PCC
PATIENT & CLIENT COUNCIL

PCC's Complaints Policy

July 2026

Your Voice,
Our Journey

www.pcc-ni.net

CONTENT

COMPLAINTS POLICY

1. INTRODUCTION

1.1 The Patient and Client Council (PCC) is an Arms-Length Body of the Department of Health. Established as part of the 2009 reform of Health and Social Care, we are tasked with providing a powerful, independent voice for the public on health and social care issues across Northern Ireland.

1.2 Our vision is for a Health and Social Care Service, actively shaped by the needs and experience of patients, clients, carers and communities. The public are experts, by experience, in the care they or their loved ones receive. It is vital that organisations, clinicians and planners recognise the public as assets in their own care and in helping to develop and deliver new services.

1.3 We provide advocacy services for the public, which range from helpline advice, early resolution of issues, individual advocacy, to supporting people through complaints and Serious Adverse Incidents. We provide crucial support when people are often at their most vulnerable.

1.4 The PCC employs 35 staff working full-time and part-time to support this work. Staff are headquartered at our office base (Linen Hall Street, Belfast) as well as operating from two other sites in Ballymena and Omagh. Back office arrangements are in place with the Business Services Organisation (BSO) including IT, Finance, HR and Procurement.

2. Aim of the Complaints Policy

2.1 The PCC strives at all times to deliver high quality services in all aspects of its business and works to identify how improvements can be made on an on-going basis. The organisation recognises that sometimes things can go wrong and when this happens it is in everyone's best interest to resolve concerns and complaints at the earliest possible stage. This Policy is therefore designed to encourage early and local resolution of complaints at the front line

but also puts in place a system to investigate and resolve complaints where local resolution has not worked, for whatever reason.

2.2 The Policy aims to:

- Seek to resolve problems at an appropriate level and provide a straightforward and accessible means of resolution;
- Assist the PCC in improving its services by learning from the feedback, experiences and concerns of all its stakeholders;
- Protect the rights and confidentiality of those who raise concerns with the PCC;
- Ensure that senior management are informed of issues being raised through complaints so that services can be improved; and
- Provide consistent equal treatment of all persons who raise concerns through this Policy with the PCC.

3. Responsibilities for Complaints Management in the PCC

3.1 All staff within the PCC have a responsibility for the effective and efficient resolution of complaints in support of this Complaints Policy and to respond to complaints in a positive way. In addition, there are also designated roles and responsibilities to support complaints management within the organisation.

3.2 All complaints will be managed in accordance with this Policy and the escalation process followed as per the Policy. No complaints will be directly managed by the Head of Operations or Chief Executive Officer.

3.3 **Complaints Manager** – this is the Business and Governance Manager. All complaints go to the Complaints Manager in the first instance so that they can be registered. The Complaints Manager will also acknowledge receipt of the complaint within three working days and will be responsible for investigating complaints in the first instance. This may include delegating some aspects to other members of the team.

They are responsible for providing quarterly data to the Executive Management Team (EMT) and Business Committee. The Complaints Manager is responsible for the review of complaints, and ensuring the implementation and operation of the Complaints Policy, including ensuring administrative errors are put right and flaws in processes are remedied.

3.4 **Head of Operations** - the Head of Operations has been designated by the Chief Executive to be responsible for the overall management of the complaints' arrangements in the PCC. They will also review complaints escalated by the Complaints Manager where the individual is unsatisfied with the Complaints Manager's response or investigation.

3.5 **Chief Executive** - the PCC's Chief Executive has overall responsibility for the Complaints Policy and ensuring its effective application and providing assurance to the Board in this regard.

3.6 **Business Committee** – the Business Committee is responsible for providing assurance and challenge in relation to the application and compliance of the organisation in respect of complaints management.

3.7 **Council** – the PCC's Council is responsible for ensuring there is an effective complaints Policy in place and that complaints are monitored, reported on, and lessons learnt.

3.8 **All staff** – all staff are responsible for undertaking their roles and responsibilities in line with the procedures and processes in line with the organisation's values and behaviours. All staff must be familiar with this Policy and how complaints are managed within the organisation.

4. What is a Complaint?

4.1 The PCC considers that a complaint is any oral or written expression of dissatisfaction by any person, however made, about the service, actions or inactions of the PCC or its staff which requires a response. The PCC also

recognises the benefits of getting it right first time and this applies to how concerns are dealt with across the organisation.

4.2 Normally complaints should be submitted within 6 months of the event occurring however delayed complaints may be considered by the PCC depending on the nature of the complaint and the reasons for the delay.

4.3 The Complaints Policy does not cover complaints in relation to Freedom of Information or the UK General Data Protection Regulation (GDPR).

4.4 It is important that the person impacted by the service/incident (in whichever form) is the person who makes the complaint to the PCC, however sometimes that may not be possible and a third party may need to make a complaint on the person's behalf. In those circumstances it is important for data protection purposes that the aggrieved individual provides clear written authority to the PCC that they have designated a person to act on their behalf.

4.5 PCC staff who have concerns should raise these internally through already existing PCC policies including the Grievance Procedure and Whistleblowing Policy rather than the Complaints Policy.

5. Complaints Procedure

5.1 **Stage One**

If an individual wants to raise a complaint under the Complaints Handling Procedure they can do so in a number of ways:

- They can inform the PCC staff member who they have been dealing with in which case the member of staff will supply the individual with the PCC's Complaints Policy.

- The individual can email the Complaints Manager directly at execasst@pcc-ni.net and detail their complaint by email.

- The individual can write to the PCC.

5.2 Complaints in the PCC are received in the first instance by the Complaints Manager who will ensure that the complaint will be resolved or responded to within 5 working days of the complaint being received. This may include contacting the individual before an investigation takes place to acknowledge their dissatisfaction and to determine the following:

- Agreeing the issues of complaint and outcome sought.
- Is there anything that can't be considered under the MCHP?
- What outcome does the customer want to achieve by complaining?
- Are the customer's expectations realistic and achievable?

5.3 The Complaints Manager will investigate the complaint and aim to respond to the complaint within 5 working days. In some circumstances an extension of a further 5 working days may be needed to fully respond to the complaint. In exceptional complex circumstances the PCC may escalate the complaint to Stage 2.

5.4 The format of the investigation will include but is not limited to:

- Determining what happened (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails);
- Assessing what should have happened (this should include any relevant policies or procedures that apply);
- Assessing is there a difference between what happened and what should have happened, and is the organisation responsible;
- Identifying a potential resolution.

5.5 The Complaints Manager is also responsible for:

- Reviewing the outcome of complaints received under procedure;
- Ensuring compliance with the Complaints Policy;

- Ensuring lessons learnt are shared as relevant across the PCC;
- Ensuring changes to process/systems take place as relevant;
- Reporting on the application of the complaints Policy to the EMT on a regular basis, including the nature and outcome of complaints; and
- Ensuring complaints are reflected if required in the PCC Risk Registers (local and corporate) and that outcomes or lessons learnt are reflected in service improvement initiatives.

5.6 To resolve complaints the Complaints Manager may need to contact the individual directly for additional information or clarity during the investigation. In addition, the Complaints Manager may decide that an alternative form of resolution is required depending on the nature of the complaint e.g. mediation, face to face meeting.

5.7 It is important that complaints to the PCC are made in writing and contain the detail of the issue being raised. This is so complaints can be fully understood and the matters investigated promptly. There may be times however that due to reasons such as disability that a complaint cannot be made in writing. In these circumstances the Complaints Manager will work with the individual (this may include a meeting) to best understand the issues being raised. The Complaints Manager will also agree the best way to provide a response to the individual.

5.8 No employee of the PCC will be involved in investigating or determining a complaint in relation to their own acts, omissions or decisions.

5.9 In addition, if the complaint is in relation to the Complaints Manager then this will be automatically be dealt with by the Head of Operations.

5.10 **Stage Two**

Should the individual remain unsatisfied with the response they receive from the Complaints Manager under Stage one (above) they have a right of review by the Head of Operations and will be informed of this in the reply to the complaint. In exceptional circumstances some complaints will have been escalated to this stage.

5.11 The review will be acknowledged within three working days and again the Head of Operations will seek to reply to the individual within 20 working days, or sooner where possible. In addition, the Head of Operations may decide that an alternative form of resolution is required depending on the nature of the complaint e.g. mediation, face to face meeting.

5.12 To ensure the independence of the review the Complaints Manager will not be involved in the stage two Complaints Procedure but will be required to supply the Head of Operations with copies of the original complaint, any additional material received or sought to inform the investigation and a copy of the final response to the complainant.

5.13 Should the complainant remain dissatisfied following the review by the Head of Operations they will be advised in the response that they may raise the complaint with the Northern Ireland Public Services Ombudsman (see contacts at end). There are three ways in which a person may raise a complaint with the Ombudsman: by completing an online complaint from; downloading and returning a complaint form; or by contacting their office by phone, email or in writing.

5.14 While every effort will be made to investigate and reply to complaints within 20 working days there may be times when additional time is needed. If this happens the complainant will be advised at the earliest possible opportunity and within the 20 days. The complainant will be advised of why additional time is required and how long it may take to provide a full response.

5.15 At any stage of an investigation of a complaint, it may become apparent that the Disciplinary Procedures should be invoked. If this is the case the Complaints Manager will refer the matter to the Head of Operations in the first instance for those matters to be considered.

6. Support for Complainant

6.1 The PCC acknowledges that making a complaint can be difficult and therefore we aim to make the process as easy as possible. We take complaints seriously and aim to resolve them as quickly as possible – the complainant

will be supplied with the contact details for the Business and Governance Manager who will be their point of contact and keep them updated as the complaint progresses.

6.2 We welcome complainants using advocacy support in the complaints process. This may include other individuals supporting them or attending meetings and notifying this to PCC in advance. On occasion PCC may be able to direct to advocacy support should this be necessary

7. Support for Staff

7.1 All PCC staff will be trained in responding to expressions of dissatisfaction and complaints under this Policy, and in handling difficult conversations. New staff will also receive this training as part of their induction. In addition, PCC staff who are the subject of complaints may experience anxiety and stress. The PCC will ensure that such staff are supported and that they have access to support (e.g. Trade Union, Inspire, etc.) and if necessary, to appropriate counselling.

8. Exceptions

Legal Correspondence

8.1 In accordance with the directions issued by the Department of Health a complaint about which the complainant has stated that they intend to take legal proceedings will not be considered under this Policy.

Anonymous Complaints

8.2 Where complaints are made anonymously, all issues raised will be reviewed and an investigation carried out if appropriate and feasible given the anonymous nature of the complaint. PCC cannot respond to an anonymous complaint as we cannot contact the complainant.

8.3 Safeguarding

If a complainant raises a safeguarding concern about a member of PCC staff, this will be immediately escalated to the Head of Operations and as appropriate to the Safeguarding Champion at Council Level.

8.4 Zero Tolerance Approach towards Unreasonable, Vexatious or Abusive Behaviour including complaints.

While the PCC aims to provide a service which is accessible to all, and to treat those individuals fairly, honestly, consistently and appropriately, it has arrangements in place to deal with complaints which it considers to be unreasonable or vexatious, or in the instance of a complainant becoming abusive or aggressive. Staff are advised under the PCC's Unacceptable Actions Policy that they should be able to undertake their duties without fear of abuse and may terminate calls politely after giving due warning and may report calls that are abusive to their line manager.

9. Potential Outcomes

9.1 Due to the varied nature of complaints the potential outcomes can vary considerably, however in general you can expect the outcome of upheld complaints to result, where feasible and applicable, in:

- An apology;
- An explanation;
- Addressing the error;
- Undertaking service improvement;
- Training for staff; and/or
- A change in Policy or procedure.

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

10. Policy Monitoring and Reporting

10.1 It is essential that the PCC monitors the outcome of complaints to ensure that complaints are treated seriously and agreed action is delivered in a timely manner. Monitoring complaints in this way can also identify trends, common issues, whether the procedure for managing complaints about PCC services is accessible and working as defined in this Policy, and to ensure effective oversight including reporting to senior management and the Board.

10.2 To support this the PCC:

- Reviews its Complaints Policy every three years (or sooner if required);
- Logs all complaints;
- Reports on complaints and outcomes to the EMT on a quarterly basis;
- Reports on complaints and outcomes to the Business Committee and Council of the PCC on a quarterly basis;
- Reports to the EMT, Business Committee and Council on any appeals to the NI Public Service Ombudsman;
- Reports to DoH Accounting Officer on any complaints about PCC accepted by the Ombudsman for investigation, and about the proposed response to any subsequent recommendations from the Ombudsman.
- Reports to DoH via PCC Sponsor Branch on any complaints against PCC Council members or Chair;
- Reports on its complaints' management in its Annual Report and Accounts;
- Elevates risks where relevant to its risk register.

11. Equality Screening

11.1 This Policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

11.2 Using the Equality Commission's screening criteria, no significant equality implications have been identified. Similarly, the Policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

12. Endorsement and Review

12.1 This Policy was endorsed by the Council July 2026 and is due for review by July 2028.

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