;
- ensure a fair approach;

- be able to identify the stage at which a complainant has become habitual.

In exceptional circumstances it may be proportionate and appropriate to restrict service users' access to the complaints process for a set period of time. This should only be as a last resort after all reasonable measures have been taken to resolve the complaint having followed the Trusts Procedure on the Management of Service User Feedback.

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

Criteria

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

- **aggressive or abusive behaviour** – any violence or abuse towards staff will not be accepted, this includes physical harm, behaviour or language (verbal or written) that may cause staff to feel afraid, threatened or abused. The Trust endorses and promotes the Zero Tolerance campaign.
- **unreasonable demands** – when demands start to (or when complying with the demand would) impact substantially on the work of the organisation e.g. repeatedly demanding responses within unreasonable timeframes, insisting on seeing/speaking to a particular member of staff when not possible, repeatedly changing the substance of a complaint or raising unrelated concerns.
- **unreasonable levels of contact** – when the amount of time spent talking to a complainant on the phone, or dealing with emails or written correspondence impacts on the Trust's ability to deal with that complaint, or with other people's complaints.
- **unreasonable use of the complaints process** – when the effect of repeated complaints is to harass, or prevent the Trust from pursuing a legitimate aim or a implement legitimate decision.
- **unreasonable refusal to co-operate** – when an individual repeatedly refuses to cooperate and not respond to reasonable requests throughout the complaint management process.

Restricting Contact

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

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

Withdrawal of unreasonable, vexatious or abusive complainant status

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

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

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

Records of unreasonable, vexatious or abusive complainants

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

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

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

Working Draft

Model Complaints Handling Procedure (MCHP) – Consent: A Guide for Staff

This guidance supports staff in handling complaints made by someone other than the service user (for example, a relative, friend, carer, MLA, MP, or other representative). It ensures that all complaints are managed in line with confidentiality, data protection, and capacity legislation, while maintaining fairness and transparency.

When is consent not needed?

- If the service user is making a complaint on their own behalf, consent is not needed.
- Consent is not required when a complaint relates solely to process, policy, or system issues and not to a specific service user's care. For example, general response times, cleanliness of a ward, food etc.

When is consent needed?

- Someone else raises the complaint on behalf of the service user (a relative, friend, carer, MLA, MP, or other representative).
- The complaint involves information that will need to be shared with another organisation (e.g. another Trust, GP, commissioned service).
- The complaint includes sensitive or third-party information (e.g. mental health, child safeguarding, or another patient).

If the Service User refuses or withdraws Consent

- Explain that without consent it may limit how fully you can investigate their concerns.
- Record the Service User's decision on Datix and in any correspondence.
- Seek advice from the Complaints Team if unsure.

Regardless of consent, where this is a statutory or overriding public/interest reason, an investigation into the concerns raised will continue.

How to obtain Consent?

Stage One MCHP complaints

In order to resolve complaints swiftly at the front line, it is not practical in every case to require a person making a complaint on behalf of another person to complete the SHSCT consent form before their complaint can be addressed. There must be however evidence that consent was considered prior to investigating and responding to complaints. Without such evidence, the actions of the Trust may be subject to challenge. Verbal consent is acceptable for Stage One MCHP complaints and details of when and how it was obtained must be appropriately recorded on the Complaint Form submitted to Datix.

Key Points to explain to the Complainant

- “We’ll only look at information that helps us understand what happened.”
- “Only the complaints staff and relevant managers will have access.”
- “If we need to speak to anyone outside of the organisation, we’ll ask for the Service User’s permission first.”

Stage Two MCHP complaints

For Stage Two MCHP complaints, the same principles considered at Stage One should apply. Consent obtained at Stage One, will carry over to Stage Two. In circumstances where a written consent form is required, this will be handled by the Complaints Team.

How to handle a complaint from or on behalf of a child or an adult who cannot give consent, or in relation to Service Users who have died?

If a child has sufficient maturity and understanding, they can either make the complaint themselves or consent to a representative making the complaint on their behalf.

In the cases of adults who do not have capacity to give consent, and a complaint is being made on their behalf, you will be required to check whether the representative making the complaint has a legitimate interest in the service user’s welfare.

If a complaint is made on behalf of someone after their death, your duty of confidentiality to the service user continues and the same rules will apply. Their personal representative or the legal executor of their estate will control access to any personal information.

The need to maintain confidentiality

The SHSCT has a duty of confidentiality towards service users. This means you should:

- Only collect information from and disclose it to, colleagues who are involved in considering the complaint;
- Make sure all documents relating to an investigation are securely stored and are kept separately from other records. These records should only be retained as long as necessary in line with the [Good Management, Good Records guidance](#)
- Make sure the complaint records can only be seen by colleagues involved in the investigation.

Documentation & Good Practice

- Always note whether consent was verbal, written, refused, or not required.
- Never share information beyond those investigating unless authorised.
- Keep copies of any consent forms, emails, or call notes.
- When in doubt - ask before sharing.

Practical Examples

| Scenario | Required Action |
|----------|-----------------|
|----------|-----------------|

| | |
|--|---|
| MLA raises complaint for a constituent | Confirm written consent from constituent; otherwise respond in general terms only. |
| Third party submits complaint about care provided to a patient who is experiencing an acute mental illness at the time of complaint and is unable to give consent. | Determine if there is a legitimate interest, establish what can be provided and respond in general terms only. |
| Daughter complains for elderly mother lacking capacity | Verify legitimate interest; confirm no conflict of interest; investigate but limit disclosure as needed. |
| Complaint raised about deceased service user | Confirm relationship (personal representative or executor); ensure only relevant information shared. |
| Parent complains for 15-year-old | Professional staff to assess child's maturity; if mature, seek their consent before sharing details. Usually, a child 12 years or old can consent to sharing information. |

Model Complaints Handling Procedure – Timelines and Extensions

Stage One (Timeline)

Stage One responses must be completed within 5 working days or sooner if possible. The date of receipt is 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 staff from progressing a complaint over a weekend or back holiday.

Stage One (Extension)

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). Where an extension is necessary, for example to enable a Stage One response to a complex matter, the complainant must be advised 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, staff should escalate the complaint to Stage Two.

Stage Two (Timeline)

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.

Stage Two (Extension)

It is expected that the majority of complainants 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 complainant 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 complainant. Others involved in the complaint must also be advised of the extension to the timescale.

Who can approve an extension

Extensions can only be approved by staff at Head of Service level (or above in their absence). The Head of Service must ensure a clear rationale (see below) for the extension is recorded on Datix, 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.

Extensions must be the exception and should only be used when necessary.

Extension Reasons and Definitions

| Reason for Extension | Definition | Example |
|---|--|---|
| Complexity of Complaint | Multiple issues, services, or staff involved requiring extensive evidence gathering. | <i>Covers several services / directorates and multiple events need reviewing.</i> |
| Awaiting Key Statements or Information from another HSC body | Delay in receiving witness statements, clinical records, or external reports. | <i>GP practice notes or test results from another Trust.</i> |
| External Agency Involvement | Investigation requires input from bodies such as RQIA, NIPSO, or safeguarding teams. | <i>Parallel investigation by safeguarding delaying evidence sharing.</i> |
| Unavailability of Key Staff | Critical witnesses or decision-makers are on leave, sick, or otherwise unavailable. | <i>Consultant on annual leave until next month.</i> |
| Requirement for Specialist / Independent Review | Need for external expert clinical opinion or technical assessment. | <i>Independent paediatric cardiology review commissioned.</i> |
| Complainant Seeks Pause | Complainant requests to delay due to illness, bereavement, or personal circumstances. | <i>Family asks for pause until after funeral or patient is experiencing an episode of acute mental illness.</i> |
| Linked to Serious Adverse Incident (SAI) or Ongoing Investigation | Complaint resolution dependent on completion of an SAI or other formal inquiry. | <i>Complaint investigation held until SAI report finalised, <u>however this is only when it is part SAI and part complaint.</u></i> |
| Awaiting additional information from complainant | Insufficient detail available in initial complaint to allow matters to be looked into. | <i>Complainant to provide additional details or evidence.</i> |
| Unavailability of complainant | Where meeting to seek complaint resolution cannot proceed within MCHP timelines due to complainant availability. | <i>Complainant on holiday or unable to meet due to work commitments.</i> |
| Other Exceptional Circumstances | Unexpected events: service disruption, critical incidents, industrial action | |

Working Investigation Plan Template for Stage Two Complaints

This is a live document and should be kept updated throughout the Complaints investigation. Upon completion it should be finalised and uploaded to Datix.

Complaint ID

1. Issues of Complaint

Before you investigate, you should be clear about the issues you are being asked to address.

<headline of complaint issue 1>

<headline of complaint issue 2>

Insert as many complaint issues as necessary.

2. Issues which will/can not be addressed

<insert issues which will/can not be addressed, and the reasons for this>

It is important and required that the rationale for not addressing any issues of complaint are recorded and clearly communicated to the complainant.

3. Remedy

<on receipt of the complaint make contact with the complainant where required to clarify concerns and expectations.>

4. What information do I have?

<list all the relevant information and evidence you have in relation to issues identified>

5. What information do I need?

<list all the relevant information and evidence you need in relation to issues identified>

Some suggestions are:

Relevant Legislation/Policies/Procedures/Guidelines

<identify and list where and how you will find the sources of information required>

File Records

<insert a list of records that will be considered, e.g., medical records, data entries, CCTV footage etc>

Please remember that formal records such as computerised/typed files and records, and informal documents, such as handwritten information, can be equally important and carry similar weight when it comes to weighing up investigation evidence.

Witness Statements and Interviews

<insert any outstanding information that is still required from the complainant/organisation/third party which can be obtained through a witness statement or interview>

<insert a list of questions to obtain the outstanding information identified above>

<insert a list of individuals/departments you may consider interviewing, if any, to obtain the outstanding information>

<insert details of expert advice required, if relevant, and a brief outline of what you will ask them>

<insert anything you wish to consider that is not covered above>

6. Investigation timeframes

<insert dates to meet key milestones in line with timescales for response>

7. Response to Issues of Complaint

<provide detailed response to all issues of complaint identified at point 1 above>

Points to consider when drafting a response:

- *An apology*
- *As part of your response to the issues raised, you should provide details about what happened and this should include details about what is documented in the notes and, where relevant, personal recollection of events from staff. You should also determine if anything should have been done differently.*
- *If you have reviewed a policy/procedure/guideline you should say so and provide your opinion on whether it was fully complied with.*
- *A determination in relation to whether you feel issues were reasonably managed.*

8. Outcome

You will need to identify whether each complaint issue resolved, upheld, partially upheld or not upheld.

9. Learning

<as appropriate, you will need to document here any action or learning points that have been or will be taken forward in response to the issues raised in the complaint, this must be logged and a shared learning template populated >

Working Draft

COMPLAINT RESPONSE CHECKLIST
COMPLAINT ID:

| CHECKLIST | Yes/No or N/A | Comments |
|---|------------------|----------|
| 1. At the outset, did you contact the complainant to establish the nature of their complaint and what their expectations are for outcome? | | |
| 2. Have you identified all issues of complaint? | | |
| 3. Have you separated facts from disputed events? | | |
| 4. Have any staff/witnesses involved been interviewed? | | |
| 5. Has all relevant records/documentation been reviewed? | | |
| 6. Was a visit to the relevant site / facility / clinical area required? | | |
| 7. Has any other service areas involved been contacted to ensure one coordinated investigation and response? | | |
| 8. If the complaint relates to clinical / professional issues, has it been escalated to the relevant clinical / professional representatives? | | |
| 9. Has all evidence to support findings been obtained? | | |
| 10. Has all investigative documentation been attached? | | |

| | | |
|--|---------------------|--|
| 11. Has the draft response been approved, inclusive of an apology e.g.: issues identified, delay in responding, bereavement etc? | | |
| 12. Where further action is required, has a SMART action plan been developed and uploaded to Datix? | | |
| 13. Has the outcome been shared with any staff involved? | | |
| 14. Has learning been identified? | | |
| 15. Has the learning been shared and a shared learning template been completed where required? | | |
| | | |
| Name: Date: | Designation: | |

This form and relevant attachments should be uploaded to the Datix record.

To be inserted when agreed.

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