



Northern Ireland

Public Services

Ombudsman

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

Report Reference: 202003768

The Northern Ireland Public Services Ombudsman

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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.

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Case Reference: 202003768

Listed Authority: Northern Health and Social Care Trust

SUMMARY

This complaint is about the care and treatment the Northern Health and Social Care Trust (the Trust) provided to the complainant's daughter (the patient), during two separate consultations with a Consultant Neurologist (the Consultant), following a referral for occipital neuralgia¹. The patient also has a diagnosis of Fibromyalgia².

The complainant believed the treatment provided to the patient during the two appointments was inappropriate and irrelevant and fell short of what she expected from a professional medical Consultant. The complainant said the Consultant focused on her daughter's fibromyalgia, rather than the reason for her referral, occipital neuralgia. The complainant said the implication from the Consultant appeared to be that, if he treated the fibromyalgia, it would resolve the occipital neuralgia pain her daughter was experiencing.

The investigation did not find any failures by the Trust regarding the care and treatment provided to the patient in this case. The investigation established the Consultant provided the complainant and her daughter with advice but did not make any medical direction regarding specific dietary requirements for the patient.

The investigation did, however, identify a service failure regarding lack of detail being recorded on clinical letters compiled following consultations. This lack of detail prevented me from definitively concluding exactly what was discussed, and/or recommended during these two consultation appointments.

I recommended the Trust considers this service failure and shares the importance of detailed notes and letters with those Consultants and other staff concerned in completing such records and compiling clinical letters to prevent the failure recurring.

¹ Occipital Neuralgia is a condition in which the occipital nerves, the nerves that run through the scalp, are injured or inflamed. This causes headaches that feel like severe piercing, throbbing or shock-like pain in the upper neck, back of the head or behind the ears.

² Fibromyalgia is a condition that causes widespread pain and extreme tiredness.

THE COMPLAINT

1. I received a complaint about the care and treatment the Northern Health and Social Care Trust (the Trust) provided to the complainant's daughter (the patient) during appointments on 6 December 2021 and 9 March 2022.

Background

2. The patient was experiencing severe pain caused by occipital neuralgia³ as a result of her fibromyalgia, and was referred to a Consultant Neurologist (the Consultant) in the Trust area. The complainant accompanied the patient to two appointments with the Consultant, the first on 6 December 2021, and the second on 9 March 2022.

Issues of complaint

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

Whether the care and treatment the Northern Health and Social Care Trust provided to the patient was appropriate, reasonable, and in accordance with relevant procedures, guidance and standards.

INVESTIGATION METHODOLOGY

4. In order to investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to the Trust's complaints process.

Independent Professional Advice Sought

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

- A Consultant Neurologist in NHS Practice since 1997(N IPA); and

³ Occipital Neuralgia is a condition in which the occipital nerves, the nerves that run through the scalp, are injured or inflamed. This causes headaches that feel like severe piercing, throbbing or shock-like pain in the upper neck, back of the head or behind the ears.

- A Consultant Rheumatologist with approximately 23 years' experience (R IPA).

I enclose the clinical advice received at Appendix two to this report.

6. The information and advice which informed the findings and conclusions are included within the body of this report. The IPAs provided 'advice'. However, how I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

Relevant Standards and Guidance

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

The general standards are the Ombudsman's Principles⁴:

- The Principles of Good Administration.
8. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions and professional judgement of those individuals whose actions are the subject of this complaint.

The specific standards and guidance relevant to this complaint are:

- The General Medical Council's Good Medical Practice, updated 2019 (the GMC Guidance); and
- NICE Guidance NG193: Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain. NICE guideline 193; Published: 7 April 2021 (NICE Guidance).

⁴ These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

I enclose relevant sections of the guidance considered at Appendix three to this report.

9. I did not include all information obtained during the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.
10. A draft copy of this report was shared with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations.

THE INVESTIGATION

Whether the care and treatment the Trust provided to the patient was appropriate, reasonable and in accordance with relevant procedures, guidance and standards.

This considered the patient's appointments on 6 December 2021 and 9 March 2022.

Detail of Complaint

11. The complainant said she did not consider the care and treatment provided to her daughter, during two separate neurology consultations related to a referral for pain associated with occipital neuralgia⁵, to be appropriate or relevant.
12. The complainant said that during her daughter's appointment on 6 December 2021, the Consultant gave her six injections. Those being, two anaesthetic injections administered to the occipital nerves at the base of the skull, and four steroid injections to the Trapezius⁶ muscle. None of the injections gave any relief from the ongoing pain she experienced.
13. The complainant said the Consultant provided her daughter with dietary advice for fibromyalgia, specifically a gluten free diet, when the referral was made for

⁵ Occipital Neuralgia is a condition in which the occipital nerves, the nerves that run through the scalp, are injured or inflamed. This causes headaches that feel like severe piercing, throbbing or shock-like pain in the upper neck, back of the head or behind the ears

⁶ The trapezius is a broad, flat, superficial muscle extending from the cervical to thoracic region on the posterior aspect of the neck and trunk.

occipital neuralgia. She said the Consultant also provided her with a list of doctors he claimed were specialists. She suggested she research them on the internet and decide which diet or source of treatment would be most suitable for her daughter.

Evidence Considered

Legislation/Policies/Guidance

14. I considered the following guidance:

- The GMC Guidance; and
- NICE Guidance (NG193).

The Trust's response to investigation enquiries

15. The Trust confirmed the Consultant reviewed the patient, following a referral from her General Practitioner (GP) for management of her occipital neuralgia.

16. The Trust explained, on initial examination on 6 December 2021, the patient was *'neurologically normal'*, but had *'extremely tender Trapezius muscles and Occipital Nerves'*, which suggested *'Trapezius Myofascial Pain⁷ with associated Occipital Neurology'*. It made clear that, while these injections are *'often helpful, there is no guarantee they will help everyone.'*

17. The Trust stated, when the complainant and her daughter attended the second appointment on 9 March 2022, it was not of particular concern that the injections administered during the previous appointment in December 2021 had not helped the patient, as this is not uncommon. The patient declined further injections during this appointment.

⁷ Pain in the upper fibres of the trapezius muscle that can linger for a few days to weeks but can also be persistent in nature. This pain is often associated with spasms, stiffness, and tenderness in the neck region. Trigger points can also be present and can cause headaches.

18. The Trust also explained the Consultant, who reviewed the patient, is an advocate for exploring the use of non-pharmacological⁸ management options for headaches, which are showing a lot of promise in current literature and are a good, safe option for patients. As the complainant and patient expressed concerns about the treatment and management of the patient's fibromyalgia, the Consultant referred them to several academic publications he believed may be helpful to them in assisting in management of the patient's symptoms. The Trust said the Consultant did not recommend any specific diet to the patient regarding its diagnosis of fibromyalgia, specifically a gluten free diet.
19. The Trust agreed the patient was referred to the Consultant for occipital neuralgia, and the referral was not for management of the patient's fibromyalgia.
20. The Trust explained the complainant and the patient made the Consultant aware they had concerns about treatment the patient had received for her fibromyalgia over a period of time. On this basis, the Consultant referred to work being published over the past year which suggests significant immune dysfunction and systemic inflammation being possible contributors to fibromyalgia. The Trust further said the Consultant provided the names of some academics he was aware were doing work in research published in peer-reviewed medical journals.
21. The Trust explained the Consultant is *'one of a growing number of Neurologists'* who are exploring the management of pain without medication (using mainly over-the-counter supplements such as Vitamin D3, Omega -3, and Riboflavin) for the management of headaches, and clarified these supplements are *'showing a lot of promise in current literature, and are a good safe option for patients, especially as an adjunct to pharmacological therapies.'*
22. The Trust said the Consultant believed he had been very sympathetic towards the patient's symptoms and had given the time and opportunity to both the complainant and the patient to air their concerns.

⁸ A non-pharmaceutical intervention or non-pharmacological intervention is any type of health intervention which is not primarily based on medication. Some examples include exercise, sleep improvement, or dietary habits.

23. I included a chronology of events at Appendix three to this report.

Independent Professional Advice Sought

Consultant Neurologist (N IPA)

9 December 2021 consultation

24. The N IPA advised that the GP referral letter mentioned occipital neuralgia as the referral diagnosis, and the Consultant who examined the patient agreed with this diagnosis. He advised, *'the diagnosis of occipital neuralgia was mentioned but the basis for confirming this was not recorded'*.
25. The N IPA advised that a possible alternative diagnosis, which the Trust could have considered, was if the patient had a diagnosis of *'medication overuse headaches'*⁹. The N IPA advised it was unclear from the medical records and documentation available, whether this was *'specifically considered'*.
26. The N IPA referred to the GP referral letter which documented the patient had been prescribed Mefenamic Acid, two tablets, three times a day since April 2020, and the patient *'has persistent headaches that is [sic] getting worse.'*
27. The Investigating Officer asked if it was appropriate the Consultant referred to fibromyalgia during this initial appointment. The N IPA advised, *'headaches are commonly seen in patients diagnosed with Fibromyalgia..... In Fibromyalgia, myofascial pain is common, it can cause Cervicogenic Headaches (headaches arising from the neck) and this can be associated with Occipital Neuralgia'*
28. The N IPA advised he considered the treatment the Consultant provided to the patient during the initial consultation on 9 December 2021 was appropriate for a diagnosis of occipital neuralgia, and musculoskeletal neck pain, in the context of *'a much wider pain and headache management plan including addressing any evidence of medication overuse.'*
29. The N IPA advised, the Consultant's recommendation for massage was appropriate for the treatment of *'Cervicogenic'* headaches¹⁰.

⁹ This is defined as someone who experienced headaches more than 15 days per month, and where the condition has persisted for more than three months.

¹⁰ Headaches arising from neck pain triggering occipital neuralgia.

30. The Investigating Officer asked the N IPA if it was appropriate for the Consultant to address and provide suggestions regarding the management of the patient's fibromyalgia. The N IPA advised this was appropriate, in the context of the overall management of headaches, including medication overuse, and if the Consultant had a specialist expertise in fibromyalgia.

9 March 2022 consultation

31. The N IPA advised that the general advice the Consultant provided to the patient during the appointment on 9 March 2022 was reasonable, particularly if the patient was suffering from muscle pain.
32. The N IPA advised, the patient has multiple diagnoses with chronic pain, chronic fatigue, fibromyalgia, Asperger's and congenital hypertonia. The N IPA explained these are difficult conditions to manage. The N IPA advised the Trust dealing with just one symptom of these diagnoses is unlikely to be successful unless the patient's other diagnoses are also addressed. The N IPA advised, the patient in this instance should be managed by a multi-disciplinary team with combined expertise of neurology, rheumatology, and pain management, and the team comprising of doctors, nurse specialists, physiotherapists, and psychologists working closely with the patient's GP.

Rheumatology Consultant (R IPA)

33. R IPA provided general advice in relation to the two appointments.
34. The R IPA advised, the Consultant claimed not to have given '*specific medical guidance or advice on this and cannot recall giving any recommendations on any specific diets.*' The R IPA further advised that, from medical records provided, he was unable to find any reference to advice the patient should commence a gluten free diet. He further advised, there is no record in the notes of '*any more detailed advice on diet and supplementation*' given to the patient by the Consultant. This is noted in the Trust's response to the complaint submitted to it. The R IPA advised, however, he was satisfied that some advice had been given as the complainant and patient appeared to have come away from the consultation '*with information and a list of practitioners who advocated*

dietary manipulation to manage fibromyalgia. The R IPA advised, the Consultant had accepted he provided them with some information; however, it was not possible to tell whether they were advised to consider the advice, as the complainant's letter *'makes no mentions of any more detailed information beyond "tips on her diet"'*.

35. The R IPA advised that following a gluten free diet is *'not currently a medical recommendation for the management of fibromyalgia.'* However, he also advised, there are *'some published reports of benefit in following a gluten free diet, even if coeliac has not been diagnosed.'*¹¹ The R IPA advised *'this literature and the use of a gluten free diet is featuring widely in non-peer-reviewed online articles and advice websites*. The R IPA advised that, while following a gluten free diet is not currently (or at the time of the complainant's consultations) a recognised management pathway in fibromyalgia, *'I can see no reason to not provide a patient with fibromyalgia this information, to allow them to decide themselves as to whether they wish to follow a gluten free diet, for a limited time, to see if it helped their symptoms.'*
36. The R IPA advised it is not uncommon for practitioners in each speciality to provide some advice which may be considered to be within a different speciality's area, most commonly by advocating a medication primarily used for one disease, but helpful for their symptoms. The R IPA provided an example of this being a rheumatologist advocating an antidepressant for pain and sleep disturbance. The R IPA advised in *'attempting a holistic approach to her fibromyalgia (a chronic pain condition) which had not responded to his speciality treatment of injections, I consider it appropriate that additional "non-pharmacological" advice was given.'* The R IPA advised he considered this *'particularly in the light of [the consultant's] use of these treatment modalities for treating chronic headache.'*
37. The R IPA advised he considered it appropriate that the Consultant provided the patient with dietary advice to try to help manage her symptoms of

¹¹ Isasi C, Colmenero I, Casco F, Tejerina E, Fernandez N, Serrano-Vela JI, Castro MJ, Villa LF. Fibromyalgia and non-celiac gluten sensitivity: a description with remission of fibromyalgia. *Rheumatol Int.* 2014 Nov;34(11):1607-12; and Rodrigo, L., Blanco, I., Bobes, J. et al. Clinical impact of a gluten-free diet on health-related quality of life in seven fibromyalgia syndrome patients with associated celiac disease. *BMC Gastroenterol* 13, 157 (2013). <https://doi.org/10.1186/1471-230X-13-157>.

fibromyalgia-associated Occipital Neuralgia when direct, invasive treatments had not been effective.

Responses to the Draft Investigation Report

38. Both the complainant and the Trust were given an opportunity to provide comments on the Draft Investigation Report.

The Complainant's Comments in response to Draft Report

39. In response to the draft report the complainant commented the patient always followed the advice given to her by GPs and Consultants. She has tried pain relief medication, physiotherapy, and graduated exercise. However, she had very little improvement to her chronic pain and fatigue, and was left to her own devices to find a treatment which may help ease her symptoms.
40. The complainant also said the patient tried numerous alternative therapies such as yoga, Pilates, reflexology, Bowen therapy, acupuncture, home massages and counselling. She also attended workshops run by the Northern Trust Recovery College which deal with various subjects such as Living with Chronic Pain, Living with Fibromyalgia, and Living with Depression. The complainant said there did not appear to be a team approach to dealing with her complex medical issues.
41. The complainant commented on several matters which fall outside the remit of this investigation, regarding the attitude of and comments made by the Consultant. Notwithstanding this the Trust said no malice was intended, and that *'the concerns raised offered him [the Consultant] a unique insight for him to consider how he can be perceived by patients, and he will bear this in mind when seeing other patients.'*
42. The complainant, in response to the draft report, stated her daughter's regular medication on 6 December 2021 was 4 x 25mg of Amitriptyline daily, with the patient foregoing 2 x 25mg during the day. She explained that due to the sedative effect of the medication, she preferred to take 1 x 25mg in the early evening and 2 later to help her sleep. The complainant also stated that

Mefenamic Acid tablets were prescribed for her daughter to help with severe period pain. She stated that this medication is only taken for the first few days of her monthly period, it is not a regular, daily medication and is only used when necessary. The complainant did not consider that over-medication was an issue.

43. The Complainant commented that when she initially sought clarification from the Trust about information it had provided to her and her daughter, it advised it was to inform her of alternative approaches through non-pharmacological management to the treatment of headaches.
44. The complainant commented she was happy to consider alternative treatments and requested information regarding the relevant literature regarding immune dysfunction and systematic inflammation, but none was provided. The complainant commented that the Trust did not refer to any academic publications regarding the management of the patient's symptoms during the patient's appointments, but rather to a list of '*experts*' to research via the internet, who also had a similar interest in alternative non-pharmacological methods to treat patients.
45. The complainant's said '*The patient had undertaken massages for many years to help relieve headaches but has since stopped due to experiencing increased pain as a result of massages.*'

Analysis and Findings

I considered both consultations together below.

46. In relation to the advice the Consultant gave the patient, the Trust stated that he offered advice relating to the management of the patient's fibromyalgia, referring the complainant and her daughter to academic papers which he believed they may have found of interest. The Trust explained, the Consultant did this as the complainant and the patient both referred to the patient's fibromyalgia and appeared to be very concerned about ongoing symptoms. I note the Trust explained the Consultant is one of a growing number of Neurologists who are '*exploring the use of non-pharmacological management*

options for headaches, which are showing a lot of promise... and are a good, safe option for patients...'

47. I also note the Consultant's response to this complaint, in which he denied he had concentrated on the patient's fibromyalgia as opposed to her headaches. I note the Consultant said, during the initial consultation in December 2021, the complainant and patient were *'so concerned with the fibromyalgia, as an aside, I did mention that I was aware of work being published over the last few years suggesting significant immune system dysfunction and systemic inflammation being possible contributors to fibromyalgia, and suggested they might look into this themselves.'* The Consultant accepted that he provided advice, but denied he advised the patient should commence a gluten free diet.
48. I note the R IPA's advice about the Consultant having signposted the complainant and the patient to online academic research and providing dietary advice. Whilst I understand and accept that the complainant did not find some of the studies referred to by the Consultant easy to follow, I accept the advice of the R IPA who advised it was *'appropriate that additional "non-pharmacological" advice was given..., particularly in the light of [the Consultant's] use of these treatment modalities for treating chronic headaches'*. The N IPA also advised that information provided to the complainant and the patient regarding academic studies was appropriate in the event the Consultant had a particular knowledge and interest in this area. I note the Trust informed this Office he is an advocate for exploring the use of non-pharmacological management for patients.
49. I note the N IPA's advice that bilateral occipital nerve block and trapezius muscle injections were appropriate, and also that massage therapy was appropriate. The N IPA also advised it was appropriate for the Consultant to refer to the patient's fibromyalgia during the appointments as *'headaches are commonly seen in patients diagnosed with fibromyalgia'*. The N IPA advised the recommended massage for occipital neuralgia was appropriate *'as part of treatment for "Cervicogenic" headaches, that is headaches arising from neck pain triggering occipital neuralgia.'*

50. I note the R IPA advised there is no '*mention in the medical records*' of the Consultant telling the patient she should commence a gluten free diet. I am satisfied, from the responses received from the IPAs, as well as the explanation the Consultant offered, that he provided the complainant and patient with advice and information which may have been of interest to them. He suggested that they may wish to read some research papers regarding non-pharmacological treatment methods being used for the patient's fibromyalgia and headaches. However, I am unable to definitively conclude whether the Consultant told the patient to commence a gluten free diet.
51. I considered the N IPA's advice that the Trust could have considered over-medication as a possible factor for the patient's headaches.
52. I note the responses from the IPAs which both state the records held in respect of each of the consultations, in December 2021 and March 2022, are not comprehensive and in particular, the R IPA's advice that '*producing a more detailed consultation letter, clearly indicating the advice given, would be advisable for the future.*' I accept this advice and am satisfied the Consultant's letters following the two appointments do not adequately represent the discussion and recommendations the complainant and patient were given on non-pharmacological treatments during the consultation. I acknowledge the Trust's view that this falls outside the scope of the investigation. However, the investigation into this complaint identified this as a service failure, and considered there was a lack of detail contained in the consultation letters which the Consultant provided. Whilst I do not consider this failing impacted on the patient's care and treatment, I would encourage the Trust to consider its clinical letters, and ensure their content is both accurate and detailed.
53. I note the N IPA's advice that a multi-disciplinary team with combined expertise of neurology, rheumatology, and pain management should manage the patient. I note the complainant, in a letter to the Trust and in response to its complaint outcome letter of 16 August 2022, referred to the patient having '*met with several GPs, a neurologist, and a rheumatologist in an effort to ascertain the cause of her chronic pain and fatigue.*' She also said the patient was given her

diagnosis of fibromyalgia in 2016, during a consultation at the Pain Clinic in Belfast City Hospital, and that this diagnosis was subsequently confirmed by her Rheumatologist the following year. I also considered the complainant's comments in response to the draft report, in which she stated her belief that there has never been a '*consistent joined up care plan provided for the patient.*'

54. However, I considered clinical letters from the Trust dating back to 2016 and 2017, which were written by a Consultant in Anaesthetics and Pain Management. I also considered references in these letters to the patient's consultations with a psychiatrist, which indicate a joint approach with different Consultants being aware of other treatments being provided to the patient. I am therefore satisfied that the patient has been under the care of a multi-disciplinary team of professional medical specialists.
55. I considered the complainant's account of the two appointments she attended with her daughter. I also considered the responses from the Trust, and the advice provided by two IPAs.
56. I am satisfied that the care and treatment the Trust provided to the patient during two consultations in December 2021, and March 2022, was appropriate, reasonable, and in accordance with relevant standards.

CONCLUSION

57. The complainant raised concerns about the care and treatment the Trust provided to the patient during consultation on 6 December 2021, and 9 March 2022.
58. This investigation established the Trust's care and treatment provided to the complainant's daughter during the two appointments was appropriate and in accordance with relevant guidelines.
59. I found a service failing in relation to the recording of detailed information in the medical records, and in clinical letters following the patient's consultations. However, I do not consider this impacted on the patient's care and treatment. I did not uphold this complaint.

60. I acknowledge the patient in this case has clearly suffered from pain and other associated symptoms for some time, and unfortunately has not benefited from treatment. I do appreciate this must be both frustrating and exhausting for both the patient and her family, and I note the R IPA advised this is not an uncommon occurrence for the condition with which the patient has been diagnosed.
61. In concluding, it is my expectation that the Trust will give careful consideration to reminding relevant staff of the importance of keeping accurate, detailed and appropriate medical records, and including detailed information regarding discussions held during consultations with patients.

MARGARET KELLY
Ombudsman

July 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 relevant guidance, 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.

