Investigation of a complaint against the Northern Health & Social Care Trust

Report Reference: 202004556

The Northern Ireland Public Services Ombudsman
33 Wellington Place
BELFAST
BT1 6HN
Tel: 028 9023 3821
Email: nipso@nipso.org.uk
Web: www.nipso.org.uk
@NIPSO_Comms

The Role of the Ombudsman

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

Reporting in the Public Interest

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

TABLE OF CONTENTS

Page

Case Reference: 202004556

Listed Authority: Northern Health and Social Care Trust

SUMMARY

I received a complaint about how the Northern Health and Social Care Trust (the Trust) handled requests the complainant made to it for a determination of his mother's (the patient) eligibility for continuing healthcare (CHC).[1]

The complainant said the Trust informed him that CHC was not available in respect of the patient. Later, the complainant asked the Trust to assess if the patient's needs were being met in a care home on the basis of assessments it made. The complainant was dissatisfied with the response and brought a complaint to my office.

My investigation found that the Trust did complete appropriate assessments of the patient's needs before her admission to the care home. However, the Trust did not determine her eligibility for CHC, in accordance with the Department of Health's policy direction and guidance that applied at the time. I found that the Trust failed to provide appropriate responses to the complainant when he asked it to assess the patient's eligibility for CHC both verbally and in writing, in that information it provided was inaccurate and misleading.

I upheld the complaint. I recommended that the Trust provide a written apology to the complainant, carries out a review of the patient's CHC eligibility and that it implements a number of service improvements.

[1] At the time the complainant submitted his complaint to my Office (April 202), 'Continuing Healthcare' (CHC) was the term used in Northern Ireland to describe the practice of the health service meeting the cost of any social need which was driven primarily by a health need. Essentially, this meant that if an individual's primary need was for healthcare, rather than for social care (also known as personal social services), they did not have to pay for the care they received, irrespective of where that care was provided. A new policy for determining eligibility to CHC was introduced in Northern Ireland in February 2021. However, that 2021 Policy was quashed by a High Court Judicial Review judgement on 30 June 2023, citation [2023] NIKB 72. The decision is currently subject to an appeal to the Court of Appeal.

THE COMPLAINT

1. This complaint is about the actions of the Northern Health and Social Care Trust (the Trust). The complainant raised concerns about how the Trust arranged for the care of his mother (the patient). The complaint concerns the Trust's handling of requests the complainant made to it for a determination of the patient's eligibility for continuing healthcare (CHC).

Background

2. The patient was initially admitted to hospital in December 2019, having suffered a stroke. She was discharged to her home in April 2020, under the care of her family and with a limited package of care provision. The patient was admitted to a care home in October 2020. Sadly, the patient passed away in September 2021.

3. The complainant said he requested his mother was assessed for "Continuing Healthcare" (CHC) in September 2020. The complainant spoke to the social worker who advised CHC was not available in Northern Ireland.

4. Later, after media attention in relation to the CHC issue in February 2021 the complainant began to make enquiries of the Trust about CHC eligibility for (the patient).

Issue of complaint

5. I accepted the following issue of complaint for investigation:

   Issue 1: Was the Trust handling of the patient's care appropriate, regarding any continuing healthcare entitlement from September 2020?

INVESTIGATION METHODOLOGY

6. In order to investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation and records together with its comments on the

issues the complainant had raised. The Investigating Officer also obtained the patient's social work records and notes from the Trust.

Independent Professional Advice

7. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisor (IPA):

    - a Registered Nurse with 40 years' experience, including 20 years' experience within NHS Continuing Healthcare.

8. The IPA provided me with 'advice'. How I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

Relevant Standards and Guidance

9. In order to investigate complaints, I must establish a clear understanding of the standards, both of general application and those which are specific to the circumstances of the case. I also refer to relevant regulatory, professional and statutory guidance.

10. The general standards are the Ombudsman's Principles:[2]

    (i) The Principles of Good Administration

    These Principles are reproduced in Appendix One to this report.

11. The specific standards and guidance are those which applied at the time the events complained of occurred. These governed the exercise of the administrative functions of the organisation and professional judgement of the individuals whose actions are the subject of this complaint.

12. The specific standards relevant to this complaint are:

    (i) The Health and Personal Social Services (NI) Order 1972 ('the 1972 Order');

[2] These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

(ii) Circular HSC (ECCU) 1/2010 Care Management, Provision of Services and Charging Guidance; issued by the (then) Department of Health, Social Services and Public Safety on 11 March 2010 ('the 2010 Circular);

(iii) Circular ECCU1/2006, HPSS Payments for Nursing Care in Nursing Homes, issued by the issued by the (then) Department of Health, Social Services and Public Safety on 10 March 2006 ('the 2006 Circular'); and

(iv) Circular HSC (ECCU) 1/2021 – Continuing Healthcare in Northern Ireland: Introducing a fair and transparent system, issued by the Department of Health on 12 May 2021 ('the 2021 Circular').

13. I did not include in this report all information I obtained in the course of the investigation. However, I am satisfied that in reaching my findings, I took into account everything I consider relevant and important.

14. A draft copy of this of this report was shared with the complainant and the Trust whose actions are the subject of the complaint, to enable them to comment on its factual accuracy and the reasonableness of my proposed findings and recommendations.

THE INVESTIGATION

Context of CHC in Northern Ireland

15. The provisions around CHC in Northern Ireland are complex and have been subject to change by the Department of Health in recent years.

16. Before I set out my further investigation findings, I should highlight that in February 2021, the Department of Health published the outcome of a public consultation it launched in June 2017 on future arrangements for CHC in Northern Ireland. Later, in May 2022, the Department issued guidance[3] on a new policy for determining CHC eligibility. The introduction of this new policy

[3] Circular HSC (ECCU) 1/2021 – Continuing Healthcare in Northern Ireland: Introducing a fair and transparent system ('the 2021 Circular')

means eligibility for CHC is now based on the application of a single eligibility criterion.

17. The new single CHC eligibility criterion is whether an individual's care needs can be properly met in any setting other than a hospital. If the answer to this question is 'yes', then the individual will not be eligible for CHC and will be subject to the relevant charging policy for the care they receive. The 2021 Circular advised that the new policy, which represented an update to paragraphs 17 and 88 (only) of the 2010 Circular, came into effect from 11 February 2021 and that any applications for CHC already received prior to that date were to be assessed in line with previous guidance or policies.

18. Prior to 11 February 2021 the Department of Health policy that applied was the 2010 circular which provided for the distinction between 'healthcare' and 'personal social services'. The circular and guidance also provided a comprehensive assessment of patient need.

19. It is important to highlight that the new single eligibility criterion policy came into effect on 11 February 2021, so it did not apply during the entirety of the period my investigation examined. Indeed, the High Court in Northern Ireland in a Judicial Review decision issued on 30 June 2023 citation no. [2023] NIKB 72. quashed that policy The High Court judgement also made comment on the policy framework in relation to CHC in Northern Ireland and that it was available in settings other than hospitals including care homes.[4] The Judicial Review decision is currently being appealed.

20. I have considered the judgement as referring to the legal position which is clearly outside my jurisdiction. I am investigating a complaint around how the Trust applied the policy, circular and guidance which was in force at the time. I accept and the complainant is aware that changes to the legal position in the future will determine and direct future actions of the Trust.

[4] The Judicial Review on 30 June 2023 citation no. [2023] NIKB 72 examined the impact and delivery of the 2021 policy.

21. The request for CHC in this case pre-dated the 2021 policy, if I accept that the complainant requested information and was told 'no such CHC system was available in Northern Ireland'. In reality, I do not need to make a finding on that point as the Trust made clear in its later communications that in applying the 2021 policy it would reassess eligibility for CHC from August 2020 according to the policy in place at the time – the 2010 circular. Where the difference may be relevant is in any distinction between the 2010 circular and the 2021 circular in practical application. My findings do not make any determination of the eligibility of the patient for CHC.

22. In considering this complaint, I am mindful that the 1972 Order (the main legislation governing the provision of health and social care services in Northern Ireland) does not provide an explicit statutory framework for the provision of CHC, nor does it expressly require that CHC be provided to people in Northern Ireland.

23. I am aware that the 2010 Circular (which sets out the Department of Health's guidance on charging for social care (also known as 'personal social services') provided in…care homes and nursing homes) states at paragraph 63, *'[The 1972 Order] requires that a person is charged for personal social services provided in… or nursing home accommodation arranged by a [Health and Social Care] Trust.* ***There is no such requirement, or authority, to charge for healthcare provided in the community, either in the service user's own home or in a… care or nursing home'*** (the 2010 Circular's emphasis). This means there is a clear, and important, difference between healthcare and social care, in terms of an HSC Trust's legal authority to charge for the care provided to an individual who has moved into a care or nursing home.

24. The significance of the distinction between healthcare and social care was reinforced by the (then) Minister of Health when he responded in September 2013 to a Northern Ireland Assembly Question[5] about CHC. The Minister stated, *'… an individual's primary need can either be for health care – which is*

[5] Assembly Question AQW 25318/11-15

provided free – or for social care for which a means tested contribution may be required.'

25. Given the significance of the distinction between healthcare and social care, in relation to a HSC Trust's authority to apply charges for the care an individual receives, I highlight the advice I obtained from the IPA on the difference between both concepts.

26. For the sake of clarity, I should also highlight the difference between social care and nursing care. This difference is important because the 2006 Circular (paragraph 2) explains that HSC Trusts are responsible 'for paying the cost of nursing care of patients who otherwise pay the full cost of their nursing home care.'

27. The existence of CHC in Northern Ireland was made clear in the Department of Health's 2017 public consultation on future arrangements for CHC. The Department's consultation document explained the term 'continuing healthcare' describes the practice of the health service meeting the cost of any social need which is driven primarily by a health need. Specifically, it stated, 'At present, if the outcome of an assessment [of an individual's needs] indicates a primary need for healthcare, then the HSC is responsible for funding the complete package of care in whatever setting. This is what is known as continuing healthcare in the local context. Alternatively a primary need for social care may be identified and where such a need is met in a … nursing home setting, legislation requires the HSC Trusts to levy a means-tested charge.' The existence of CHC in Northern Ireland was further reinforced in the High Court Judgment published on 30 June 2023 as referenced above.

Issue 1: Was the Trust handling of the patient's care appropriate, regarding any continuing healthcare entitlement from September 2020?

Detail of complaint

28. The complainant said that the patient had suffered a stroke and was initially admitted to hospital in December 2019. The patient was discharged from hospital to home in April 2020. The complainant and his family cared for the patient at home. Over a period of months, the complainant considered that his mother's needs were increasing to a point where a proposed placement in a nursing home was planned. He said in the August/September 2020 he asked about funding the proposed placement and specifically about CHC. The complainant said, *'he was informed by a social worker that this (CHC) was not available in Northern Ireland'*. The patient was admitted to a nursing home in October 2020. The patient was charged for the placement on an ongoing basis.

29. The complainant was aware of media attention around the CHC issue in early 2021. He subsequently raised the issue of CHC again with the Trust in writing. The complainant stated that the Trust failed to act on his verbal request and failed to use the guidance in place when he first raised the query about possible CHC in September 2020. In response the Trust confirmed the patient was not eligible for CHC in November 2021. The complainant said that the Trust did not act on his verbal request and applied the wrong circular in his assessing his mother's eligibility for CHC.

30. The complainant believed the Trust's actions meant that the patient was not properly assessed for CHC, that information provided by the Trust was unclear, inaccurate and misleading. The patient was being charged for care.

31. Sadly, the Patient passed away in September 2021

Evidence Considered

Legislation, Policies and Guidance

32. I considered the following legislation, policies and guidance:

- The 1972 Order;
- The 2010 Circular;
- The 2006 Circular; and
- The 2021 Circular.

33. Relevant extracts of the legislation, policies and guidance I considered are at Appendix Two to this report.

The Trust's response to investigation enquiries

34. I made written enquiries of the Trust about the issues the complainant raised. Relevant extracts of the Trust's response to my enquiries are at Appendix Three to this report.

Documentation and records examined

35. I completed a review of the copy documentation the Trust provided in response to my investigation enquiries. The documentation I examined included records relating to the assessment of the patient's needs prior to her discharge from hospital; records relating to reviews of the patient's needs that were completed while she was cared for at home, and for her admission to the nursing home.

Independent Professional Advice

36. I considered the advice I obtained from the IPA. This advice concerned the assessment of the patient's eligibility for CHC in the period September 2020 to September 2021.

37. The IPA's full advice report is at Appendix Four to this report.

Analysis and Findings

September 2020 request

38. I note that when the complainant contacted the Trust in 2021, he referred to having made a request for CHC verbally in August/September 2020. I note the Trust in the response to his local MLA[6] in January 2023 state *'It is recorded that (the patient) family were advised that continuing healthcare legislation was only applicable in England'.* This is recorded in September 2020.

[6] Member of Legislative Assembly of Northern Ireland

39. The IPA highlighted, *'The Trust's letter to the complainant's MLA in January 2023 stated 'I understand that the file was retrieved in order to clarify the communication between the community social worker at that time and the family. It is recorded [within the clinical records] that (the patient) family were advised that continuing healthcare legislation was only applicable in England. The file further documents they were also informed that such applications were under circular ECCU 1 / 2010. The named worker further explained that the patient did not meet the criteria for continuous healthcare under this guidance. It was determined that the patient's needs were met in a nursing home. [The} Nursing Home advise they were able to adequately meet the patient's needs. The Trust's statements appear to suggest that it was the Trust's position that it was where the patient's needs could be met rather than the patient's needs in themselves that determine their eligibility for Continuing Healthcare under the 2010 Circular.'* I accept the IPA's advice. An assessment of the patient's health and personal care needs leading to a decision on CHC was warranted in September 2020 after the verbal request. I consider that appropriate CHC advice should have been given and an appropriate assessment and decision making should have taken place at this time. I consider this a failing and I will address this further below.

Trust response to complainant

40. In response to the complainant's complaint to the Trust, I note the IPA advised, '*The Trust completed a range of assessments over the period 2017-2020. The totality of the assessments, including a Core NISAT assessment in September 2020 were sufficient to inform the decision regarding the setting in which the patient's needs would be best met…The records and documents provided within the advice package include a NISAT Core assessment dated 22/09/2020, and the Trust's Care Plan dated 30/09/2020. These documents set out the patient's range of needs and how those needs were to be met. The care plan was prepared in preparation for the patient's admission to… PNH on the 2/10/2020.Both documents support that the patient's needs could be catered for and would be* ***best met*** *within a nursing home setting.'* The IPA

further advised '*This assessment was adequate to fully inform where the patient's needs would be best met*.'

41. The IPA highlighted, *'The Trust informed the complainant in January 2023 that the 'single eligibility' question as set out in the 2021 Circular had been applied. Also stated by the Trust in a letter to the complainant dated 09/03/2023 was 'As the assessment has determined that the patient's care needs were met outside of a hospital setting, in a nursing home, the charging guidance as determined by the Department of Health has been applied.'*

42. The IPA further highlighted*, 'A letter from the Trust … dated 23/06/2023 stated the patient 'had ongoing assessments which are attached in the appendices. The assessment for the Continuing Health Care Provision was carried out in November 2021 and (the patient) did not meet the criteria for this provision under the 2010 guidance attached. Her needs did not change'. This position appears to be different to the position communicated to the complainant and MLA earlier in 2023.'in response to the complaint.*

43. The IPA advised*, 'The retrospective assessment reflecting the period October 2020 – September 2021 did not state if/how the MDT considered whether the patient's primary need was for healthcare or for personal social services either in September 2020 or in December 2021 or at any time between. I have also found no record of the Trust formally considering the assessment with the purpose of identifying the patient's 'primary need' following the complainant's complaint to the Trust in September 2021.In conclusion, under the 2010 Circular it would have been appropriate to establish the patient's primary need and to clearly and appropriately document this within the patient records at the time of the patient's admission, before the charging guidance was applied .If the patient's primary need had not been determined in 2020, the guidance within the 2010 Circular should have been applied retrospectively and the patient's primary need at her time of her admission to the nursing home determined. This would have ensured the patient was not disadvantaged under the 2021 Circular 'single eligibility' question.'*

44. The IPA also advised, '*The retrospective NISAT dated December 2021 documented, 'based on the nursing notes and staff reports the patient's overall condition started to decline in particular over the last 6 to 8 weeks preceding her death on the 22/09/2021. Her mental health deteriorated also requiring a referral to older people services in August 2021 her physical health declined, and her family agreed that hospitalisation was not in her best interest at this time'*. The IPA advice continued, '*The information within the NISAT retrospective assessment dated December 2021 suggests the patient's mental health and physical needs did change in her last week's requiring reassessment by the Older Peoples Services...Therefore, the Trust position that the patient's needs 'did not change' is not supported by the Trust's retrospective assessment of her needs.'*

45. I am satisfied that the assessments completed by the Trust were appropriately robust and were sufficient to inform the determination of patient's primary needs and, therefore, any eligibility for CHC. However, contrary to the Trust's position at that time, which was that a decision on the patient's CHC eligibility had been taken following the outcome of these assessments, my investigation found no evidence of any **actual** determination of the patient's primary needs and, consequently, her eligibility for CHC. This relates to both October 2020 and December 2021, covering the period from October 2020 to September 2021. I consider these a failing. I also noted earlier in this report that the Trust had not acted on the initial verbal request for CHC assessment in September 2020. The complainant was misled as accurate information or responses were not provided by the Trust. The Trust did not properly determine eligibility for CHC in line with the relevant Circular and led the complainant to believe it has followed the correct Circular when it had not. I consider these to be failings by the Trust.

46. I referred earlier to the Principles of Good Administration being the standards against which the administrative actions of public bodies are to be judged. These principles (which are reproduced at Appendix One to this report) require public bodies to get it right; be customer focused; be open and accountable; act fairly and proportionately; put things right; and seek continuous improvement.

47. The First Principle of Good Administration, 'Getting it right', requires a public service provider to act in accordance with the law, policy and guidance. The Third Principle, 'Being open and accountable' requires a public body to be open and clear about policies and procedures, and to ensure that information it provides is accurate and complete. The failings I highlighted above indicate that in its handling of the complainant's requests for assessment for CHC and for a determination of the patient's eligibility for CHC, the Trust did not meet the standards required by these Principles. Accurate information was not provided tin response to the September 2020 verbal request, an assessment of CHC eligibility and determination of CHC eligibility should have taken place. After the further written request, the Trust did not apply the 2010 circular to the initial verbal request and did not accurately convey the November 2021 retrospective determination position to the complainant. I consider this to be maladministration on the part of the Trust.

48. I am satisfied this maladministration caused the complainant to experience the injustice of frustration and uncertainty. In addition, I consider the complainant had a reasonable expectation that the Trust would deal appropriately with his request for the patient's eligibility for CHC to be assessed, in accordance with the policy that applied at the time. My investigation established this expectation was not met.

49. I am conscious that the IPA, based her advice to me after a detailed examination of the patient's records, as provided by the Trust. While I note this advice, it is based on a retrospective review of the records and without the appropriate involvement of the patient and her family in a formal process for determination. I also note the lack of a clear framework such as the national framework for CHC assessment in England, to aid the decision making of the Trust, which is a point made by the High Court in its recent judgement of 30 June 2023. Given this, I do not make any determination on whether the patient was eligible for CHC in October 2020 until the time of her sad demise in September 2021.

50. However, I note the Trust has indicated that they are willing to undertake a review of the patient's entitlement to CHC. I welcome this and have referenced this offer of a review within my recommendations.

51. Having found maladministration on the part of the Trust in relation to its handling of the complainant's requests for the patient's eligibility for CHC to be determined, and being satisfied that this maladministration caused the complainant to sustain injustice, I uphold this complaint.

52. In commenting on the draft of this report, the Trust said '*The report provides a detailed outline of the issues raised by [the complainant] and the lack of clarity around CHC eligibility and assessment...[ongoing Appeal]..in line with all other Health and Social Care Trusts in Northern Ireland, we are unable to progress with any assessments for eligibility of Continuing Health Care under the 2010 Policy… The Trust will review the position on receipt of the Judgment of the Court of Appeal and then will review [the complainant's] case'*

CONCLUSION

53. I received a complaint about how the Trust handled requests by the complainant on behalf of the patient for her eligibility for CHC to be determined. The transition of a close family member into permanent residential nursing care is one of life's challenging milestones that sooner or later, many family members may have to face. There is no doubt that when it occurs, poor information and lack of clarity, greatly adds to the stress and anxiety associated with the transition. I was therefore not surprised the complainant expressed his dissatisfaction and distress.

54. I consider it an indication of the love and commitment shown by the family, to their mother, that the complainant made the decision to pursue this matter and to seek a resolution to his concerns.

55. My investigation found that the Trust failed to provide appropriate advice and information about eligibility for CHC, to determine the nature of the patient's

need and therefore her eligibility for CHC, in accordance with the Department of Health's policy, directions and guidance.

56. I also found the Trust failed to provide appropriate responses to the complainant's requests for a determination of the patient's eligibility for CHC. Rather, the Trust relied on its position that because assessments of the patient's needs indicated she could receive the care she required in a care home setting, it followed she could not be eligible for CHC. The Trust did not provide evidence of an appropriate determination of the patient's eligibility for CHC.

57. I consider the Trust's failure to assess and determine the nature of the patient's primary need, in accordance with the policy that applied at the time, and to respond appropriately to the complainant's requests about eligibility for CHC, is maladministration. I am satisfied this maladministration caused the complainant to experience the injustice of frustration, uncertainty and the loss of opportunity to have his requests for assessments of the patient's CHC eligibility dealt with appropriately. I uphold this complaint.

Recommendations

58. I recommend that within one month of the date of this report, the Trust provides the complainant with a written apology, made in accordance with NIPSO's 'Guidance on issuing an apology'[7] for the injustice caused as a result of the failings identified in this report.

59. I also recommend that the Trust implements the following service improvements:

    (i) the learning points highlighted in this report should be communicated to relevant Trust staff;

    (ii) the Trust should take action to ensure that it has in place the necessary framework to enable it to consider all requests for assessment of CHC eligibility in a timely, consistent and transparent manner, and in accordance with the Department of Health's policy direction, as set out in

[7] NIPSO-Guidance-on-issuing-an-apology-July-2019.pdf

the 2010 Circular and in doing so, the Trust will clearly need to consider the judgement of the High Court [2023] NIKB 72 and any appeal decision;

(iii) Once such a framework is established, in accordance with its offer to conduct a review of the patient's case, the Trust should then review this case and make a determination on the patient's eligibility for CHC.

(iv) The Trust should provide guidance to relevant Trust staff to assist them in handling requests for CHC information and assessments of CHC eligibility.

60. I recommend that the Trust implement an action plan to incorporate these service improvement recommendations and that it provide me with an update within six months of the date of this report. The update should be supported by evidence to confirm that appropriate action has been taken.

Margaret Kelly
Ombudsman **May 2024**

Appendix One

Principles of Good Administration

Good administration by public service providers means:

1. Getting it right

- Acting in accordance with the law and with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

2. Being customer focused

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

3. Being open and accountable

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.
- Taking responsibility for its actions.

4. Acting fairly and proportionately

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

5. Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

6. Seeking continuous improvement

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.