



Home Office

Detention Services Order 03/2015

Handling of Complaints

February 2017



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Document Details

Process: To provide instructions and guidance on the procedure for handling complaints in immigration removal centres (IRCs), short term holding facilities and residential short term holding facilities (STHF), pre-departure accommodation (PDA) and during escort.

Implementation Date: August 2015 (reissued – February 2017)

Review Date: February 2019

Version: 2.0

Contains Mandatory Instructions

For Action: Home Office staff and contractors operating in immigration removal centres, pre-departure accommodation, short-term holding facilities and escorting staff.

For Information:

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Processes Affected: All processes relating to the handling of complaints relating to the detention estate.

Assumptions: Staff handling complaints have sufficient knowledge of the business areas to be able to substantively address the issues raised by complainants (including detainees, former detainees and legal representatives). Home Office staff are aware of Complaints Management Guidance and procedures (UK Visas and Immigration, Immigration Enforcement and Border Force), statutory duty under section 55 of the Borders, Citizenship and Immigration Act 2009 and have received appropriate training in safeguarding and promoting children's welfare (Keeping Children Safe Tier 1 and higher).

Notes: This is a rebranded and updated version of the previous instruction.

Instruction

Introduction

1. This detention services order (DSO) provides information for all staff and suppliers on the complaints handling procedure within the detention estate, including during escort. The complaints function for Detention and Escorting services is managed by Detention Services Customer Service Unit (DS CSU), part of Home Office Immigration Enforcement. The policy applies to all staff in Home Office immigration removal centres (IRC), pre-departure accommodation and short-term holding facilities (STHF), as well as escorting staff.
2. Separate guidance covers wider Home Office complaints management procedures (UK Visas and Immigration, Immigration Enforcement and Border Force, including Border Force staff in short term holding facilities), including complaints made by children. Home Office staff will need to familiarise themselves with that guidance. Where those processes are mirrored within the detention estate they are not duplicated here but do apply. The guidance can be found at <https://www.gov.uk/government/publications/complaints-management-guidance-version-7>.

The chart at Annex B and flowchart at Annex C summarise the Detention and Escorting Services complaints handling process.

3. Questions and queries about the Home Office complaints procedure should be directed to:

Detention Services Customer Service Unit

Immigration Enforcement

2nd Floor

Bedford Point

35 Dingwall Rd

Croydon CR9 2EF

Fax No: +44 (0)20 8603 8030

email: detentionservicescomplaints@homeoffice.gsi.gov.uk

Purpose

This order will ensure that all staff and suppliers within the Home Office detention estate are fully aware of the complaints handling procedure. It also clarifies the handling, investigating and escalation processes for complaints relating to different agencies or areas of service.

Procedures

Principles for handling a complaint

Definition of a complaint¹

4. The definition of a complaint is “**any expression of dissatisfaction about the service we provide, or about the professional conduct of our staff and contractors**”. For Detention and Escorting Services, “IRC supplier” includes both commercial suppliers and the National Offender Management Service (NOMS).
5. In many cases detainees would prefer an immediate response and, where something has gone wrong, putting the matter right and an apology is a good result. In those instances local resolution may be the most appropriate approach, although escalation via the formal complaints procedure remains an option for the complainant. All formal complaints made using a DCF9 form [Annex D] or those in other formats must be processed in accordance with the complaints procedure set out below.
6. Detainees are to be treated fairly, openly and with respect at all times and must not be penalised for making a complaint. The fact that a complaint has been made and is under investigation will not interfere with the consideration of the immigration aspects of a detainee’s case.
7. Complaints about the following issues will not be treated as complaints by Detention and Escorting Services but will be forwarded elsewhere in the Home Office to be handled as appropriate:
 - Immigration status and applications to stay in the UK;
 - Legislation;
 - Government policy;
 - Matters relating to disclosure of information under the Freedom of Information Act or Data Protection Act;
 - Complaints outside the responsibility of the Home Office or IRC supplier;
 - Complaints lodged by an MP which will be treated as Ministerial correspondence (other than serious misconduct allegations which will be referred to Home Office Professional Standards Unit (PSU) for investigation in order to inform any response from DS CSU);
 - Requests for transfers (which will be handled by the Detainee, Escorting and Population Management Unit, DEPMU). Complaints about the refusal of a transfer request will be investigated by DEPMU.

Incidents of a criminal nature

8. If an incident of a criminal nature happens, the centre (the supplier or Home Office) should, as a matter of course, immediately report this incident to the police, and a crime reference number or CAD reference should be obtained and passed to the

¹ See Annex A for definitions of different types of complaint

victim. This should happen even if the detainee neither wants it reported to the police nor to make a complaint.

Healthcare complaints (England)

9. Complaints relating to healthcare in England will be handled under separate NHS complaints procedures and different timescales for investigation and response will apply. A healthcare complaint is classed as any expression of dissatisfaction about any NHS commissioned service in the IRC estate or about the attitude, behaviour or conduct of healthcare staff working in those establishments. This can include issues such as appointments with doctors (for example delays, waiting times or cancellations), prescribing and medication issues (for example changes, errors, delays or refusal to prescribe), delays in obtaining referrals and staff behaviour, attitudes and communication.
10. The definition of a healthcare complaint does not include complaints about medical escorts (as healthcare professionals undertaking medical escorts are not providing a service commissioned by NHS England). Nor does it include complaints about the physical healthcare facilities in a place of immigration detention (e.g. insufficient space in the waiting room or lack of privacy). These complaints should be sent to the DS CSU to be allocated for investigation by the appropriate service provider.
11. Expressions of dissatisfaction about healthcare in IRCs in England (whether verbal or written – including on a DCF9 form) will, in the first instance, be passed for assessment to the on site healthcare manager for the NHS commissioned service at the IRC. This will be undertaken by the Home Office IRC team after emptying the complaints box. The Home Office IRC team will record the date the complaint was passed to the healthcare manager and the name of the complainant. No other information about the complaint will be recorded and no further action to track the complaint's progress or outcome will be undertaken by the Home Office IRC team after these actions are complete.
12. When passed a healthcare complaint by the Home Office IRC team, the healthcare manager will determine whether the points raised constitute a matter requiring a formal investigation and response or are matters of concern (or expressions of dissatisfaction) that can be handled through a process of local resolution.

The NHS England complaints procedure is explained here:

<https://www.england.nhs.uk/contact-us/complaint/>

Information is also available about making a complaint to NHS England here:

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/NHScomplaints.aspx>

13. Concerns which can be handled through local resolution are characterised as matters which;
 - Can be resolved quickly (by the next working day)
 - Are matters that the patient raising the concern wants to be resolved locally
 - Do not meet the criteria for a formal complaint
 - Do not require a written response

14. If, following local resolution, the patient remains dissatisfied or if local resolution is not appropriate; a formal complaint can be made. The healthcare manager for the NHS commissioned service at the IRC should advise the patient that they can complain formally to either;
- The NHS commissioned provider at the IRC (a complaint investigated formally by this route can be taken forward using the original written complaint or DCF 9 form) or,
 - The NHS England commissioner via the NHS England Customer Contact Centre england.contactus@nhs.net, NHS England, PO Box 16738, Redditch, B97 9PT or by phone on 0300 3 11 22 33.
15. Where a patient opts to complain formally to the NHS England commissioner the healthcare manager at the IRC should advise the patient that this must be done in accordance with NHS complaint procedures and sent by the patient to the NHS England Customer Contact Centre either by post, email or made by telephone.
16. Where a complaint makes a serious allegation of misconduct (professional or otherwise) about a member of healthcare staff this will be handled under NHS procedures and the local healthcare manager, professional body and police (where appropriate) will be notified. The healthcare manager at the IRC should notify the Home Office's Head of Detention Operations of the suspension of any member of healthcare staff as a result of a serious allegation at the following email address Detentionservicescomplaints@homeoffice.gsi.gov.uk. The local NHS commissioning team will receive updates about the investigation and any resulting recommendations which they will share with the DS CSU. A more detailed explanation of the handling of serious allegations is at Annex H.

Monitoring and reporting of healthcare complaints (England)

17. Healthcare complaints will not be monitored by the Home Office. NHS England will, on a quarterly basis, provide the Home Office Head of Detention Operations with a report on complaints handled by the NHS England Customer Contact Centre. This will include; numbers of complaints received by IRC, number resolved to the patient's satisfaction and category of complaint made (e.g. medical, dental). An annual report on healthcare complaints with an analysis of complaint trends over the preceding year will also be provided.
18. Complaints which have been formally investigated by the local IRC healthcare provider will be reported to the Home Office via the quarterly Healthcare Partnership Board meeting.

Healthcare complaints (Scotland and Northern Ireland)

19. Healthcare complaints relating to detention in Scotland and Northern Ireland will be handled under the arrangements for general complaints set out in this guidance in that they will be investigated and responded to by the supplier contracted to deliver healthcare under the overarching operating contract with the Home Office. Exceptions to the general arrangements in these cases are listed below:

- The timescale for responding to a healthcare complaint will be subject to the contracted healthcare supplier's agreed processes;
- When emptying the complaints box the Home Office IRC team will not scan and send healthcare complaints to DS CSU. Instead, they will refer healthcare complaints to the local healthcare manager for investigation or escalation and send details of the complainant (but not a copy of the complaint itself) and the date passed to the healthcare manager to DS CSU and the local Independent Monitoring Board (IMB) marked "healthcare complaint".
- The on site healthcare provider will investigate the complaint and advise DS CSU of the date of resolution and outcome. DS CSU will then record this outcome on the Home Office Complaint Management System (CMS).
- Once the healthcare complaint has been answered, DS CSU will advise the IMB of the date of response and whether or not it has been substantiated.

20. Where a healthcare complaint (Scotland or Northern Ireland) makes a serious allegation about the conduct (personal or professional) of a member of healthcare staff this will be escalated by the healthcare manager to the appropriate investigating body. The healthcare manager should notify the Home Office's Head of Detention Operations of the suspension of any member of healthcare staff as a result of a serious allegation at the following email address Detentionservicescomplaints@homeoffice.gsi.gov.uk. The healthcare manager will also provide updates about the investigation and any resulting recommendations.

Healthcare complaints (other)

21. Complaints made by detainees about healthcare received at a healthcare facility external to an IRC (i.e. a local hospital, dental clinic) and placed in an IRC/STHF complaint box will be recorded by HO IRC staff emptying the complaint box (date and name of complainant) and the complaint sent to DS CSU for onward transmission to the appropriate healthcare authority for England, Scotland or Northern Ireland.

Cross-cutting and Multi-agency complaints

22. It is important that complaints which cover more than one area or service are properly acknowledged and handled, with each part of the complaint addressed and responded to. Complaints which cover the responsibility of more than one agency or service will be considered on a case by case basis in order to determine which agency or service will respond to the differing elements of the complaint.

23. Cross cutting complaints placed in the complaints boxes which include concerns about healthcare (along with concerns about other conditions or treatment in detention) will be copied by the HO IRC team and sent to the on site healthcare manager and to DS CSU. Each individual area (Home Office, healthcare) will be responsible for sending an acknowledgement letter to the complainant setting out how the aspects of the complaint for which they are responsible will be handled and the anticipated target for a response to be provided.

24. The only exceptions to this will be in cross cutting cases involving the conduct of personnel where specialists will investigate the complaint. Specialist investigations may be carried out by the Home Office PSU, NHS (England) or, where a cross cutting

complaint makes a serious allegation about the conduct (personal or professional) of a member of healthcare staff working in a place of immigration detention in Scotland and Northern Ireland this will be handled in line with the process set out in paras 19-20 of this instruction.

Making a complaint

25. Complaints raised by or on behalf of detainees in detention will normally be made on the DCF9 form which will be made available in a range of languages² in detention facilities, including immigration removal centres (IRCs), all short-term holding facilities (STHFs), pre departure accommodation or from staff during escort. Completed DCF9 forms should normally be placed in the locked yellow complaints box provided by the IRC supplier (clearly marked “Immigration Enforcement Complaints”). If, exceptionally, any forms are handed directly to staff they must be placed in the complaints box and, once the box is opened, handled in accordance with the requirements of this guidance depending on the type of the complaint.
26. Complaints will be accepted in formats other than on a DCF9 form, including complaints made in letter form on plain paper. These should also be placed in the locked yellow complaints box (either by complainants or, exceptionally, by staff who receive them in person). Complaints will be accepted in languages other than English but all responses will be provided in English except for responses to healthcare complaints in England. In the case of these complaints NHS England will provide a response translated into the appropriate language. Detainees receiving a complaint response in English may ask centre staff, the IMB or detainee welfare groups to assist in translating the response.
27. If a detainee makes an oral allegation of misconduct by a member of staff, in the hearing of another member of staff or a member of the Independent Monitoring Board (IMB), the detainee should be encouraged to put the allegation in writing on a DCF9 form.
28. Complaints which are sent to another part of the Home Office but which relate to matters which are the responsibility of Detention and Escorting Services will be reallocated and handled under these procedures, where appropriate. Complaints received by DS CSU but which are the responsibility of another part of the Home Office will similarly be reallocated. Complaints which are sent directly to the healthcare provider or to NHS England, but which relate solely to matters which are the responsibility of Detention and Escorting Services, will be sent to DS CSU (Detentionservicescomplaints@homeoffice.gsi.gov.uk).
29. Complaints about matters dealt with by Detention and Escorting Services should normally be made within three months of the date on which the matter(s) being investigated took place; complaints outside this period will be considered on a case by case basis. Complaints may be made by people in detention but may also be made by other people or groups on their behalf (e.g. a legal representative).

² DS CSU will provide suppliers with a sample DCF9 complaint form in various languages. Samples will be provided electronically in PDF format. The supplier is responsible for ensuring complaint forms in each of these languages are clearly displayed in racks on the wall around the centre, including next to complaint boxes.

Arrangements for complaints

30. Customer service staff (supplier/NOMS, as appropriate) must make arrangements to help people who may find it difficult to submit a complaint in the usual way; this might include non-English speakers, children or people with learning, literacy or visual difficulties e.g. provision of “children-friendly” feedback and complaint forms.
31. Anonymous complaints and group complaints will be handled under the procedures outlined here and investigated and appropriate action taken. Third party complaints may require the written consent of the detainee concerned, although allegations of serious misconduct will always be referred to the Home Office PSU.
32. The escort supplier will ensure that complaint forms are available on escort vehicles. Completed forms can be handed to the escort supplier by the complainant for onward transmission to the Home Office or can be sent by the detainee directly to the address at para 3 above. Where detainees are being taken to an IRC or short-term holding facility, they should be advised to post their form in one of the yellow complaints boxes on arrival.
33. Any complaint in a sealed envelope and marked confidential should **not** be opened by IRC supplier staff but should be handed to the Home Office Immigration Enforcement (HOIE) Manager who must check for and escalate as appropriate any urgent matters requiring immediate attention (see para 44). The complaint should then be sent to Detention Services Customer Service Unit (DS CSU) or, where the complaint relates to healthcare in England, to the centre’s healthcare provider who will handle the complaint in line with paragraphs 9 to 16 of this instruction. A detainee may also send a confidential complaint **by post** to the NHS England Customer Contact Centre, NHS England, PO Box 16738, Redditch, B97 9PT, **by phone** 0300 3 11 22 339 or **by e-mail** england.contactus@nhs.net. Although the confidentiality of the complainant will be maintained, the content of the complaint will need to be disclosed to enable investigation.
34. Every effort should be made to respond to a complaint, even if the complainant has moved to a different centre or left the detention estate.

Responding to a complaint

35. Who will respond to a complaint will depend on the nature of the complaint, but all complaints must be logged and allocated by the responder responsible for its investigation. Every IRC supplier is required to appoint a manager with responsibility for ensuring effective systems and processes are in place for managing and investigating complaints relating to service provision or the behaviour of their staff. The escorting supplier will appoint a nominated person to respond to complaints relating to STHFs and escorting. Healthcare providers in England will also be required to appoint a person, referred to as a complaints manager, to be responsible for managing the procedures for handling and considering complaints in accordance with arrangements made under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
36. Once a complaint has been allocated the complainant should receive a response within a set timescale. Complaints received by DS CSU will be forwarded within one working day to the Complaints Allocation Hub (CAH). Within two working days (i.e. Mon – Fri) the CAH will log the details of the complaint on the CMS system generating the unique

reference number and target date for response. As soon as the complaint is logged on CMS the CAH will forward these details along with the complaint to the DS CSU. DS CSU will then, on the same day as receipt, allocate the complaint to the supplier responsible for conducting the investigation and providing the response. The timescales in the chart below then apply. All complaints must be acknowledged by the “responder” within two working days of allocation.

Type of complaint	Investigated By:	Time Limit
IRC Service delivery	Supplier Centre Manager and HOIE Manager	Within 20 working days of allocation of the complaint.
Minor Misconduct	Supplier Centre Manager and HOIE Manager	Within 20 working days of allocation of the complaint
Service delivery/minor misconduct complaints relating to Short Term Holding Facilities or while under escort	Escorting Supplier	Within 20 working days of allocation of the complaint.
Any complaint for the Home Office about issues outside the responsibility of Detention Operations or its suppliers	Appropriate Immigration Enforcement, Border Force, UKVI CSUs	Within 20 working days of allocation of the complaint.
Serious misconduct	Professional Standards Unit	Within 12 weeks of receipt within the Home Office (this includes the investigation).
Healthcare complaint (England) – see paras 9 - 16	NHS England processes and timescales apply.	
Healthcare complaint (Scotland or Northern Ireland) – see paras 19-20	Healthcare provider timescales apply.	

Dealing with a complaint escalation

37. The initial response to the complainant must provide information to explain who they can contact if they are not satisfied with the response and wish to escalate the complaint. For complaints responses from the IRC supplier or Home Office IRC team this will be to the Prisons and Probation Ombudsman (responses should include a copy of the PPO leaflet “How to complain to the Ombudsman”). This leaflet can be found at http://www.ppo.gov.uk/wp-content/uploads/2014/06/PPO_Complaint_leaflet_Dec_2013.pdf.
38. All detainees should be made aware of the procedure for escalating a complaint to the PPO during the initial days of their detention. The PPO will provide immigration detention establishments with publicity material that explains how to complain to the

Ombudsman, including the address for making complaints by e-mail. Staff and IRC suppliers are required to share this material, providing leaflets to detainees and displaying posters in all places of detention. The PPO will not generally investigate a complaint until it has been thoroughly investigated under the complaints process set out in this guidance.

39. For immigration complaints not relating to detention or escorting, escalation will be to the Parliamentary and Health Services Ombudsman (PHSO), via a Member of Parliament (MP). For healthcare complaints in England (including complaints about external medical treatment e.g. at a local hospital) escalation will be direct to PHSO. For complaints about healthcare delivered in detention facilities in Scotland and Northern Ireland escalation will be facilitated to the appropriate Ombudsman by the DS CSU. The escalation procedure for complaints about medical treatment external to the detention estate in Scotland and Northern Ireland will be to either the Scottish Public Services Ombudsman or the Northern Ireland Public Services Ombudsman.

Quality assurance of complaint responses

40. IRC suppliers investigating and responding to detainee complaints will ensure that the written response is subject to quality assurance by a second, more senior, person before being sent out to the complainant.
41. Home Office Delivery Managers will carry out a monthly dip sample of responses in order to monitor the quality of initial responses and work with IRC suppliers and others in cases where they are deemed to be unsatisfactory. Any concerns about the quality of responses which cannot be resolved locally will be escalated to the Head of Detention Operations who will be responsible for taking action with the IRC supplier.

Repeat or persistent complaints

42. A detainee's right to make a complaint must in no case be withdrawn. Where a detainee whose complaint has been concluded persists in communicating with the Home Office about the same matter, a decision may be taken to terminate contact with him or her about the issue. In such cases DS CSU will read all new correspondence from the detainee but unless there is fresh evidence which affects the decision on the complaint, the correspondence will simply be acknowledged or will be placed on file with no acknowledgement. New complaints from those who come under this policy will be treated, and decisions made, based on their individual merits.

Her Majesty's Chief Inspector of Prisons

43. HMI Prisons has developed specific Expectations that cover the treatment of and conditions for immigration detainees during their time in IRCs, short-term holding facilities and while being escorted overseas. These Expectations set out four 'healthy establishment tests' against which judgements are made: safety, respect, activities, and preparation for removal and release. In line with these Expectations, inspectors will make judgements on the following criteria relating to complaints:

'Detainees have confidence in the complaints procedures, which are effective, timely and well understood.'

‘Detainees feel safe from repercussions when using complaints procedures and are aware of an appeal process.’

Roles and responsibilities in handling complaints about Detention and Escorting Services (see paras 9 - 21 for variations to this process for healthcare complaints)

44. Home Office IRC staff will ensure that IRC suppliers have processes in place for managing complaints and that detainees know about those processes. Home Office staff will:

- Ensure that supplies of DCF9 forms are available at or near the place where a complaints box is located.
- Empty complaints box(es) at least once a day, seven days a week, (if there are no Home Office IRC staff available appropriate arrangements will be in place to ensure the box is regularly emptied)
- Update local complaints log (date/time box emptied etc);
- Refer urgent matters immediately to the IRC supplier duty manager for action (e.g. where a detainee is threatening to self-harm and immediate action is needed or there are complaints of bullying);
- Scan all complaints, including cross cutting complaints and those made in languages other than English, and email to DS CSU (Detentionservicescomplaints@homeoffice.gsi.gov.uk) within 6 hours, confirming that copies have been sent to the local Independent Monitoring Board (IMB) where appropriate and original copies are filed;
- Refer any healthcare complaints from IRCs in England (written in English), including those which are cross cutting, to the on-site healthcare manager (see paras 9 - 16); A record will be kept of the date each complaint was referred and the name of the complainant. Copies or details of the complaint will not be recorded.
- Refer healthcare complaints (Scotland and Northern Ireland) to the relevant supplier healthcare manager sending details to DS CSU of the complainant's name and the date the complaint was passed on to healthcare provider.
- Refer complaints against escorts, including medical escorts, to DS CSU for allocation to the escorting supplier for investigation.
- Ensure that requests for transfer are moved into the right process and notify the detainee accordingly.

45. On receipt of a complaint the DS CSU will:

- Arrange translation of complaints into English if necessary within 48 hours. Once translated, refer any complaints relating to healthcare (England, Scotland and Northern Ireland) to the on-site healthcare manager. In these cases the NHS / healthcare provider “complaint received date” will be on receipt of the translation of the initial communication. Only healthcare complaints from detention facilities in Scotland and Northern Ireland will be logged on CMS, an outcome recorded and the IMB notified. For healthcare complaints (England) a local record will be maintained at the detention facility of the date the complaint was passed to the healthcare manager and the name of the complainant. No further details will be recorded and, once passed to the healthcare manager, no further action by the Home Office is required.

- Check that complaints are “in time” (i.e. within three months of the date on which the matters under investigation took place) and whether the circumstances of “out of time” service delivery/minor misconduct complaints warrant acceptance (all serious misconduct complaints will be considered by PSU). Notify complainant of decision if “out of time”.
- Check that any urgent matters have been escalated for action (e.g. where a complaint relates to a detainee alleging self harm, see para 44). Urgent matters not relating to an individual in detention should be referred to the appropriate body for action as appropriate.
- Forward allegations of serious misconduct onto the Central Referral Team (CRT) for consideration by PSU.
- Copy all complaints to the IMB chair or nominated member for monitoring, once the complaint has been uploaded on CMS and a unique reference number has been received, unless complainant has asked for information not to be shared.
- Refer complaints alleging an arguable breach of Articles 2 or 3 of the European Convention on Human Rights to the duty Director of Detention and Escorting Services and guidance in DSO 1/2011, commissioning of investigations is followed.
- Refer correspondence referenced by the detainee or legal representative as a pre-action protocol letter or which states that litigation proceedings have begun or are about to begin immediately to Litigation Operations (UK Visas and Immigration) for advice.
- Refer issues outside the scope of the complaints process but within wider Home Office responsibility as appropriate for response. Notify complainant accordingly.
- Refer complaints outside the responsibility of the Home Office IRC team/IRC supplier back to the originating centre for allocation by a senior manager to the most appropriate member of staff to investigate the complaint (e.g. local Welfare Team). Notify complainant that no reply will be provided centrally.

46. For all complaints accepted by DS CSU for investigation, including non-healthcare aspects of cross-cutting complaints DS CSU will:

- Send all complaints received to the allocation hub on the day of receipt.
- The allocation hub will give each complaint a unique reference number and will record the complaint on central database (“CMS”) with the following minimum information:
 - CMS reference number
 - Complainant details (name, port number/CID number/Home Office number)
 - Date received
 - Date allocated
 - Target date for response
 - Category of complaint
 - Name of investigator.
- Send (by email) complaint within three working days of receipt (five days for complaints that require translation) for investigation and response with reference number and target response date to:
 - IRC supplier/escort supplier/HOIE Manager/other immigration CSU as appropriate for investigation of service delivery/minor misconduct complaints;

- Central Referral Team (CRT) for consideration by PSU, with a copy to immigration case owner, supplier Centre Manager/STHF Manager/escort supplier/other immigration CSU as appropriate for serious misconduct complaints
- Chair of IMB or nominated member with the reference number, date of allocation and target date for all complaints (except healthcare complaints)
- Reallocate complaint if incorrectly allocated
- Receive and upload complaint acknowledgement letters from service providers on CMS
- Monitor the progress of complaints, chase any nearing target date, and consider requests for extension to target dates.

47. Once DS CSU receive the complaint response they will:

- Update database within two working days of receipt with date of response and outcome (substantiated, partially substantiated or not substantiated).
- Copy all responses to:
 - HOIE Manager.
 - Chair of IMB or nominated member unless complainant has asked for information not to be shared (in which case send date of response and whether or not substantiated only).
- Check quality of responses and record findings of the quality assurance sampling on CMS. Copies of poor quality responses to be forwarded, in accordance with agreed process, to the relevant Home Office Delivery Manager for local action and discussion with suppliers.
- Complete the internal Smart Survey for each response received which allows Home Office Customer Services Operations to assess the volume, topics and business areas of complaints.
- Undertake regular dip sampling of complaints on CMS to ensure that all required documents (e.g. complaint, acknowledgement letter, interim response (where used) or substantive response) have been uploaded.
- Submit a monthly summary of all complaints raised at each establishment to:
 - HOIE Manager, supplier Centre Manager, complaints clerk and Delivery Manager.
 - Chair IMB or nominated member.

48. The person responding to a service delivery or minor misconduct complaint will:

- Within two working days of receipt, acknowledge receipt of complaint to complainant and include target date for response. A copy of the acknowledgement should be emailed to DS CSU.
- Maintain log/database of complaints.
- Investigate complaint by means such as interviewing involved parties and witnesses and securing evidence (e.g. CCTV) where possible.
- Provide written response to the complainant by target date (covering all points in the checklist at annex F). Response to include:
 - detail of investigation and findings;
 - whether the complaint has been found to be substantiated/partially substantiated (where part of the allegation has been upheld) or not substantiated;
 - action that will be taken as a result of the investigation;

- details of the escalation process to the Ombudsman³ using the following wording “if you remain dissatisfied you may also appeal to the Prisons and Probation Ombudsman who is independent of Immigration Enforcement and [IRC supplier’s name]. You must do this within three months of receiving this letter. I have enclosed a leaflet which explains the process “How to complain to the Ombudsman”. This leaflet can also be found at http://www.ppo.gov.uk/wp-content/uploads/2014/06/PPO_Complaint_leaflet_Dec_2013.pdf
The PPO cannot deal with any complaints relating to your immigration status, including any decision to remove you from the United Kingdom, nor does the PPO deal with complaints about healthcare. You can only appeal to the PPO if you are the person with the complaint. Complaints from third parties cannot be accepted”; and
- A copy of the complaints handling feedback form (Annex G) and request for it to be completed and placed in the complaints box.
- Ensure written response is subject to quality assurance by a second, more senior, person.
- For service delivery and minor misconduct complaints, copy response to DS CSU who will arrange for further copying, as appropriate. In respect of healthcare complaints in Scotland and Northern Ireland, only the date of response (and not the response itself) and the outcome (e.g. substantiated or otherwise) should be sent to DS CSU.
- If, exceptionally, the deadline cannot be met, seek DS CSU agreement to issue an interim response explaining the reason for the delay and agree a new realistic target date for a substantive response. Copy interim response to DS CSU.

Professional Standards Unit (PSU)

49. When dealing with allegations of serious misconduct PSU will investigate a complaint by means such as interviewing involved parties and witnesses and securing evidence (e.g. CCTV) where possible. They will also:

- Provide a substantive response within 12 weeks of allocation.
- Send an acknowledgement letter to detainee, requesting any further relevant evidence within 7 days where possible.
- Maintain a log/database of complaints.
- Refer criminal allegations to the police and, if appropriate, obtain a crime number and pass the number to the detainee or legal representative on request.
- Refer allegations concerning serious matters of security or corruption to Central Referral Team (for onward referral to appropriate crime and financial investigation team in Home Office Corporate Security). Such allegations in NOMS- run centres should also be copied to the NOMS Centre Corruption Prevention Manager.
- Consider complaints alleging discrimination or racism to determine whether the complaint should be treated as a serious misconduct matter. Where the complainant’s treatment can be explained by factors other than race or discrimination, return complaint to DS CSU for re-categorisation and re-allocation as a service delivery/minor misconduct matter.

³ PPO

- If the 12 week period elapses before investigation is concluded, provide update to complainant at least once every four weeks.
- Respond to complainant and copy response to DS CSU and the lessons learned co-ordinator at Detainee Escorting and Population Management Unit (DEPMU) who is responsible for monitoring all recommendations made by PSU. DEPMU will copy the response more widely as requested by PSU (this will include the IMB, unless the detainee has indicated that it must not be shared).
- Submit full report to the Head of Detention Operations on conclusion of the investigation setting out whether the complaint has been found to be substantiated, partially substantiated or unsubstantiated.
- If a complaint sent to PSU is considered by PSU to be more appropriate for local investigation it should be returned to DS CSU for reallocation.

Action to be taken in relation to a minor or serious misconduct complaint

50. HOIE Managers (or in the case of escorts, DEPMU monitoring staff) will:

- consider, and where appropriate, suspend detainee custody officers' (DCO) certification pending investigation of a serious misconduct complaint;
- liaise with the supplier centre manager in responding to serious misconduct complaints;
- consider any appeals against suspension of DCOs' certification and make recommendations to the Home Office certification team on revocation or reinstatement of an individual DCO's certification on conclusion of an investigation;
- determine whether (in the case of a substantiated complaint) an officer's certification should be revoked and, if so, to formally make such a recommendation to the head of the Home Office certification team;
- consider – with the certification team – whether the reinstatement letter sent by the team (in the case of a substantiated complaint but where certification is not revoked) should mention the impact of further complaints; for example this might state that while no further action will be taken by Immigration Enforcement, a further substantiated complaint may lead to certification being revoked. Any such letter will make clear that this is without prejudice to any disciplinary action taken by the employer and will be copied to the Home Office certification team;
- consider whether, in the case of three or more substantiated complaints against an individual officer in a year, further action such as additional training is required.
- for NOMS run centres, reinstatement will be considered by the NOMS IRC centre manager.

51. Employers (supplier and Home Office) will:

- give guidance to staff against whom a minor misconduct complaint is substantiated about how to improve the standard of their personal conduct and in cases of repeated misconduct, consider whether disciplinary action is required;
- in cases of a substantiated serious misconduct complaint, determine whether disciplinary action should be taken and whether a penalty should be imposed.

Lessons learned

52. Complaints are an important source of information for improving customer service and business performance. Lessons can be learned from individual cases and from regional, national and business area trends. Learning lessons may prevent repeated complaints about the same issue. It is particularly important that action is taken in relation to substantiated complaints, that local action plans are produced and monitored and ongoing quality assurance is in place with feedback to staff to support improvement.
53. Action points arising out of serious misconduct investigations by PSU and PPO are collated in a dedicated action log and progress towards implementation monitored on behalf of DS CSU by the lessons learned lead for DEPMU. Staff and suppliers with responsibility for answering complaints should ensure that detainees can give feedback (form included as part of the DCF9) and that completed questionnaires are reviewed and acted upon, as appropriate.

Ex-gratia payments

54. The Home Office Complaints Management Guidance (CMG) sets out the procedures to be followed regarding any ex gratia payments made from Home Office funds and those procedures must be followed. CMG requires that DS CSU record financial payments made from HO funds on the CMS.
55. Where an investigation finds evidence that a detainee has suffered actual financial or material loss because of the actions or negligence of a member of supplier staff (e.g. lost or damaged property), the supplier should be expected to make an ex-gratia payment on an extra-statutory basis. The rationale behind any decision whether or not to make a payment, and the amount to be offered must be clearly documented to show the information and factors considered when reaching a decision. Records must be kept of any such payments, including obtaining a receipt signed by the detainee.
56. DS CSU must be advised when an offer of ex-gratia payment for **financial loss** has been made, and, once accepted, paid. A copy of the relevant correspondence should be forwarded to the DS CSU at which point the complaint will be considered to be closed. DS CSU will keep a record of such ex-gratia payments.
57. Consideration should also be given to providing an ex-gratia payment for items which had no monetary value but which held sentimental value for the complainant. Contractors should not offer any ex-gratia payment for **non-financial loss** without first discussing with DS CSU.

Revision History

Review date	Reviewed by	Review outcome	Next review
August 2015	Sal Edmunds	Rebrand of previous DSO 03/2011, new guidance on healthcare complaints.	August 2017
February 2017	Gill Foley	Update to handling procedures for healthcare complaints and terminology updated.	February 2019

ANNEX A: Types of complaints

Complaints are categorised as follows:

Service delivery complaints

Refer to the way in which Immigration Enforcement, the IRS Supplier or Escort Supplier delivers the day-to-day service. Such complaints do not include the unprofessional conduct of staff but will include:

- Delays in delivering a service
- Administrative or process errors (failings in the process, administrative error, poor service or failure to meet service standards)
- Poor communication (failure to keep detainees informed; failure to answer correspondence within given timescales or to return calls etc)
- Lost or damaged property;
- Customer care – the standard of the physical environment, availability of service (loss of access to services, for example IT or other equipment breakdown) or complaint handling

Minor misconduct complaints

Relate to the conduct of staff but are not serious enough to warrant a formal investigation by the Professional Standards Unit. Examples include:

- Isolated incidents of incivility and rudeness.
- Isolated incidents of brusqueness.
- Isolated instances of bad language.
- Poor attitude, e.g. being unhelpful, inattentive or obstructive.
- A refusal to identify oneself when asked.

Serious misconduct complaints

Defined as any unprofessional behaviour which, if substantiated, would demonstrate a fundamental breakdown in trust and could lead to disciplinary proceedings. Such complaints could undermine the reputation of Immigration Enforcement or Ministers. Investigations into these types of allegation are conducted by the Home Office Professional Standards Unit (PSU).

Examples include:

- Repeated instances of minor misconduct offences.
- Offensive personal behaviour including verbal abuse.
- False statements and concealment of errors.
- Failure to carry out proper procedures.
- Failure to comply with legitimate processes and procedures.
- Computer misuse, e.g. unauthorised use of data.

- Criminal Assault including excessive use of force.
- Criminal Sexual Assault.
- Criminal Theft.
- Corrupt practices: Abuse of position for personal gain.
- Racism or other discrimination.
- Discrimination or harassment of any kind, e.g. on the grounds of race, sex or sexuality, disability, bullying or victimisation.
- Fighting or physical assault.
- Theft, fraud or other acts of dishonesty.
- Verbal harassment including swearing or using threatening or intimidating behaviour.
- Sexual misconduct.
- Improper disclosure of information or unauthorised breaches of confidentiality.
- Serious negligence or breach of Health and Safety procedures which causes, or could cause, injury or unacceptable loss or damage to a customer's property
- Incapacity when dealing with customers either through the influence of alcohol or substance abuse;
- Other unprofessional conduct (which includes any behaviour likely to bring Immigration Enforcement into disrepute or which casts doubt on a person's honesty, integrity or suitability to work for Immigration Enforcement).