



SOUTH EASTERN TRUST

Title:	Policy for the Management & Handling of Complaints in the South Eastern H&SC Trust		
Author(s)	Assistant Director of Risk Management & Governance Head of Risk Management Advisory Services		
Ownership:	Medical Director		
Approval by:	Ratified Directors as per signatory list	Approval date:	January 2026
Operational Date:	June 2026	Next Review:	January 2031
Version No.	1.0	Supersedes	SET/Gen (01) 2023 v3.7
Key words:	Complaints		
Links to other policies	Evidence Base: NIPSO's Health and Social Care Model Complaints Handling Procedure		

Foreword

Our Policy for the Management & Handling of Complaints and supporting Procedure reflects the South Eastern Trust's commitment to welcoming all forms of feedback, including complaints, and using them to improve services, to address complaints in a person-centred way and to respect the rights of everyone involved. It will support our staff to resolve complaints as close as possible to the point of service delivery and to respond thoroughly, impartially and fairly by providing evidence - based decisions based on the facts of the case.

The Health and Social Care Model Complaints Handling Procedure (MCHP) was developed by NI Public Services Ombudsman (NIPSO) working in partnership with key stakeholders and published on 1 July 2025.

We have a standard approach to handling complaints across Health and Social Care, which complies with NIPSO's guidance on a model complaint handling procedure. This policy is based on the principles contained within NIPSO's MCHP and aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early resolution by capable, well-trained staff.

We aim to provide the highest quality services possible to people in our communities through the delivery of safe, effective and person-centred care. Whenever the care we provide can be improved, we must listen and act. Complaints give us valuable information we can use to continuously improve our services. They provide first-hand accounts of people's experiences of care that help us to identify areas of concern, achieve resolution wherever possible and take action so that the same problems do not happen again.

Our Policy for the Management & Handling of Complaints helps us to build positive relationships with people who use our service and rebuild trust when things go wrong. It has the person making the complaint, their families and carers, at the heart of the process. We will address complaints effectively, resolve them as early as we can, and learn from them so that we can improve services for everyone.

Chief Executive

Contents

Foreword	2
1.0 Introduction.....	3
2.0 Purpose and Aims	4
3.0 Objectives.....	5
4.0 Policy Statement	5
5.0 Scope	6
6.0 Definitions	6
7.0 Other Investigative Procedures	7
8.0 Roles and Responsibilities	8
9.0 Recording, reporting, publicising and learning from service user feedback.....	9
10.0 Reporting of service user feedback.....	10
11.0 Publishing complaints information	12
12.0 Acting upon and learning from complaints.....	12
13.0 Monitoring compliance and performance.....	13
13.1 Compliance	13
13.2 Future revisions of the MCHP	14
13.3 NIPSO advice and support.....	14
13.4 Information Governance.....	14
14.0 Implementation of Policy	14
14.1 Dissemination.....	15
14.2 Resources	15
14.3 Exceptions.....	15
15.0 Monitoring.....	15
16.0 Evidence Base / References	15
17.0 Consultation Process.....	16
18.0 Alternative Formats	16
19.0 Equality Statement	16

1.0 Introduction

This policy has been developed from the key principles in NI Public Services

Ombudsman's (NIPSO) Health and Social Care Model Complaints Handling Procedure (MCHP) for use within the South Eastern HSC Trust (the Trust). The Trust recognises the need to have an effective process for managing service user¹ feedback about the standard of service provided by or on behalf of the Trust.

A high standard of service user feedback management will ensure that lessons are learned and shared, and improvements made to enhance the patient experience and quality of services provided. In our patient-centred environment, patients, patient relatives, carers, advocates and other service users are encouraged to express their views about the treatment and services that they receive.

It is essential that all complaints are received positively, investigated promptly and thoroughly, and responded to appropriately and sympathetically. Timely and effective action should be taken to prevent recurrence when services provided have fallen below acceptable standards.

The Trust also values the positive feedback received and places an emphasis on learning to further enhance our performance, the patient experience and the quality of services we provide.

2.0 Purpose and Aims

This policy provides information and direction on ensuring complaints received by the Trust are managed appropriately.

It aims to ensure that:

- robust complaints management and accountability arrangements are in place in accordance with the Trust's governance arrangements and NIPSO's MCHP 2025;
- complaint management processes comply with NIPSO's "Principles of Good Complaint Handling";
- complaints are handled in an efficient and effective manner, that is open, accessible, fair, flexible, conciliatory and in accordance with the principles of a 'Just Culture';
- staff are provided with clear guidance on complaint management procedures within the Trust to ensure complaints are managed in a positive manner and that learning takes place;
- staff are provided with a greater awareness of the value the Trust places on importance of using the feedback we receive to further enhance the patient experience and quality of services provided; and
- service users and or their advocates are fully supported through the end-to-end process for complaints or concerns.

¹ Where "service user" is mentioned within this procedure, 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.

3.0 Objectives

The objectives of this policy are to:

- ensure patients, patient relatives, carers, advocates and other service users are encouraged to provide feedback about their experiences of treatment and services – to tell us what is working well, help identify any potential service improvements, and help identify problems and risk – and that individuals will not be treated differently as a result of making a complaint;
- provide ease of access to those wishing to make a complaint;
- ensure the process for dealing with complaints is clear and straightforward;
- promote early resolution of complaints at Stage One, with involvement of the person providing feedback at the core of the process, and encourages continuous learning and identification of improvements in the quality and safety of services throughout the Trust;
- ensure staff are aware of their roles and responsibilities in good complaints handling;
- ensure the person providing feedback to the Trust receive timely responses that are open, honest and proportionate to their complaint, where mistakes are acknowledged, explanations are provided for what went wrong and any learning addressed;
- ensure staff and the person providing feedback are treated with the same open and fair approach;
- ensure complaints are used positively to support learning, continuously improve the services we provide and where possible to prevent a recurrence; and
- promote a culture of openness, honesty and fairness when investigating all concerns and complaints.

4.0 Policy Statement

The Trust is committed to managing all service user feedback in a way that reflects the six key principles of effective complaints handling as detailed in NIPSO's MCHP.



To continually improve service delivery, the Trust encourages service users, family members and carers to participate in providing feedback about their experiences of the care and treatment received. In relation to complaints management, the principles outlined above aim to assist in promoting a focus on the early resolution of complaints and assist with the implementation of learning for service improvement.

5.0 Scope

This policy sets out the Trust's approach to managing feedback from service users, families, carers and other interested parties. It is applicable to all staff providing a service within the Trust, including students, agency staff and volunteers. It also extends to services commissioned by or provided for the Trust by the Independent Sector. However, it should be noted that the service provider is solely responsible for investigating any complaint about their service. The Trust is only required to ensure the complaint is investigated if the service provider refuses to do so. [OBJ]

6.0 Definitions

The following definitions aim to assist in interpretation of this policy and any associated procedures or guidance.

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.'*

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

Stage One – the initial pathway through which a complaint should be managed. It is an opportunity to respond and resolve complaints early, close to the point where the service was delivered.

Stage Two – the pathway through which complaints are managed should the complainant remain dissatisfied following management through Stage One.

Compliment – an expression of praise, commendation, or admiration.

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

7.0 Other Investigative Procedures

Where a complaint is received that relates to an issue that requires management under a different investigative procedure e.g. The NI Children’s Order or Serious Adverse Incidents, the Complaints Department will signpost the complainant to the relevant department

Services who are required to undertake different investigative procedures outside MCHP must themselves have in place guidance on the service user’s right to approach NIPSO if they are dissatisfied with the outcome of that different investigative procedure, where that procedure falls within the remit of NIPSO to investigate. Service Users should not be obliged to first submit a complaint to the Trust to access NIPSO for this purpose.

It is acknowledged that the complaints procedure will continue where not all the issues of complaint will be addressed by the different investigative procedure. Where this is the case, it is understood that the Trust is required to investigate and respond to the matters under the MCHP including meeting the necessary deadlines for response and signposting to NIPSO at the end of that procedure.

It is understood that service users may not use the MCHP to seek reinvestigation of any issues addressed and answered by the different investigative procedure. Where service users are dissatisfied about the substance and outcomes of that procedure, they must be signposted to NIPSO. Where a service user wishes to complain about the conduct of the different investigative procedure in term of e.g. timeliness or communication – even during the process of the other investigation, then they may do so and such complaints will be managed under the MCHP.

When a matter cannot be progressed or needs to be delayed staff must 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.

For information on the process for complaints that may be investigated under The Children’s (NI) Order see [Leaflet for Adults](#) [Leaflet for Young People](#)

For complaints that may meet the criteria to be wholly, or a proportion investigated as a serious adverse incident please refer to the policy for [Reporting of Serious Adverse Incidents to the SPPG](#)

8.0 **Roles and Responsibilities**

The management of complaints is the responsibility of all staff providing services within and on behalf of the Trust regardless of level, role or location. It is essential that everyone takes relevant responsibility for managing complaints to improve the service users' experience and to support continuous improvement.

The section below describes the roles and responsibilities of Trust employees in respect of the Trust's service user feedback governance arrangements.

8.1 **All staff** must:

- adhere to NIPSO MCHP for Health and Social Care;
- know how to handle and record complaints at Stage One;
- know who they can refer a complaint to, if they are not able to handle the matter themselves;
- aim to try and resolve complaints early and as close to the point of service delivery as possible and attempt to resolve any complaints they may be called upon to deal with; and
- complete mandatory eLearning - An Introduction to Complaints Handling Procedure and Resolution Stage 1 and How to log a Complaint on Datix. More in-depth Stage 2 Investigation Phase eLearning is available to those staff who are Investigators or who may need to contribute to an investigation.

8.2 Trust Board: has an important role and plays a key part in the overall accountability and governance of service user feedback data and trends. 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.

8.3 Chief Executive: provides leadership and direction in ways that guide the Trust 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. 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.

8.4 Medical Director: is the Lead Director for Risk Management & Governance (which includes Complaints). He / she will have Board level responsibility for the effective implementation of the MCHP and will report to the Trust Board on performance in managing complaints.

He / she will take responsibility for the delivery of the organisation's complaints process and ensure that all necessary organisational learning takes place in conjunction with the Operational Directors.

- 8.5 Executive and other Directors** are responsible for ensuring that the standards and processes referred to in this procedure are followed within their respective Directorates. Directors must satisfy themselves that complaints have been responded to appropriately and responses address all aspects of the complaint.
- 9.6 Heads of service (4th level managers):** are involved in the operational investigation and management of complaints handling. As senior managers 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.
- 8.7 Complaint Investigators:** are responsible and accountable for the management of the investigation. They usually work in a service delivery team and are involved in coordinating all aspects of the response to the service user.
- 8.8 Staff members named in complaints:** must participate fully in the investigation of any complaint in line with this procedure if a complaint is about the actions of a particular staff member (whether named or not).
- 8.9 The Complaints Department:** has responsibility for co-ordinating and overseeing the administrative process to comply with the MCHP. This function sits alongside, and does not replace, the defined roles and responsibilities of other staff within this policy, who remain accountable for carrying out their respective duties in managing the process. In addition, the team:
- provides support to Directorates;
 - is accessible to members of the public;
 - identifies and delivers training;
 - updates Datix records;
 - examines trends and learning; and
 - provides statistical reporting both internally and externally.

This list of responsibilities is not exhaustive.

Further guidance on management of complaints is available on SharePoint or from the Complaints Dept.

9.0 Recording, reporting, publicising and learning from service user feedback

Complaints provide valuable service user feedback. By recording and analysing complaints data, the Trust can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements. This feedback can provide early warning signs when things have gone wrong especially when considered alongside other information sources available to the organisation.

10.0 Reporting of service user feedback

All complaints will be recorded on the Datix system, which will be used to generate reports. The Complaints Department has responsibility for ensuring the Datix system is fully utilised to make the best use of its functionality and enhance the management of complaints.

To monitor complaints performance statistics (see below metrics to be monitored) and analyse trends and outcomes of complaints, the following reporting cycles will be undertaken:

Weekly updates on high risk and overdue complaints will be monitored on the Weekly Live Governance call.

Monthly Reports will be generated for sharing internally with relevant Directors, Assistant Directors and Senior Managers. Monthly Closed Complaints Reports will be generated and shared with the SPPG in line with their requirements.

Quarterly Risk Management and Governance Report will include information on complaints and will be presented at Corporate Governance Committee and Patient Safety and Quality Committee.

Quarterly Shared Learning Report will include learning from complaints and will be presented at Corporate Governance Committee and Patient Safety and Quality Committee.

Quarterly Statistical Returns will be made to the DoH.

An Annual Compliments and Complaints Report will be generated and reported through the Trust Assurance Framework structures and published on the Trust website. The report, which details the number of complaints and compliments received, the issues to which the complaints relate, the response times and learning from complaints. This will also be shared with the DoH.

Complaints Performance Statistics:

As a minimum, the following complaints performance statistics must include:

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

Summary of any organisational learning (if identifiable at point of complaint closure)

11.0 Publishing complaints information

To comply with NIPSO's MCHP the Trust must externally publish complaints information on an annual basis (as a minimum).

The Trust's Annual Compliments and Complaints report will summarise and build on the quarterly reports to senior management produced about service complaints. This will be publicised each year on the Trust's website for the public to access.

Annually, published information (as a minimum) will include:

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

Published information will also be:

- anonymised and compliant with data protection requirements.
- easily accessible to members of the public and available in alternative formats as requested.

The focus is on promoting a culture of learning and the value of complaining. This may take the form of case studies, examples of how complaints have helped improve services, or 'you said, we did' events.

The Trust will also work together with NIPSO on a regional annual Health and Social Care Sector Annual Complaints Information document for the sector.

12.0 Acting upon and learning from complaints

The Trust has clear systems in place to act on issues identified in complaints. As a minimum, the Trust 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 the Trust identifies the need for service improvement in response to an individual complaint, it will take appropriate action.

The Trust's Sharing the Learning Policy give clear guidance on when and how learning should be captured and shared across the Trust. The Trust's learning from the complaints process meets the following minimum standard:

- the action needed to improve services must be authorised by an appropriate manager
- a staff member 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
- a senior member of staff must follow up to ensure that the action is taken within the agreed timescale
- performance against all learning actions raised must be monitored by senior management to ensure they have been completed,
- 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, appropriate action (as set out above) must be taken. Where appropriate, performance in the service area must be monitored to ensure that the issue has been resolved.

As detailed in the previous section, learning from complaints will be reported both internally and externally to help promote a culture of how the Trust welcomes and learns from complaints.

13.0 Monitoring compliance and performance

13.1 Compliance

The Trust is required to ensure that it has in place a complaints procedure which meets the requirements of NIPSO's Complaints Handling Principles as well as complying with the MCHP.

NIPSO expects the Trust 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 the Trust. This may include quality checks of published complaints data, and information and guidance on the Trust's complaints procedure. Where NIPSO identifies any concerns about the operation of this complaint 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.

13.2 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 the Trust considers that an amendment to Parts 1, 2 or 3 of the MCHP is required, this should be submitted to NIPSO for consideration.

13.3 NIPSO advice and support

The MCHP Parts 1–3 places a strong emphasis on a 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.

The Trust recognises that the training needs of staff to ensure they have the skills and confidence to use the authority delegated to them is essential for delivering this process. In addition to the regional eLearning training resources available and supporting guidance on specific aspects of complaints handling, NIPSO has also developed training resources and guidance on complaints handling which are available from www.nipso.org.uk/nipso

13.4 Information Governance

The Complaints Policy and Procedure adhere to existing Information Governance Policies and Procedures and in line with the Code of Practice on Protecting the Confidentiality of Service User Information.

Records of complaints will be recorded electronically on the Datix system in accordance with the Trust's Retention & Disposal Policy and Schedule or to meet the requirements of any formal Inquiry that may be established. No hard copy files are created.

The Complaints Department will ensure that care is taken during the production of all reports relating to complaints to ensure the protection of patient/client confidentiality.

Confidential information sent outside the Trust will have the appropriate level of security applied e.g. encryption, password protection etc.

14.0 Implementation of Policy

14.1 Dissemination

14.1.1 This policy is relevant to all staff employed within the Trust

14.1.2 The authors who should be notified if there are significant barriers with its implementation.

14.2 Resources

14.2.1 The following resources have contributed to the development of this policy to support compliance with the MCHP:

- Stage 1 and Stage 2 Complaints regional eLearning
- Datix training
- SET (South Eastern H&SC Trust) Task and Finish Group
- Regional workstreams
- Regional Complaints Forum
- Complaints Policy Liaison Group Best Practice Network

14.3 Exceptions

14.3.1 This policy applies to all areas of the Trust without exception.

15.0 Monitoring

15.1 Compliance with the MCHP and timeframes for processing complaints will be monitored and reported in line with governance arrangements.

15.2 This document will be subject to review every 5 years (or sooner if new legislation or revisions to the MCHP are introduced).

16.3 Compliance with the MCHP will also be monitored by NIPSO both through the complaints it investigates and liaison with the Trust.

16.0 Evidence Base / References

The Health and Social Care Model Complaints Handling Procedure (MCHP)
NIPSO Principles of Good Complaint Handling
SET Being Open policy
SET Supporting Staff Involved in Incidents, Complaints, Claims & Coroners Inquests policy
SET Risk Management Strategy
SET Sharing the Learning policy
SET Reporting of Serious Adverse Incidents to the Strategic Planning and Performance Group

17.0 Consultation Process

NIPSO's Health and Social Care Model Complaints Handling Procedure (MCHP) has been approved as the regional framework that the Trust will follow in respect of its management of complaints. This policy was adapted from the MCHP and was reviewed by managers within Risk Management & Governance including Complaints and the wider consultation in line with the Trust's policy.

18.0 Alternative Formats

This document and any supporting information can be made available on request in alternative formats e.g. Braille, Easy Read or languages other than English.

19.0 Equality Statement

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact. ☐

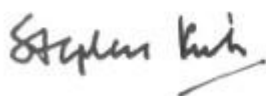
SIGNATORIES

Policy Name	Author Endorsement	Modified ⁴	Modified By
PR-053: Complaints Handling Procedure	Yes	22/12/2025 10:30 AM	Walker, Valerie



Date: 22/12/2025

Claire Smyth
Director of People &
Organisational Development



Date: 22/12/25

Professor Stephen Kirk
Medical Director