



Title:	Concerns, Complaints & Compliments Policy & Procedures		
Author:	Clare McVeigh, Service User Feedback Team Manager		
Ownership:	Lynne Charlton, Director of Quality, Safety and Improvement		
Date of SMT Approval:	16.04.2024	Date of SQEP Committee Approval:	25.04.2024
Operational Date:	29.04.2024	Review Date:	29.04.2027
Version No:	V3.2	Supercedes:	V3.0
Key Words:	Concern, Complaint, Compliment, Investigation, Learning, Shared Learning		
Other Relevant Policies and or procedures	<ul style="list-style-type: none"> • DoH Guidance in Relation to the Health and Social Care Complaints Procedure 01 April 2019 • The HSC Complaints Procedure Directions 01 April 2009 • NIPSO Principles of Good Complaint Handling (January 2022) • NIAS Risk Management Policy and Procedure(2022) • NIAS Being Open Policy (2021) • NIAS Learning from Serious Adverse Incidents (SAIs) Procedure(DATE) • NIAS Supporting Staff Involved in Incidents, Complaints, Claims & Coroner’s Inquests Policy (2021) • NIAS Violence Prevention and Reduction Strategy (2021) • NIAS Values (2017) ‘NIAS Values and Behaviours’ 		
Equality Impact Assessment	25.11.2022		
Protective Marking	Not Protectively Marked		

Version Control:			
Date	Version	Author	Comments
29/04/2024	V3.2	C McVeigh	Operational Date of Version 3.2
25/04/2024	V3.2	C McVeigh	V3.2 approved by SQEP Committee
16/04/2024	V3.2	C McVeigh	V3.2 approved by SMT
25/03/2024	V3.2	C McVeigh	Draft shared with TU's & AD's for comment
21/03/2024	V3.2	C McVeigh	Draft agreed by Dir QSI for sharing with TU & AD's for comment
14/02/2024	V3.2	C McVeigh	Further draft shared with Dir/AD QSI
13/11/2023	V3.1	L Charlton	Comments Received
31/03/2023	V3.1	C McVeigh	Further draft shared with Dir/AD QSI
13/12/2022	V3.1	R Finn	Comments received
01/12/2022	V3.1	C McVeigh	Reviewed and shared with line management
27/09/2022		C McVeigh	IAS guidance reviewed by IAS providers & Operational
08/08/2019	V3.0	L Rafferty	Operational Date of Version 3.0
03/06/2019	V0.2	L Rafferty	2 nd draft – circulated to those listed in Consultation section
28/05/2019	V0.1	L Rafferty	Initial draft – circulated to SMT and Complaints Manager

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1.0 INTRODUCTION

The Northern Ireland Ambulance Service Trust (NIAS) recognises the need to have an effective process for managing concerns, complaints and compliments about any aspect of care or treatment provided across the organisation.

A high standard of concerns, complaints and compliments management will ensure that lessons are learned and shared, and improvements made to enhance the patient experience and quality of services provided.

In our patient-centred environment, patients, patient relatives, carers, advocates and other service users are encouraged to express their views about the treatment and services that they receive.

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

In addition to welcoming and valuing complaints and the resultant learning, NIAS values all compliments and places an emphasis on learning from the positive feedback received to further enhance our performance, the patient experience and the quality of services we provide.

1.1 Background

Each Health and Social Care organisation in Northern Ireland has a legal duty, as per the HSC Complaints Directions¹, to operate a complaints procedure which includes monitoring the effectiveness of the procedure and publicising arrangements for dealing with complaints.

Effective service user and public involvement is an important aspect of our governance arrangements, and as such helps us to improve the quality of the services we offer and safeguard high standards of care and treatment. This is why all complaints are encouraged, will be taken seriously and viewed as a positive opportunity for learning and improving services.

We recognise that complaints relating to our services represent only a small proportion of the total number of contacts between our staff and the public and that our staff continually strive to provide the highest possible standard of health and social care. Since our service users see our services from a different perspective, their views can provide a valuable insight for an organisation committed to continuous quality improvement.

This policy and procedures detail NIAS's arrangements for dealing with concerns, complaints and compliments received about any aspect of the services provided by or on behalf of NIAS.

¹ [HSC Complaints Directions 2009](#)

1.2 Purpose

The purpose of this policy, and its supporting procedures, is to ensure that:

- robust complaints, concerns and compliments management and accountability arrangements are in place in accordance with NIAS's governance arrangements and the Department of Health's (DoH) "Guidance in Relation to the Health and Social Care Complaints Procedure"²;
- complaint management processes comply with the Northern Ireland Public Services Ombudsman's "Principles of Good Complaint Handling"³ and the Health & Social Care (HSC) "Complaints Procedure Directions (NI) 2009"⁴;
- complaints are handled in an efficient and effective manner, that is open, accessible, fair, flexible, conciliatory and in accordance with the principles of a 'Just Culture';
- staff are provided with clear guidance on complaint management procedures within NIAS to ensure complaints are managed in a positive manner and that learning takes place;
- staff are provided with a greater awareness of the value NIAS places on acknowledging compliments and the importance of using the positive feedback we receive to further enhance the patient experience and quality of services provided;
- Service users and or their advocates are fully supported through the end to end process for complaints, concerns and compliments.

1.3 Objectives

The objectives of this policy and procedures are to:

- ensure patients, patient relatives, carers, advocates and other service users are encouraged to provide feedback about their experiences of treatment and services – to tell us what is working well, help identify any potential service improvements, and help identify problems and risk – and that individuals will not be treated differently as a result of making a complaint;
- provide ease of access to those wishing to make a complaint;
- ensure the process for dealing with complaints is clear and straightforward;

² [DoH Guidance in Relation to the Health and Social Care Complaints Procedure](#)

³ [Principles of Good Complaint Handling](#)

⁴ [HSC Complaints Procedure Directions \(NI\) 2009](#)

- promote local, prompt resolution with involvement of the person providing feedback at the core of the process, and encourages continuous learning and identification of improvements in the quality and safety of services throughout NIAS;
- ensure staff are aware of their roles and responsibilities in good customer care and complaints handling, in line with NIAS values and including responding positively to concerns or complaints, actively listening, acknowledging, assessing, resolving and investigating concerns or complaints as quickly as possible;
- ensure the person providing feedback to NIAS receive timely responses that are open, honest and proportionate responses to their concerns or complaints where mistakes are acknowledged, explanations are provided for what went wrong and any learning addressed;
- ensure staff and the person providing feedback are treated with the same open and fair approach;
- ensure complaints are used positively to support learning, continuously improve the services we provide and where possible to prevent a recurrence;
- promote a culture of openness, honesty and fairness when investigating all concerns and complaints;
- ensure compliments are appropriately recorded, acknowledged and shared with staff identified and ensure positive feedback is used effectively to learn from good practice and continuously improve the quality of our services.

2.0 SCOPE OF THE POLICY & PROCEDURES

2.1 Who this policy and procedures apply to

This policy and the supporting procedures are applicable to all staff providing services within and on behalf of NIAS. This includes NIAS employees, Independent Ambulance Service (IAS) providers and their employees where they are engaged on behalf of NIAS, agency staff, interns, volunteers and others commissioned to provide services on behalf of NIAS.

This policy and procedures apply specifically to concerns, complaints and compliments about **care or treatment, or about issues relating to the provision of services within and on behalf of NIAS** made by:

- a patient or service user;
- former patients or service users;
- someone acting on behalf of existing or former patient or service user, providing they have obtained the patient's/service user's consent;

- parents (or persons with parental responsibility) on behalf of a child; and
- any appropriate person in respect of a patient or service user unable by reason of physical or mental capacity to make the complaint himself or who has died e.g. the next of kin.

The procedure may be used to investigate a complaint about any aspect of an application to obtain access to health or social care records for deceased patients under the Access to Health Records (NI) Order 1993⁵, as an alternative to making an application to the courts.

2.2 Exceptions

In certain circumstances, concerns and complaints may be raised with NIAS which need to be addressed, but the complaint or aspects of it may not fall within the scope of this policy, for example:

- staff grievances
- an investigation under the disciplinary procedure
- an investigation by one of the professional regulatory bodies
- services commissioned by the SPPG
- requests for information under Freedom of Information or access to records under the General Data Protection Regulation (GDPR)
- independent inquiries and criminal investigations
- the Children Order Representations and Complaints Procedure
- adult safeguarding
- child protection procedures
- Coroners cases
- legal action
- Serious Adverse Incidents (SAI's)
- Whistleblowing⁶
- Off duty incidents

Any complaints received by the SUFT that appear to indicate the need for referral under any of the processes outlined above, will be immediately transferred to the appropriate department.

[Appendix 1](#) provides further detail in this regard.

2.3 Timescales for Raising a Concern or Complaint

A concern or complaint should be made as soon as possible after the action giving rise to it, normally within six months of the event. If the person providing feedback to NIAS was not aware that there was potential cause for complaint, the complaint should normally be made within six months of their becoming aware of the cause for complaint, or within twelve months of the date of the event, whichever is the earlier.

⁵ [Access to Health Records \(NI\) Order 1993](#) applies only to records created since 30 May 1994.

⁶ [HSCNI Whistle Blowing Policy](#)

There is discretion for the SUFT to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier and where it is still possible to investigate the facts of the case. This discretion should be used with sensitivity and impartiality. The person providing feedback should be advised in their acknowledgement letter of the 12 month time limit, adding that all efforts will be made to investigate however, with the passage of time the investigation and response will be based largely on a review of records.

In any case where the SUFT has decided not to investigate a complaint on the grounds that it was not made within the time limit, the person providing feedback can request the Ombudsman to consider it. The person providing feedback should be advised of the options available to pursue this further.

The SUFT must consider the content of complaints that fall outside the time limit in order to identify any potential risk to public or patient safety and, where appropriate, the need to investigate the complaint if it is in the public's interest to do so or refer to the relevant regulatory body.

2.4 Being open

In line with NIAS's policy on Being Open and the NIAS values, all complaints and concerns are investigated and responded to in an open, honest, and transparent way.

Separate contact will not be initiated under the Being Open Policy for any incidents which are also complaints as open communication with the service user and/or their representative will be handled via this policy.

3.0 ROLES & RESPONSIBILITIES

3.1 All Staff

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

Sections 3.2 to 3.9 below describe the key requirements of the Chief Executive, Trust Board, designated Director, SUFT and all staff in respect of NIAS's complaint management and accountability arrangements.

3.2 Chief Executive

As Accountable Officer, the Chief Executive has overall accountability for ensuring compliance with statutory and legal requirements and with relevant complaints guidance.

3.3 Trust Board

Trust Board has a monitoring and assurance role to ensure compliance with NIAS's statutory obligations as described in the relevant complaints legislation.

The Board will:

- i. ensure that the organisation arrangements contained within the policy and supporting procedure are implemented;
- ii. monitor and review the overall reporting performance and receive regular reports;
- iii. ensure complaints management is integrated within NIAS's Performance and Assurance Framework.

The Chief Executive will:

- i. ensure NIAS has clear accountability structures in place for the effective and efficient management of concerns, complaints & compliments;
- ii. ensure complaints handling is included within NIAS's performance management framework and corporate objectives;
- iii. ensure that complaints are integrated into NIAS's clinical and organisational governance and risk management arrangements;
- iv. ensure a framework is in place whereby learning from complaints and compliments is incorporated into NIAS's clinical and organisational governance arrangements and that lessons from complaints and compliments are taken on board, shared and followed up appropriately in order to improve services and performance;
- v. designate a Director to ensure compliance with the relevant Complaints Directions and to ensure that action is taken in light of the outcome of any investigation;
- vi. ensure the appointment of a SUFT Manager with the appropriate authority, standing and support to co-ordinate the local complaints arrangements and manage the process.

3.4 Designated Director with Responsibility for Complaints

The Director of Quality, Safety and Improvement (or their deputy) is the lead Director on behalf of Trust Board and Senior Management Team for the management of complaints and responsiveness locally and will:

- i. take responsibility for the local complaints procedure, ensuring compliance with the regulations and suitable organisational arrangements for the management of complaints;
- ii. develop and maintain systems to ensure effective monitoring and dissemination of learning from complaints and compliments across the organisation via the Learning Outcomes Review Group and onward reporting to the Safety, Quality, Patient Experience & Performance Committee;
- iii. put systems in place to ensure robust and accurate reporting of complaints to external agencies as required e.g. Department of Health (DoH), Regulation, Quality and Improvement Authority (RQIA) and the Strategic Planning and Performance Group (SPPG).
- iv. ensure that action is taken in light of the outcome of any upheld or partially upheld investigation;
- v. Ensure that the assurance and governance process in place in relation to complaints are sufficient and robust and align with the NIAS corporate assurance strategy
- vi. ensure that there is the necessary co-operation in the handling and consideration of complaints between:
 - HSC organisations;
 - Regulatory authorities e.g. professional bodies, DoH, Medicines Regulatory Group (MRG);
 - NIPSO; and
 - The RQIA.

This general duty to co-operate includes answering questions, providing information and attending any meeting reasonably requested by those investigating the complaint.

3.5 Directors

Directors are responsible for ensuring that the standards and processes referred to in this policy are followed within their respective Directorates, thus ensuring that:

- Those bringing forward complaints, concerns or compliments receive good customer service in relation to their issue(s)
- That those bringing forward complaints, concerns or compliments have confidence in the process and are assured that their complaint, concern and/or compliment has been heard, will be actioned where required and that where appropriate that learning has ensued
- NIAS does not suffer reputational damage due to maladministration of complaints

- Learning from complaints, concerns and compliments is shared and used to inform improvement across the organisation and specifically in applicable services for which they are accountable or responsible for
- Actions arising from complaints, concerns and compliments raised are carried out, are closed and are evidenced as being completed using agreed processes to ensure that the learning and continuous improvement loops are closed
- They will also take account of relevant complaints when reviewing the local Risk Register and ensure that this is linked appropriately to the Corporate Risk Register.

Directors will be required to ensure that the NIAS Weekly Rapid Review Group (RRG) and Quarterly Learning Outcomes Review Group (LORG) are attended on behalf of their Directorate, as required and in line with terms of reference for these groups. Attendees must have sufficient authority to represent the Directorate and will be responsible for contribution to the decision making of the RRG, for sharing learning from the LORG and for taking forward actions arising from these groups.

3.6 Assistant Directors

Assistant Directors will be responsible for supporting their Director and Directorate in relation to all elements of the complaints, concerns and compliments process to ensure that all Directorate responsibilities are undertaken effectively and are fully completed.

Where appropriate, they will also ensure action plans arising out of investigations (including Ombudsman's recommendations) are agreed, progressed, monitored and evaluated. They will be required to deputise for their Director as required in relation to their Directors roles and responsibilities in their absence.

3.7 Area Managers (or equivalent)

Area Managers (or equivalent) are responsible for:

- ensuring that all complaints investigations are undertaken efficiently and effectively within their areas of responsibility;
- ensuring investigation reports and action plans are reviewed and agreed; and,
- ensuring that agreed action plans arising out of investigations are completed and any recommendations implemented across appropriate teams/departments are evidenced and uploaded onto Datix.

3.8 Station Officers (or Department Head/Service Lead)

Station Officers (or Department Head/Service Lead) are responsible for:

- ensuring all complaint investigations are completed within the required timeframe stipulated by the SUFT upon allocation;
- providing support to staff during an investigation;
- engaging with the person who provided feedback throughout the course of the investigation
- ensuring Early Resolution complaints are actioned efficiently, including any learning identified; and,
- ensuring staff named in the complaint are made aware of the resolution or formal response.

3.9 All staff

- Must participate fully in the investigation of any complaint, concern or compliment in line with this policy, NIAS values, NIAS Being Open Policy and with respect for the principles of a Just and Learning Culture;
- Must contribute to the response to complaints, concerns and compliments on request and as per the required timelines for the process, if unable to adhere to required timescales they must escalate this to their manager or the SUFT to ensure that delays are not experienced;
- All compliments received by a member of staff must be forwarded to the SUFT by email (compliments@nias.hscni.net), along with any acknowledgement made, in order for it to be processed accordingly and recorded on the Datix system. This is an important part of the process for the NIAS as it helps us to fully understand the experience of those using our services and can help us to recognise areas of excellence. This in turn can then be shared throughout our organisation to encourage continuous improvement.

3.10 Service User Feedback Team (SUFT)

The role of the SUFT, under the leadership of their Manager, is to co-ordinate the local complaints arrangements and manage the process. The SUFT is required to:

- i. be accessible to both the public and members of staff;
- ii. deal with complaints referred by staff;
- iii. be easily identifiable to service users;
- iv. be available to people providing feedback who do not wish to raise their concerns with those directly involved in their care;

- v. provide advice and support to vulnerable adults;
- vi. consider all complaints received and identify and appropriately refer those falling outside the remit of the complaints procedure;
- vii. provide support to staff to respond to complaints;
- viii. be aware of and advise on the role of the Medical Defence Organisations (MDOs⁷) to assist staff requiring professional indemnity⁸;
- ix. have access to all relevant records (including personal medical records);
- x. take account of all evidence available relating to the complaint e.g. witness to a particular event;
- xi. identify training needs associated with the complaints procedure and ensure those needs are met;
- xii. ensure all issues are addressed in the investigation and subsequent draft response;
- xiii. Ensure Datix records are maintained;
- xiv. assist the Director in the examination of trends, monitoring the effectiveness of local arrangements and the action taken (or proposed) in terms of service improvement;
- xv. assist the Director in ensuring compliance with standards, identifying lessons and dissemination of learning in line with the organisation's governance arrangements.
- xvi. ensure that responses are provided to people who have provided feedback via the most appropriate method to suit their needs. This could include in writing, verbally, through an independent intermediary or via a local resolution meeting.
- xvii. Participate in the weekly RRG and quarterly LORG meetings
- xviii. Support with the compilation and delivery of reports and presentations for Trust groups/ Committees, for example Senior Management Team (SMT) and the Safety Quality and Patient Experience Committee (SQEP).
- xix. Participate in external groups and fora such as the National Ambulance Patient Experience Group (NASPEG), Regional HSC Complaints Forum and

⁷ There are 3 MDOs, the Medical Defence Union (MDU), Medical and Dental Defence Union of Scotland (MDDUS), and Medical Protection Society (MPS).

⁸ Since 16 July 2014 and the introduction of the Health Care and Associated Professions (Indemnity Arrangements) Order 2014, all registered healthcare professionals are legally required to have adequate and appropriate insurance or indemnity to cover the different aspects of their practice in the UK.

Department of Health's Complaints Policy Liaison Group (CPLG) to ensure best practice in relation to the management of complaints, concerns and compliments within NIAS.

The SUFT will ensure that the person who provided feedback, is involved in the process from the outset and seek to determine what they are hoping to achieve from the process. The person who provided feedback will be given the opportunity to understand all possible options available in seeking a resolution to their concern or complaint. Throughout the process, the SUFT will monitor the progress of the investigation, seek updates from the investigator, and ensure the person who provided the feedback has been kept informed.

4.0 PROCESS

4.1 Accessibility of process

Service users, their families or advocates are able to provide their feedback in a variety of ways and will be advised of the types available. This includes by telephone, email, in writing to our postal address, or via the 'Contact Us' section of our external website. NIAS has a contract for real-time translation services where callers can give their feedback in another language, including British Sign Language (BSL) and Irish Sign Language (ISL). A mini com service is also available for those people of the Deaf Community who wish to provide their feedback by text. In addition support, can be provided to help with articulating feedback for NIAS through the SUFT and the Patient and Client Council (PCC). NIAS will ensure it promotes and encourages open and flexible access to this Procedure in an effort to address barriers to access.

Information about how to give feedback is widely publicised via posters in our vehicles and on NIAS external public and internal websites. This information is available in clear, plain English and using a layout and format which is accessible to all. Large print, audio, Braille and other language versions are also available upon request.

Responses to feedback will be responded to in the format received and/or language received. Requests for additional formats of the response may also be requested if reasonable and essential.

NIAS has ensured it is operating within the accessibility standards as set by the Department of Health.

4.2 Advocacy

Service users and/or their family members who raise concerns about NIAS will be advised from the start of the process of the Patient and Client Council (PCC) who can provide independent confidential support and advice during the process of raising their concerns. This information, including the contact details of the PCC, is routinely included in the acknowledgement letter. This advocacy service is

particularly useful for those people providing feedback who are unsure of how to present their issues of concern and would like assistance from an independent party.

4.3 Compliments

A compliment is the expression of satisfaction made by a patient, their family, or a member of the public regarding the care or treatment, or provision of services within and on behalf of NIAS.

Compliments can be received in person to a member of staff, or by any means detailed above (Section 4.1).

All compliments received by a member of staff must be forwarded to the SUFT by email (compliments@nias.hscni.net), along with any acknowledgement made, in order for it to be processed accordingly and recorded on the Datix system. This is an important part of the process for the NIAS as it helps us to fully understand the experience of those using our services and can help us to recognise areas of excellence. This in turn can then be shared throughout our organisation to encourage continuous improvement.

For each compliment received, the SUFT will make every effort to identify the staff members to whom the compliment relates. A compliments handling process map at [Appendix 12](#) outlines the action taken on receipt of a compliment.

4.4 Enquiries

On occasion, the SUFT will be contacted from service users, their families or a representative with an enquiry rather than a concern or complaint. These enquiries can be varied in nature and often include requests for advice and information about services provided by NIAS, assistance to locate lost property, queries regarding community defibrillators, or an issue that falls outside the scope of this policy as per section 2.2.

There is no set process for handling such enquiries. The SUFT may be able to handle the enquiry themselves or may need to pass the enquiry to another service area to respond to.

When an enquiry is received, the SUFT will make a record on the Datix system and the actions taken to try to resolve the query, along with all communications to keep the person who made contact updated.

4.5 Assessment of Complaint

Each concern or complaint will be assessed and graded individually, as either Low, Medium, High or Extreme Risk, in accordance with the HSC Regional Risk Matrix (see [Appendix 2](#)) as set out in NIAS's Risk Management Policy and Procedure in order to carry out a robust and proportionate level of investigation.

4.6 Concerns and Complaints

Concerns and complaints are expressions of dissatisfaction made by a patient, a family member or advocate, or a member of public regarding care or treatment, or about issues relating to the provision of services within and on behalf of NIAS.

Concerns and complaints may be received by various means of communication, as detailed in section 4.1.

Depending on the type of concern raised and desired outcome of the person providing feedback, the complaint will be managed as a Formal or Informal Complaint. Only once the complaints process has been explained, along with the options for how their concerns is progressed will it be possible to determine what the person providing feedback's desired outcome is.

Where a person providing feedback specifically states that they wish to have their concerns managed as a formal complaint from the outset, or where the concerns raised are significant and are likely to present a moderate to high risk for NIAS, this must be managed in accordance with the process outlined in [Appendices 5](#) and [7](#).

For all other concerns and complaints, where the person providing feedback has expressed their desire for their concern to be dealt with informally, and the concerns raised are low risk in keeping with the Risk Matrix, these must be managed in accordance with the procedure detailed in [Appendices 5](#) and [7](#).

All correspondence, contacts with the person who provided feedback and staff, and all evidence relating to the investigation should be uploaded onto the associated complaint record on Datix system.

4.7 Consent

Complaints by a third party should be made with the written consent of the individual concerned. There will be situations where it is not possible to obtain consent, such as when the:

- individual is a child and not of sufficient age or understanding to make a complaint on their own behalf;
- individual is incapable (for example, rendered unconscious due to an accident; judgement impaired as a result of a learning disability, mental illness, brain injury or serious communication problems); and
- subject of the complaint is deceased.

A delay in the provision of consent, may result in a delay in the resolution of the complaint.

Where a person is unable to act for him/herself, his/her consent shall not be required.

The Service User Feedback Manager, in discussion with the Director of Quality, Safety and Improvement, will determine whether the third party person providing feedback has sufficient interest to act as a representative. The question of whether a person providing feedback is suitable to make representation depends in particular, on the need to respect the confidentiality of the patient or client. If it is determined that a person is not suitable to act as a representative, the Director of Quality, Safety and Improvement will provide them with information in writing outlining the reasons the decision has been taken. More information on consent can be found in the Northern Ireland Department of Health's (DoH) good practice in consent guidance⁹.

Third party persons providing feedback, who wish to pursue their own concerns, can bring these to NIAS without compromising the identity of the patient/client. NIAS will consider the matter then investigate and address the issue and any concerns identified fully. A response will be provided to the third party on any issues which may be addressed without breaching patient/client confidentiality.

NIAS will investigate and take necessary action, regardless of consent, where a patient/client safety issue is raised.

4.8 Confidentiality

All NIAS staff have a legal and ethical duty to protect the confidentiality of the service user's information. The legal requirements are set out in the General Data Protection Regulations (GDPR)¹⁰ which controls how personal information is used by organisations, businesses or the government. Additional requirements are detailed in the Human Rights Act 1998¹¹ which requires public authorities to act in a way which is compatible with the list in the European Convention on Human Rights (the Convention). The Common Law Duty of Confidentiality must also be observed. Ethical guidance is provided by the respective professional bodies. A service user's consent is required if their personal information is to be disclosed as part of a complaint response. More detailed information can be found in the DoH guidance entitled Code of Practice on Protecting the Confidentiality of Service User Information¹² published January 2012.

It is not necessary to obtain the service user's express consent for the use of their personal information to investigate a complaint. Even so, it is good practice to explain to the service user that information from his/her health and/or social care records may need to be disclosed to other NIAS staff, but only where there is a demonstrable need to know and for the purposes of investigating. If the service user objects to this, it should be explained to him/her that non-disclosure could compromise the investigation and his/her hopes of a satisfactory outcome to the complaint. The service user's wishes should always be respected, unless there is an overriding public interest in continuing with the matter.

⁹ <https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care>

¹⁰ [General Data Protection Regulation \(GDPR\)](#)

¹¹ [Human Rights Act 1998](#)

¹² [DoH Code of Practice](#)

4.9 Third Party Confidence

The duty of confidence applies equally to third parties who have given information or who are referred to in the service user's records. Particular care must be taken where the service user's records contain information provided in confidence, by, or about, a third party who is not a health or social care professional. Only information which is relevant to the complaint should be considered for disclosure, and then only to those within NIAS who have a demonstrable 'need to know' in connection with the complaint investigation.

Third party information must not be disclosed to the service user unless the person who provided the information has expressly consented to the disclosure.

Disclosure of information provided by a third party outside NIAS also requires express consent. If the third party objects, then information they provided can only be disclosed where there is an overriding public interest in doing so.

4.10 Anonymous Feedback

Anonymous feedback (verbal or written) may be received by NIAS. Whilst it may not be possible to fully investigate the concern(s) raised, where sufficient information is supplied suggesting that there is some validity, it is important that, where appropriate, these matters are investigated, lessons are learned and appropriate action taken to reduce the risk of recurrence. Although no written reply can be made the findings and any remedial action taken as necessary must be recorded on the Datix system.

4.11 Unreasonable or Abusive Behaviour

It is recognised that people may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to a complaint. NIAS does not view behaviour as unacceptable just because a person providing feedback is forceful or determined. However, we do consider actions that result in unreasonable demands on NIAS or unreasonable behaviour towards our staff to be unacceptable.

Guidance on dealing with unacceptable actions by a person providing feedback is outlined in [Appendix 4](#). The guidance should only be used as a last resort after all reasonable measures have been taken to resolve the complaint.

4.12 Concerns or Complaints Raised by MPs and MLAs

Where a complaint or concern is raised by an MP or MLA and relates to services provided to an individual, the MP's or MLA's statement that they are acting for their constituent will satisfy the requirement for consent of the service user to whom the concern or complaint relates. Where this is not the case, consent will be sought as outlined in section 2.4 above. This is in line with the Information Commissioner's Office guidance 'Data Protection Technical Guidance Note Disclosures to Members of Parliament carrying out constituency casework'.

Where a complaint or concern is raised by a Local Council Member, explicit consent must be obtained from the service user (even if the service user is the person who has approached the Councillor) before any personal sensitive information may be provided in the response.

Where the matter raised is not a concern or complaint about a service provided to a specific individual, the correspondence will not be progressed in line with the Policy and will be handled by NIAS's Corporate Administration Manager.

All responses to MPs and MLAs will be approved and signed by the Chief Executive.

4.13 Concerns and Complaints regarding Independent Ambulance Services

Concerns and complaints received about services provided on behalf of NIAS by an Independent Ambulance Service (IAS), with whom we contract services, may be received by the IAS or by NIAS. The general principle in the first instance would be that the IAS investigates and responds directly to the person providing feedback in line with the requirements set out in this policy and procedures. IAS's are required to notify NIAS of any complaints received without delay and in any event within 72 hours.

Where complaints are raised directly with NIAS, NIAS must establish the nature of the complaint and consider how best to proceed. NIAS may simply refer the complaint to the IAS for investigation, resolution and response or it may decide to investigate the complaint itself where it raises serious concerns or where NIAS deems it in the public interest to do so. This may also be considered preferable should NIAS premises and/or staff have been involved.

The process for IAS complaint investigations is outlined in [Appendix 11](#).

In all cases, the SUFT will advise the person providing feedback which organisation is leading the investigation into their complaint.

In complaints investigated by the IAS:

- A written response will be provided by the IAS to the person providing feedback and copied to NIAS;
- Where there is a delay in responding within the target timescales the person providing feedback will be informed by the IAS and where possible provided with a revised date for conclusion of the investigation; and
- The letter of response must advise the person providing feedback that they may progress their complaint to NIAS for further consideration if they remain dissatisfied. NIAS will then determine whether the complaint warrants further investigation and, if so, will confirm who should be responsible for conducting it. NIAS will work closely with the IAS to enable appropriate decisions to be made.

The person providing feedback must also be informed of their right to refer their complaint to the Ombudsman if they remain dissatisfied with the outcome of the complaints procedure.

It is possible that referrals to the Ombudsman, where complaints are dealt with directly by the IAS without NIAS participation in local resolution, will be referred to NIAS by the Ombudsman for action.

4.14 Concerns and Complaints regarding multiple HSC organisations

Where a complaint relates to the actions of more than one HSC organisation the SUFT should notify any other organisations involved. The consent of the person who provided the feedback must be obtained before sharing the details of the complaint across HSC organisations. In cases of this nature there is a need for co-operation and partnership between the relevant organisations in agreeing how best to approach the investigation and resolution of the complaint. It is possible that the various aspects of the complaint can be divided easily with each organisation able to respond to its own area of responsibility. The person providing feedback must be kept informed and provided with advice about how each aspect of their complaint will be dealt with and by whom.

4.15 Withdrawals

A person who has raised a concern or a complaint may choose to withdraw their concern or complaint at any point in the investigation up to receiving a response. NIAS will continue to investigate and take necessary action where a trend has been identified by the SUFT or a patient/client safety issue has been raised to ensure any lessons learned are addressed. A clear record will be made of the person providing feedback's wish to withdraw the complaint, along with evidence to support this, and no response will be made to the person providing feedback.

4.16 Requests to Meet Staff

Occasionally service users or their family members ask if they can meet with a member of staff who has been involved in delivering the service to them. This is usually with a view to personally pass on their gratitude for the service they delivered to the service user or find out what happened in the final stages of a loved one's life. This can also be for the purpose of helping the patient or their family emotionally.

When such requests are received, the SUFT will review these on a case by case basis, taking into account confidentiality. Such requests will be passed to the relevant service managers to progress at their discretion.

Where it is agreed that the meeting will go ahead, this will be arranged during staff shift time with the expectation that staff will be stood down to enable this, or if the staff member agrees for the meeting to be held on a rest day, time in lieu will be provided.

A record of this request will be recorded as an Enquiry on the Datix system.

4.17 Serious Adverse Incidents

There may be occasion where a high / extreme risk concern or complaint raised is assessed by the Rapid Review Group as requiring to be reviewed under Serious Adverse Incident (SAI) processes. When this occurs, the Chief Executive (or designated senior person), will advise the person providing feedback that an SAI investigation is under way. If there remains any aspect of the complaint not falling within the scope of the SAI review, the person who provided the feedback will be advised that this element(s) of their complaint will continue to be investigated via NIAS's Complaints Procedure.

The overall consideration must be to ensure that when the SAI process is completed, the person providing feedback is not left feeling that their complaint has only been partially dealt with.

5.0 HANDLING COMPLAINTS

5.1 Training

NIAS will ensure that all staff are trained and empowered to deal with complaints as they occur, appropriate to their needs. The training programme will include information about the needs of service users, including mental health, disability and equality awareness training.

Complaints awareness training is part of the mandatory induction programme for all new NIAS employees. Staff will be required to undertake this training every three years as a refresher.

5.2 Timescales for handling a concern or complaint

The SUFT will make initial contact with the person providing feedback, and acknowledge receipt of it in writing, within 2 working days of receipt.

Every effort should be made to ensure complaints are responded to within 20 working days from receipt of complaint. When this is not achieved, the complaints escalation process is outlined in [Appendix 9](#).

Some complaints will take longer than others to resolve because of differences in complexity, seriousness and the scale of the investigative work required. Others may be delayed as a result of circumstance, for example, the unavailability of a member of staff. Delays may also be as a result of the personal circumstances of the person providing feedback at a particular time e.g. a period of mental illness, an allegation of physical injury or because a complaint is being investigated under another procedure.

Whatever the reason, as soon as it becomes clear that it will not be possible to respond within the target timescales, the person providing feedback will be updated on the delay and provided with an explanation and anticipated timescales for the resolution to their complaint. While the emphasis is on a complete response and not the speed of response, NIAS should, nevertheless, monitor complaints that exceed the target timescales to prevent misuse of the arrangements. Further updates on the delay will be provided every 20 working days on the progress of their complaint by the most appropriate means.

Should the person who provided feedback wish to seek clarity in relation to a formal written response received or express continued dissatisfaction this must be received by NIAS within 1 month of the formal response being issued.

All contact with the person providing feedback must be recorded on the Datix system.

5.3 Actions on Receipt of a Complaint

A member of the SUFT will discuss individual cases with the person who provided feedback at an early stage and an important aspect of the discussion will be to better understand their concern(s) and desired outcome and the time it may take to complete the investigation, especially if it is likely to exceed the **20 working day target** for any reason. Early provision of information and an explanation of what to expect should be provided to the person providing feedback at the outset to avoid disappointment and subsequent letters of complaint. The involvement of the person providing feedback throughout the consideration of their complaint will provide for a more flexible approach to the resolution of the complaint.

Each complaint must be taken on its own merit and responded to accordingly. It may be appropriate for the entire process of local resolution to be conducted informally. Overall, arrangements should ensure that complaints are dealt with quickly and effectively in an open and non-defensive way.

All complaints should be registered and discussed with the SUFT manager in order to identify those that can be resolved immediately through the Early Resolution process (see [Appendix 8](#)), those that can be resolved informally once further enquiries are made, those that require formal investigation, or those that should be investigated and managed outside of NIAS's complaints procedure by other means.

5.4 Acknowledgement of Complaint

The SUFT will ensure the complaint is acknowledged in writing within **2 working days of receipt** and will advise that the concerns will be responded to within 20 working days.

The acknowledgement letter will be conciliatory, and indicate that their concerns will be responded to within **20 working days**.

The acknowledgement letter will:

- confirm the issues of concern raised;
- offer opportunities to discuss issues with the SUFT; and
- provide information about the availability of independent support and advice.

The SUFT will ensure the person providing feedback is provided with further information about the complaints process, and information about the disclosure of patient information in the form of a Complaints Information Leaflet.

A copy of the complaint and its acknowledgement will be attached to the Datix record.

5.5 Assessment of the Complaint

Not all complaints need to be investigated to the same degree or at the same level. The SUFT will assess the grading of each complaint in accordance with the Regional HSC Risk Matrix as set out in NIAS's Risk Management Policy and Procedure. Complaints graded High Risk or above will be reviewed at the weekly Rapid Review Group meeting to determine whether the incident will require to be notified, and reviewed, as a Serious Adverse Incident (SAI). Those complaints that are determined to require SAI review will be closed within the complaints process once the person who provided the feedback has been informed.

During the assessment of every complaint, consideration will be given as to whether there is a safeguarding element. We have a statutory duty to work with partners where there is a safeguarding allegation against staff. Or where staff are a risk to patients. [Appendix 6](#) provides guidance to help decide whether a referral needs to be made to the Safeguarding Lead.

5.6 Investigation

NIAS will investigate the complaint thoroughly, but proportionate to the nature of the issues raised, and aim to complete the investigation as efficiently and effectively as possible to ensure that the complaint response is provided within the agreed timescales.

The purpose of investigation is not only 'resolution' but also to:

- ascertain what happened or what was perceived to have happened;
- establish the facts;
- learn lessons;
- detect misconduct or poor practice; and
- improve services and performance.

NIAS will ensure that investigations are conducted in a manner that is supportive to all those involved, without bias and in an impartial and objective manner. The investigation must uphold the principles of fairness and consistency.

Complaints must be approached with an open mind, without prejudices and being fair to all parties. The person providing feedback and those identified as the subject of the complaint should be advised of the process and what will and will not be

investigated, those who will be involved, the roles they will play and the anticipated timescales. Everyone involved should be kept informed of progress throughout.

An overview of the complaints investigation process is attached at [Appendix 5](#); a flowchart detailing the key steps required when handling a complaint is attached at [Appendix 7](#); and an overview of the process to follow when considering a complaint suitable for Early Resolution is attached at [Appendix 8](#).

5.7 Complaints Requiring a Formal Response

A response must be sent to the person who provided the feedback within **20 working days of receipt** of the complaint or, where that is not possible, they must be advised of the delay.

Where appropriate, NIAS must consider alternative methods of responding to complaints whether through an immediate response from front-line staff, a meeting, or direct action by the Chief Executive (or their deputy). It may be appropriate to conduct a meeting in complex cases, in cases where there is serious harm/death of a patient, in cases involving those whose first language is not English, or, for example in cases where the person who provided the feedback has a learning disability or mental illness.

Where a meeting is scheduled it is more likely to be successful if the person who provided the feedback knows what to expect and can offer some suggestions towards resolution. They have a right to choose from whom they seek support and should be encouraged to bring a relative or friend to meetings. Where meetings do take place they should be minuted and that record shared (if requested) with the person who provided the feedback.

[Appendix 10](#) provides practical advice regarding meeting a person providing feedback.

Where complaints have been raised electronically NIAS may reply electronically whilst ensuring we adhere to IT policies and procedures and maintain appropriate levels of confidentiality according to NIAS policies and procedures.

The Chief Executive may delegate responsibility for responding to a complaint, where, in the interests of a prompt reply, a designated senior person may undertake the task. In such circumstances, the arrangements for clinical and organisational governance must ensure that the Chief Executive maintains an overview of the issues raised in complaints, the responses given and be assured that appropriate organisational learning has taken place. NIAS should ensure that the person providing feedback and anyone who is a subject of the complaint understand the findings of the investigation and the recommendations made.

The response should be clear, accurate, balanced, simple and easy to understand. It should avoid technical terms, but where these must be used to describe a situation, event or condition, an explanation of the term should be provided. The letter should:

- address the concerns expressed by the person providing feedback and show that each element has been fully and fairly investigated;

- include an apology where things have gone wrong;
- report the action taken or proposed to prevent recurrence;
- advise of the availability of the Patient and Client Council to provide them with free and independent advocacy services.

5.8 Concluding (closing) the Complaint

While the formal response letter will offer an opportunity to discuss any matters that require further clarification, this will not delay the closure of the complaint. On submission of the formal response to the person providing feedback, the complaint will be formally closed on Datix. Should a person providing feedback be dissatisfied with their response, NIAS will offer every opportunity to exhaust the complaints procedure to address their outstanding concerns.

Once the complaints procedure has been exhausted, and if the person providing feedback remains dissatisfied with the outcome of the investigation, there is a statutory duty on NIAS to signpost to the Ombudsman as per section 5.9 below.

This completes NIAS's Concerns, Complaints and Compliments Procedure in accordance with the HSC Guidance in relation to the Health and Social Care Complaints Procedure and HSC Complaint Procedure Directions 1 April 2019.

5.9 Northern Ireland Public Services Ombudsman

The Northern Ireland Public Service Ombudsman (NIPSO) can carry out independent investigations into complaints about poor treatment or service or the administrative actions of HSC organisations. The SUFT provide information on the role of the NIPSO as part of the information leaflet included when a complaint is acknowledged.

Further signposting to the role of NIPSO takes place when the complaints procedure has been exhausted, and a person providing feedback remains dissatisfied. The SUFT will ensure: the role of NIPSO; the timeframe for making a complaint to NIPSO; and, NIPSO's contact details are further shared with the person providing feedback in writing.

6.0 MONITORING, REPORTING, REVIEW & INFORMATION GOVERNANCE

6.1 Monitoring and Learning

NIAS has a legal duty to operate a complaints procedure and is required to monitor how we deal with and respond to complaints. This includes the regular reporting on complaints in line with governance arrangements and monitoring the effectiveness of the procedure locally.

NIAS must:

- regularly review this policy and supporting procedures to ensure they are effective;
- monitor the nature and volume of complaints;
- seek feedback from service users and staff to improve services and performance; and
- ensure lessons are learnt from complaints and use these to improve services and performance.

Complaints are viewed as a significant source of learning and are an integral aspect of our patient/client safety and quality of service ethos. Complaints will help NIAS to continue to improve the quality of our services and safeguard high standards of care and treatment. NIAS must manage complaints effectively, ensuring that appropriate action is taken to address the issues highlighted by complaints and making sure that lessons are learned, to minimise the chance of mistakes recurring and to improve the safety and quality of services.

NIAS has designated groups in place with operational responsibility for the oversight and monitoring of the complaints process within NIAS Assurance Framework, including the Rapid Review Group, the Learning Outcomes Review Group and the Safety Quality Patient Experience & Performance Committee, a standing Committee of NIAS Trust Board.

The Rapid Review Group meets weekly to monitor and assess Serious Adverse Incidents (SAIs), high risk complaints, staff trends and Ombudsman's complaints. This is to ensure that the Learning from Serious Adverse Incidents Procedure, and the Concerns, Complaints and Compliments Policy are robustly adhered to, and to maximize the potential for identifying and sharing learning as quickly as possible for disseminating across the organisation, and where appropriate the region.

Any identified areas of non-compliance or gaps in assurance arising from the monitoring of this procedure will result in recommendations and proposals for change to address areas of non-compliance and/or to embed learning.

6.2 Recording and Reporting

All complaints and compliments will be recorded on the Datix system, which will be used to generate reports.

The SUFT has responsibility for ensuring the Datix system is fully utilised to make best use of its functionality and enhance the management of complaints and compliments.

Weekly Reports will be generated for the, Director of Quality, Safety and Improvement, Rapid Review Group and Senior Management Team.

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

Quarterly Reports will be generated for the Safety, Quality, Patient Experience & Performance Committee and the Learning Outcomes Review Group.

Quarterly Statistical Returns will be made to the DoH in accordance with the requirements of the HSC Complaints Procedure.

An Annual Concerns, Complaints and Compliments Report will be generated and reported through NIAS Assurance Framework structures and published on NIAS website as required by statutory regulation. The report, which details the number of complaints received, the categories to which the complaints relate, the response times and the learning from complaints will be made available to the PCC and the DoH.

6.3 Review

This policy and its supporting procedures will be reviewed every three years. Feedback from stakeholders will be taken into consideration, along with a review of systems/processes and ongoing analysis of the actual management of complaints via the assurance structure. Audit findings will be taken into consideration and any new legislation, best practice or guidance will also be taken into account.

6.4 Information Governance

The Concerns, Complaints and Compliments Policy and Procedures will be managed in accordance with NIAS policy and procedure regarding Information Governance.

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

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

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

7.0 EVIDENCE BASE / REFERENCES

- [DoH Guidance in Relation to the Health and Social Care Complaints Procedure April 2022](#)
- [The HSC Complaints Procedure Directions 01 April 2009](#)
- [NIPSO Principles of Good Complaint Handling](#)

- NIAS Risk Management Policy and Procedure
- NIAS Learning Outcomes Review Group Terms of Reference
- NIAS Rapid Review Group Terms of Reference
- NIAS Being Open Policy
- NIAS Supporting Staff Involved in Incidents, Complaints, Claims & Coroner's Inquests Policy
- NIAS Learning from Serious Adverse Incidents (SAIs) Procedure

8.0 CONSULTATION PROCESS

The following individuals and groups of staff were consulted with during the development of this policy:

- Risk Manager
- Corporate & Administration Manager
- Information Governance Manager
- Human Resources Manager
- Area Managers
- Station Officers
- Operational Staff
- Assistant Directors
- Trade Union Representatives
- Senior Management Team
- Safety, Quality, Patient Experience & Performance Committee
- NIAS Trust Board

The final content of the document was agreed by the Safety, Quality, Experience and Performance Committee.

9.0 EQUALITY & RURAL IMPACT STATEMENTS

Equality Statement

In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, has been carried out.

The outcome of the screening exercise for this policy is:

- | | |
|---------------------|-------------------------------------|
| Major impact | <input type="checkbox"/> |
| Minor impact | <input type="checkbox"/> |
| No impact. | <input checked="" type="checkbox"/> |

Rural Impact Statement

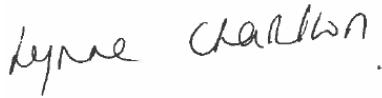
In line with our duties under Section 1 of the Rural Needs Act (NI) 2016, a Rural Needs Impact Assessment has been undertaken and determined that this policy does not impact people in rural areas.

10.0 SIGNATORIES



DATE: 29/04/2024

Clare McVeigh – Lead Author



DATE: 29/04/2024

Lynne Charlton – Director, Quality, Safety and Improvement

11.0 Appendices

Appendix 1 - What NIAS's Complaints Procedure does not cover

This policy has been developed in accordance with the requirements of the DoH Guidance in Relation to the Health and Social Care Complaints Procedure April 2022.

Complaints may be raised within NIAS which need to be addressed, but the complaint or aspects of it may not fall within the scope of NIAS's Complaints Procedure. When this occurs, NIAS will ensure that there are other processes in place which can be referred to in order to deal with these concerns. For example:

- staff grievances
- an investigation under the disciplinary procedure
- an investigation by one of the professional regulatory bodies
- services commissioned by the HSC Board
- requests for information under Freedom of Information or access to records under the General Data Protection Regulation (GDPR)
- independent inquiries and criminal investigations
- the Children Order Representations and Complaints Procedure
- adult safeguarding
- child protection procedures
- Coroners cases
- legal action
- Serious Adverse Incidents (SAIs)
- whistleblowing¹³
- off-duty staff incident

Complaints received by the SUFT that appear to indicate the need for referral under any of the processes listed above will be immediately transferred to the appropriate department. Where a complaint is referred to any of these other processes it will be the responsibility of the SUFT to ensure that information is given to person providing feedbacks on the reason for the referral; how the new process operates; their expectations for involvement in the process; anticipated timescales and the named officer/organisation the person providing feedback can contact for ongoing communication. If any aspect of the complaint is not covered by the referral it will continue to be investigated under this policy and procedures. In these circumstances, investigation will only be taken forward if it does not, or will not, compromise or prejudice the matter being investigated under any other process.

Staff Grievances - NIAS has separate procedures for handling staff grievances.

¹³ [HSCNI Whistle Blowing Policy](#)

Disciplinary Procedure – disciplinary matters are not covered under NIAS’s Complaints Procedure. Its purpose is to focus on resolving complaints and learning lessons for improving NIAS services. It is not for investigating disciplinary matters, though these can be investigated through NIAS’s internal employment processes and may be referred to a Professional Regulatory Body. The purpose of NIAS’s Complaints Procedure is not to apportion blame, but to investigate complaints with the aim of satisfying person providing feedbacks whilst being fair to staff.

Where a decision is made to embark upon a disciplinary investigation, action under NIAS’s Complaints Procedure on any matter which is the subject of that investigation must cease. Where there are aspects of the complaint not covered by the disciplinary investigation, they may continue to be dealt with under the NIAS’s Complaints Procedure.

The Chief Executive (or designated senior person¹⁴) must advise the person providing feedback in writing that an investigation is being dealt with under appropriate NIAS staff procedures. They also need to be informed that they may be asked to take part in the process and that any aspect of the complaint not covered by the investigation will continue to be investigated under NIAS’s Complaints Procedure.

In drafting these letters, the overall consideration must be to ensure that when investigation is required the person providing feedback is not left feeling that their complaint has only been partially dealt with.

Investigation by a Professional Regulatory Body – a similar approach to that outlined above should be adopted in a case referred to a professional regulatory body. The Chief Executive (or designated senior person) must inform the person providing feedback in writing of the referral. This should include an indication that any information obtained during the complaints investigation may need to be passed to the regulatory body. The letter should also explain how any other aspect of the complaint not covered by the referral to the regulatory body will be investigated under NIAS’s Complaints Procedure.

Services Commissioned by the SPPG – complaints about the SPPG’s commissioning decisions regarding purchasing of services may be made by, on or on behalf of any individual personally affected by a commissioning decision taken by the SPPG. NIAS’s Complaints Procedure may not deal with complaints about the merits of a decision where the SPPG has acted properly and within its legal responsibilities. Where general concerns about commissioning issues are raised with the SPPG a full explanation of the SPPG’s policy should be provided. These issues should not, however, be dealt with under NIAS’s Complaints Procedure.

Requests for Information/Access to Records – although use and disclosure of service user information may be necessary in the course of handling a complaint, the person providing feedback, or indeed any other person, may at any time make a request for information which may, or may not, be related to the complaint. Such requests should be dealt with separately under NIAS’s procedures for dealing with

¹⁴ A designated Senior Person should be a Director.

requests for information under the Freedom of Information Act 2000¹⁵ and requests for access to health or social care records under the General Data Protection Regulation (GDPR)¹⁶.

Independent Inquiries and Criminal Investigations – where an independent inquiry into a serious incident or a criminal investigation is initiated, the Chief Executive (or designated senior person) should immediately advise the person providing feedback of this in writing. As NIAS’s Complaints Procedure cannot deal with matters subject to any such investigation, consideration of those parts of the original complaint must cease until the other investigation is concluded.

When the independent inquiry or criminal investigation has concluded, consideration of that part of the original complaint on which action was suspended may recommence if there are outstanding matters remaining to be considered under NIAS’s Complaints Procedure.

Children Order Representations and Complaints Procedure – arrangements for complaints raised under the Children Order Representations and Complaints Procedure are outlined in [Appendix 14 of the guidance](#)¹⁷.

Adult Safeguarding – where it is apparent that a complaint relates to abuse, exploitation or neglect of an adult at risk of harm then the regional ‘Adult Safeguarding Operational Procedures’¹⁸ and the associated ‘Protocol for Joint Investigation of Adult Safeguarding Cases’¹⁹ should be activated by contacting the Adult Protection Gateway Service at the relevant HSC Trust²⁰. NIAS’s Complaints Procedure should be suspended pending the outcome of the adult safeguarding investigation and the person providing feedback advised accordingly. However, if there are aspects of the complaint that do not cause the aforementioned Operational Procedures and associated Protocol to be activated, then these should continue to be investigated under NIAS’s Complaints Procedure. However, only those aspects of the complaint not falling within the scope of the safeguarding investigation will continue via NIAS’s Complaints Procedure.

Child Protection Procedures – any complaint about individual agencies should be investigated through that agency’s complaints procedure. Appeals which relate to decisions about placing a child’s name on the Child Protection Register should be dealt with through the Child Protection Registration Appeals Process. The Safeguarding Board for Northern Ireland (SBNI) Child Protection procedures manual outlines the criteria for appeal under that procedure. These include when the:

- ACPC procedures in respect of the case conference were not followed;
- information presented at the case conference was inaccurate; incomplete or inadequately considered in the decision making process;
- threshold for registration/deregistration was not met;

¹⁵ [Freedom of Information Act 2000](#)

¹⁶ [General Data Protection Regulation \(GDPR\)](#)

¹⁷ [DoH Guidance in relation to the Health and Social Care Complaint's Procedure](#)

¹⁸ [Adult Safeguarding Operational Procedures](#)

¹⁹ [Protocol for Joint Investigation of Adult Safeguarding Cases](#)

²⁰ [Who to contact if you suspect abuse, exploitation or neglect](#)

- category for registration was not correct.

Coroners Cases – with the agreement of the Coroner’s Office, where there are aspects of the complaint not covered by the Coroner’s investigation they will continue to be dealt with under NIAS’s Complaints Procedure. Once the Coroner’s investigation has concluded, any issues that are outstanding in relation to the matters considered by the Coroner may then be dealt with under NIAS’s Complaints Procedure.

Legal Action – even if a person providing feedback’s initial communication is through a solicitor’s letter it should not be inferred that the person providing feedback has decided to take formal legal action.

If the person providing feedback has either instigated formal legal action or advised that he or she intends to do so the complaints process should cease. The Chief Executive (or designated senior person) should advise the person providing feedback and any person/member of staff named in the complaint of this decision in writing. However, those aspects of the complaint not falling within the scope of the legal investigation will continue via the NIAS’s Complaints Procedure.

It is not the intention of the NIAS’s Complaints Procedure to deny someone the opportunity to pursue a complaint if the person subsequently decides not to take legal action. If he/she then wishes to continue with their complaint via the NIAS’s Complaints Procedure and requests this, the investigation of their complaint should commence or resume. However, any matter that has been through the legal process to completion cannot also be investigated under the NIAS’s Complaints Procedure.

Serious Adverse Incidents (SAI) – complaints may indicate the need for a SAI review. When this occurs, the Chief Executive (or designated senior person), must advise the person providing feedback and any person/staff member named in the complaint in writing that an SAI review is under way. They must also indicate to all concerned that the NIAS Complaints Procedure may continue during the SAI review. However, only those aspects of the complaint not falling within the scope of the SAI review will continue via the NIAS Complaints Procedure.

The overall consideration must be to ensure that when the SAI process is finalised, the person providing feedback is not left feeling that their complaint has only been partially dealt with.

Appendix 2 – HSC Regional Risk Matrix

HSC Regional Impact Table – with effect from April 2013 (updated June 2016)

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
PEOPLE <i>(Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)</i>	<ul style="list-style-type: none"> Near miss, no injury or harm. 	<ul style="list-style-type: none"> Short-term injury/minor harm requiring first aid/medical treatment. Any patient safety incident that required extra observation or minor treatment e.g. first aid Non-permanent harm lasting less than one month Admission to hospital for observation or extended stay (1-4 days duration) Emotional distress (recovery expected within days or weeks). 	<ul style="list-style-type: none"> Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). Admission/readmission to hospital or extended length of hospital stay/care provision (5-14 days). Any patient safety incident that resulted in a moderate increase in treatment e.g. surgery required 	<ul style="list-style-type: none"> Long-term permanent harm/disability (physical/emotional injuries/trauma). Increase in length of hospital stay/care provision by >14 days. 	<ul style="list-style-type: none"> Permanent harm/disability (physical/emotional trauma) to more than one person. Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES <i>(Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)</i>	<ul style="list-style-type: none"> Minor non-compliance with internal standards, professional standards, policy or protocol. Audit / Inspection – small number of recommendations which focus on minor quality improvements issues. 	<ul style="list-style-type: none"> Single failure to meet internal professional standard or follow protocol. Audit/Inspection – recommendations can be addressed by low level management action. 	<ul style="list-style-type: none"> Repeated failure to meet internal professional standards or follow protocols. Audit / Inspection – challenging recommendations that can be addressed by action plan. 	<ul style="list-style-type: none"> Repeated failure to meet regional/ national standards. Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. Audit / Inspection – Critical Report. 	<ul style="list-style-type: none"> Gross failure to meet external/national standards. Gross failure to meet professional standards or statutory functions/ responsibilities. Audit / Inspection – Severely Critical Report.
REPUTATION <i>(Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)</i>	<ul style="list-style-type: none"> Local public/political concern. Local press < 1day coverage. Informal contact / Potential intervention by Enforcing Authority (e.g. HSENI/NIFRS). 	<ul style="list-style-type: none"> Local public/political concern. Extended local press < 7 day coverage with minor effect on public confidence. Advisory letter from enforcing authority/increased inspection by regulatory authority. 	<ul style="list-style-type: none"> Regional public/political concern. Regional/National press < 3 days coverage. Significant effect on public confidence. Improvement notice/failure to comply notice. 	<ul style="list-style-type: none"> MLA concern (Questions in Assembly). Regional / National Media interest >3 days < 7days. Public confidence in the organisation undermined. Criminal Prosecution. Prohibition Notice. Executive Officer dismissed. External Investigation or Independent Review (eg. Ombudsman). Major Public Enquiry. 	<ul style="list-style-type: none"> Full Public Enquiry/Critical PAC Hearing. Regional and National adverse media publicity > 7 days. Criminal prosecution – Corporate Manslaughter Act. Executive Officer fined or imprisoned. Judicial Review/Public Enquiry.
FINANCE, INFORMATION & ASSETS <i>(Protect assets of the organisation and avoid loss)</i>	<ul style="list-style-type: none"> Commissioning costs (£) <1m. Loss of assets due to damage to premises/property. Loss – £1K to £10K. Minor loss of non-personal information. 	<ul style="list-style-type: none"> Commissioning costs (£) 1m – 2m. Loss of assets due to minor damage to premises/ property. Loss – £10K to £100K. Loss of information. Impact to service immediately containable, medium financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 2m – 5m. Loss of assets due to moderate damage to premises/property. Loss – £100K to £250K. Loss of or unauthorised access to sensitive / business critical information Impact on service contained with assistance, high financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 5m – 10m. Loss of assets due to major damage to premises/property. Loss – £250K to £2m. Loss of or corruption of sensitive / business critical information. Loss of ability to provide services, major financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) > 10m. Loss of assets due to severe organisation wide damage to property/premises. Loss – > £2m. Permanent loss of or corruption of sensitive/business critical information. Collapse of service, huge financial loss
RESOURCES <i>(Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)</i>	<ul style="list-style-type: none"> Loss/ interruption < 8 hour resulting in insignificant damage or loss/impact on service. No impact on public health social care. Insignificant unmet need. Minimal disruption to routine activities of staff and organisation. 	<ul style="list-style-type: none"> Loss/interruption or access to systems denied 8 – 24 hours resulting in minor damage or loss/ impact on service. Short term impact on public health social care. Minor unmet need. Minor impact on staff, service delivery and organisation, rapidly absorbed. 	<ul style="list-style-type: none"> Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. Moderate impact on public health and social care. Minor unmet need. Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. Access to systems denied and incident expected to last more than 1 day. 	<ul style="list-style-type: none"> Loss/ interruption 8-31 days resulting in major damage or loss/impact on service. Major impact on public health and social care. Major unmet need. Major impact on staff, service delivery and organisation - absorbed with some formal intervention with other organisations. 	<ul style="list-style-type: none"> Loss/ interruption >31 days resulting in catastrophic damage or loss/impact on service. Catastrophic impact on public health and social care. Catastrophic unmet need. Catastrophic impact on staff, service delivery and organisation - absorbed with significant formal intervention with other organisations.
ENVIRONMENTAL <i>(Air, Land, Water, Waste management)</i>	<ul style="list-style-type: none"> Nuisance release. 	<ul style="list-style-type: none"> On site release contained by organisation. 	<ul style="list-style-type: none"> Moderate on site release contained by organisation. Moderate off site release contained by organisation. 	<ul style="list-style-type: none"> Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc). 	<ul style="list-style-type: none"> Toxic release affecting off-site with detrimental effect requiring outside assistance.

HSC Regional Risk Matrix – April 2013 (updated June 2016)

HSC REGIONAL RISK MATRIX – WITH EFFECT FROM APRIL 2013 (updated June 2016)

Risk Likelihood Scoring Table			
Likelihood Scoring Descriptors	Score	Frequency (How often might it/does it happen?)	Time framed Descriptions of Frequency
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

Impact (Consequence) Levels					
Likelihood Scoring Descriptors	Insignificant(1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	Medium	Medium	High	Extreme	Extreme
Likely (4)	Low	Medium	Medium	High	Extreme
Possible (3)	Low	Low	Medium	High	Extreme
Unlikely (2)	Low	Low	Medium	High	High
Rare (1)	Low	Low	Medium	High	High

Appendix 3 – Advocacy and Conciliation

Some people who might wish to complain do not do so because they do not know how to, doubt they will be taken seriously, or simply find the prospect too intimidating. Advocacy services are an important way of enabling people to make informed choices. Advocacy helps people gain access to information they need, to understand the options available to them, and to make their wishes and views known. Advocacy also provides a preventative service that reduces the likelihood of complaints escalating. Advocacy is not new. People act as advocates every day for their children, for their elderly or disabled relatives and for their friends.

Within the HSC sector, advocacy has been available mainly for vulnerable groups, such as people with mental health problems, learning disabilities and older people (including those with dementia). However, people who are normally confident and articulate can feel less able to cope because of illness, anxiety and lack of knowledge and be intimidated by professional attitudes.

NIAS encourages the use of advocacy services and ensure person providing feedbacks are supported from the outset and made aware of the role of advocacy in complaints, including those services provided by the Patient Client Council. Advocacy in complaints must be seen to be independent to retain confidence in the complaints process.

Conciliation is a process of examining and reviewing a complaint with the help of an independent person. A conciliator will assist all concerned to a better understanding of how the complaint has arisen and will aim to prevent the complaint being taken further. He/she will work to ensure that good communication takes place between both parties involved to enable them to resolve the complaint. It may not be appropriate in the majority of cases but it may be helpful in situations:

- where staff or practitioners feel the relationship with the person providing feedback is difficult;
- when trust has broken down between the person providing feedback and NIAS and both parties feel it would assist in the resolution of the complaint;
- where it is important, e.g. because of ongoing care issues, to maintain the relationship between the person providing feedback and NIAS;
- where there are misunderstandings with relatives or carers during the treatment of the patient.

All discussions and information provided during the process of conciliation are confidential. This allows staff to be open about the events leading to the complaint so that both parties can hear and understand each other's point of view and ask questions.

Where a person providing feedback is considered unreasonable or abusive under the *Unacceptable Action Protocol* ([Appendix 4](#) refers) then conciliation would NOT be an appropriate option.

Conciliation is a voluntary process available to both the person providing feedback and those named in the complaint. Either may request conciliation but both must

agree to the process being used. In deciding whether conciliation should be offered, consideration must be given to the nature and complexity of the complaint and what attempts have already been made to achieve local resolution. The decision to progress to conciliation must be made with the agreement of both parties.

Conciliation may be requested by the person providing feedback or NIAS.

Using conciliation does not affect the right of a person providing feedback to pursue their complaint further through NIAS if they are not satisfied. Neither does it preclude the person providing feedback from referring their complaint to the Ombudsman should they remain dissatisfied.

NIAS is responsible for formally appointing an appropriate conciliation service and other arrangements, including remuneration.

PATIENT AND CLIENT COUNCIL

The Patient and Client Council (PCC) is an independent no-departmental body established on 1 April 2009 to replace the Health and Social Services Councils. Its functions include:

- representing the interests of the public
- promoting involvement of the public
- providing assistance to individuals making or intending to make a complaint
- promoting the provision of advice and information to the public about the design, commissioning and delivery of health and social care services

If a person feels unable to deal with a complaint alone, the staff of the PCC can offer a wide range of assistance and support. This assistance may take the form of:

- Information on the Complaints Procedure and advice on how to take a complaint forward
- Discussing the complaint and drafting letters
- Making telephone calls
- Helping prepare for a meeting and accompanying the person providing feedback
- Preparing a complaint to the Ombudsman
- Referral to other agencies, for example, specialist advocacy services
- Help on accessing medical / social services records

All advice, information and assistance with complaints are provided free of charge and are confidential. Further information can be obtained from:

Patient and Client Council
The Patient Client Council Headquarters
1st Floor, Lesley House

25-27 Wellington Place

Belfast

BT1 6GQ

Tel: Freephone (0800) 917 0222

Email: complaints.pcc@hscni.net

Website: www.patientclientcouncil.hscni.net

REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

The RQIA is an independent non-departmental public body. The RQIA is charged with overall responsibility for regulating, inspecting and monitoring the standard and quality of health and social care services provided by independent and statutory bodies in Northern Ireland.

The RQIA has a duty to assess and report on how the HSC and the regulated sector handle complaints in light of the standards and regulations laid down by the DoH. The RQIA will assess the effectiveness of local procedures and will use information from complaints to identify wider issues for the purposes of raising standards.

The RQIA has a duty to encourage improvement in the delivery of services and to keep the DoH informed on matters concerning the provision, availability and quality of services.

The RQIA may be contacted at:

9th Floor, Riverside Tower

Lanyon Place

Belfast

BT1 3BT

Tel: (028) 90 517500

Fax: (028) 90 517501

Email: info@rqia.org.uk

Website: www.rqia.org.uk

INDEPENDENT EXPERTS

The use of an Independent Expert in the resolution of a complaint may be requested by the person providing feedback or by NIAS. In deciding whether independent advice should be offered, consideration must be given, in collaboration with the person providing feedback, to the nature and complexity of the complaint and any attempts at resolution. Input will not be required in every complaint but it may be considered beneficial where the complaint:

- cannot be resolved locally;
- indicates a risk to public or patient safety;
- could give rise to a serious breakdown in relationships, threaten public confidence in services or damage reputation; and
- to give an independent perspective on clinical issues.

Agreement and consent

NIAS must contact the person providing feedback and discuss the rationale for involving an Independent Expert and provide an opportunity to allow the person

providing feedback to agree to such an approach and consent to share information. Once agreement is received, NIAS will make the necessary arrangements. NIAS may decide to involve an Independent Expert in a complaint without the person providing feedback's consent, outside the complaints procedure, for the purposes of obtaining assurances regarding our treatment and care practice.

Where it has been agreed that an Independent Expert will be involved NIAS should clearly define the remit of the appointment for the purposes of:

- explaining and agreeing the issue(s) to be reviewed;
- ensuring all parties understand the focus of the issue(s);
- agreeing timescales;
- agreeing to the provision of a final report; and
- explaining what happens when this process is complete.

The Independent Expert's findings/report will be forwarded to NIAS. A full report of the findings should be made available to the person providing feedback.

The letter of response to the person providing feedback is the responsibility of NIAS.

NIAS is responsible for communicating with, ascertaining the availability of and formally appointing an appropriate Independent Expert. In addition, it is responsible for all other arrangements, including remuneration and indemnity.

Independent Experts must be impartial, objective and independent of any parties to the complaint. Independent Expert should be recruited from another Local Commissioning Group to ensure this impartiality (and in certain circumstance may be recruited from outside Northern Ireland). The SPPG will monitor the effectiveness and usage of Independent Expert arrangements within NIAS.

LAY PERSONS

Lay persons may be beneficial in providing an independent perspective of non-clinical/technical issues within the local resolution process. Lay persons are NOT intended to act as advocates, conciliators or investigators. Neither do they act on behalf of the provider or the person providing feedback. The lay persons involvement is to help bring about a resolution to the complaint and to provide assurances that the action taken was reasonable and proportionate to the issues raised. For example, the lay person could accompany the Investigation Officer during the investigation process where the person providing feedback is considered unreasonable ([Appendix 4](#) refers).

Input from a lay person may be valuable to test key issues that are part of the complaint, such as:

- communication issues;
- quality of written documents;
- attitudes and relationships; and
- access arrangements (appointment systems).

It is essential that both the provider and the person providing feedback have agreed to the involvement of a lay person.

Lay persons should be appropriately trained in relation to NIAS's Concerns, Complaints and Compliment Procedures and have the necessary independence and communication skills.

Agreement and consent

NIAS must contact the person providing feedback and discuss the rationale for involving a lay person and provide an opportunity to allow the person providing feedback to agree to such an approach and consent to share information. Once received, NIAS will make the necessary arrangements.

Where it has been agreed that a lay person will be involved NIAS should clearly define the remit of the appointment for the purposes of:

- explaining the issue(s) to be resolved;
- ensuring all parties understand the focus of the issue(s);
- ensuring all parties understand what lay person involvement means;
- agreeing the timescales;
- agreeing to the provision of a final report; and
- explaining what happens when this process is complete.

The lay person's findings/report will be forwarded to NIAS. The full report will be made available to the person providing feedback.

The letter of response to the person providing feedback is the responsibility of NIAS.

Appointment of lay persons

NIAS is responsible for communicating with, ascertaining the availability of and formally appointing an appropriate lay person. In addition it is responsible for all other arrangements including training, performance management and remuneration.

The SPPG will monitor the effectiveness and usage of lay person arrangements within NIAS.

THE NI PUBLIC SERVICES OMBUDSMAN

The Ombudsman²¹ can carry out independent investigations into complaints about poor treatment or service or the administrative actions of HSC organisations. If someone has suffered because they have received poor service or treatment or were not treated properly or fairly, and the organisation or practitioner has not put things right where they could have, the Ombudsman may be able to help. The Ombudsman powers have also been extended to include the power to investigate complaints about social care decisions.

All listed authorities within the Ombudsman's jurisdiction have a statutory obligation to signpost person providing feedbacks to the Ombudsman's office where the listed authority's complaints handling procedure is exhausted.

²¹ With effect from 1 April 2016 the statutory office of "NI Commissioner for Complaints" was abolished and the new statutory office of "Northern Ireland Public Services Ombudsman" was created as a result of the Public Services Ombudsman Act (Northern Ireland) 2016 coming into operation

Section 25 of the Public Services Ombudsman Act (Northern Ireland) 2016 states:

- (1) This section applies where a listed authority's complaints handling procedure is exhausted.
- (2) The authority must, within 2 weeks of the day on which the complaint handling procedure is exhausted give the person aggrieved a written notice stating -
 - a) That the complaints handling procedure is exhausted, and
 - b) That the person aggrieved may, if dissatisfied, refer the complaint to the Ombudsman.
- (3) A notice under subsection (2) must –
 - a) Inform the person aggrieved of the time limit for referring the complaint to the Ombudsman; and
 - b) Provide details of how to contact the Ombudsman.

The Ombudsman's contact details are:

Northern Ireland Public Services Ombudsman
Progressive House
33 Wellington Place
Belfast
BT1 6HN
Freepost: FREEPOST NIPSO
Telephone: (028) 9023 3821
Freephone: (0800) 34 24 24
Email: nipso@nipso.org.uk

Additional information on the jurisdiction and powers under the Public Services Ombudsman Act (NI) 2016 can be accessed at: www.nipso.org.uk.

Appendix 4 – Unreasonable or Abusive Person providing feedback

NIAS staff must be trained to respond with patience and empathy to the needs of people who make a complaint, but there will be times when there is nothing further that can reasonably be done to assist them. Where this is the case and further communications would place inappropriate demands on NIAS staff and resources, consideration may need to be given to determining that the behaviour of the person providing feedback is unreasonable, abusive or vexatious.

In determining arrangements for handling such behaviour, staff need to:

- ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed;
- appreciate that where the person providing feedback has made multiple/frequent complaints that they may yet have concerns that require consideration under the process
- ensure a fair approach; and
- be able to identify the stage at which a person providing feedback has become habitual/vexatious

The following *Unacceptable Actions Protocol*²² should only be used as a last resort after all reasonable measures have been taken to resolve the complaint.

Unacceptable Actions Protocol

People may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to a complaint. NIAS do not view behaviour as unacceptable just because a person providing feedback is forceful or determined. In fact, it is accepted that being persistent can be a positive advantage when pursuing a complaint. However, we do consider actions that result in unreasonable demands on the organisation or unreasonable behaviour towards NIAS staff to be unacceptable. It is these actions that NIAS aim to manage under this protocol.

Aggressive or abusive behaviour

NIAS understand that many people who are providing feedback can be angry about the issues they have raised in their complaint. If that anger escalates into aggression towards NIAS staff, this will be considered unacceptable. Any violence or abuse towards staff will not be accepted.

Violence is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language (whether verbal or written) that may cause staff to feel afraid, threatened or abused. Examples of behaviours grouped under this heading include threats physical violence, personal verbal abuse, derogatory remarks and rudeness. NIAS will judge each situation individually and will appreciate individuals may be upset. Language which is designed to insult or degrade, is racist, sexist or homophobic or which makes serious allegations that individuals have committed criminal, corrupt or perverse conduct without any

²² Unacceptable Actions Protocol based on best practice guidelines issued by the Scottish Public Services Ombudsman – updated 18 January 2017

evidence is unacceptable. NIAS may decide that comments aimed at third parties are unacceptable because of the effect that listening or reading them may have on staff. NIAS also considers that inflammatory statements and unsubstantiated allegations can be abusive behaviour.

NIAS expect its staff to be treated courteously and with respect. Violence or abuse towards staff is unacceptable and staff should refer to the NIAS Reduction of Violence and Aggression policy to clarify the NIAS position in relation to attacks on the workforce. Staff understand the difference between aggression and anger. The anger felt by many people who provide feedback involves the subject matter of their complaint. However it is not acceptable when anger escalates into aggression directed towards NIAS staff.

Unreasonable demands

NIAS consider these demands become unacceptable when they start to (or when complying with the demand would) impact substantially on the work of the organisation.

Examples of action grouped under this heading include:

- repeatedly demanding responses within an unreasonable timescale;
- insisting on seeing or speaking to a particular member of staff when that is not possible; and
- Repeatedly changing the substance of a complaint or raising unrelated concerns.

An example of such impact would be that the demand takes up an excessive amount of staff time and in so doing disadvantages other people providing feedback.

Unreasonable levels of contact

Sometimes the volume and duration of contact made to the NIAS by an individual causes problems. This can occur over a short period, for example a number of calls in one day or one hour. It may occur over the life-span of the complaint when a person providing feedback repeatedly makes long telephone calls to NIAS or inundates us with copies of information that has been sent already or that is irrelevant to the complaint.

The NIAS considers that the level of contact has become unacceptable when the amount of time spent talking to a person providing feedback on the telephone, or dealing with emails or written correspondence impacts on its ability to deal with that complaint or with other people's complaints.

Unreasonable use of the complaints process

Individuals with complaints have the right to pursue their concerns through a range of means. They also have a right to complain more than once if subsequent incidents occur.

However, this contact becomes unreasonable when the effect of the repeated complaints is to harass or to prevent the organisation from pursuing a legitimate aim or implementing a legitimate decision. The NIAS considers access to a complaints system to be important and it will only be in exceptional circumstances that it would

consider such repeated use unacceptable, however it reserves the right to do so in those exceptional circumstances.

Unreasonable refusal to co-operate

When NIAS is looking at a complaint it will need to ask the individual who has complained to work with them. This can include agreeing with us the specifics of the complaint to be looked; providing NIAS with further information evidence or comments on request; or the individual summarising the concerns or completing a form for NIAS.

Sometimes, an individual repeatedly refuses to co-operate and this will make it difficult for NIAS to proceed with the investigation. NIAS will always seek to assist someone if they have a specific, genuine difficulty complying with a request. However, NIAS will consider it unreasonable to bring a complaint to it and then not respond to reasonable requests.

Examples of how NIAS manage aggressive or abusive behaviour

The threat or use of physical violence verbal abuse or harassment towards NIAS staff is likely to result in a termination of all direct contact with the person providing feedback. All incidents of verbal and physical abuse will be reported to the police.

NIAS will not accept any correspondence (letter, fax or electronic) that is abusive to staff or contains allegations that lack substantive evidence. NIAS will tell the person providing feedback that it considers their language offensive, unnecessary and unhelpful and ask them to stop using such language. It will state that it will not respond to their correspondence if the action or behaviour continues.

NIAS staff will end telephone calls if they consider the caller aggressive abusive or offensive. The staff member taking the call has the right to make this decision tell the caller that their behaviour is unacceptable and end the call if the behaviour persists. In extreme situation NIAS will tell the person in writing that their name is on a "no personal contact" list. This means that it will limit contact with them to either written communication or through a third party.

Examples of how NIAS deal with other categories of unreasonable behaviour

NIAS has to take action when unreasonable behaviour impairs the functioning of its office. It aims to do this in a way that allows a person providing feedback to progress through its process. It will try to ensure that any action it takes is the minimum required to solve the problem, taking into account relevant personal circumstances including the seriousness of the complaint and the needs of the individual.

When a person providing feedback repeatedly phones, visits the organisation, raises issues repeatedly, or sends large numbers of documents where their relevance is not clear, NIAS may decide to:

- limit contact to telephone calls from the person at set times on set days;
- restrict contact to a nominated member of staff who will deal with the future calls or correspondence from the person;
- see the person by appointment only;
- restrict contact from the person to writing only;

- return any documents to the person or in extreme cases, advise the person that further irrelevant documents will be destroyed; and
- take any other action that NIAS considers appropriate.

Where NIAS considers correspondence on a wide range of issues to be excessive, it may tell the person providing feedback that only a certain number of issues will be considered in a given period and ask them to limit or focus their requests accordingly.

In exceptional cases, NIAS will reserve the right to refuse to consider a complaint or future complaints from an individual. It will take into account the impact on the individual and also whether there would be a broader public interest in considering the complaint further.

NIAS will always tell the person providing feedback what action it is taking and why.

The process NIAS follows to make decisions about unreasonable behaviour

NIAS staff who directly experience aggressive or abusive behaviour from a person providing feedback have the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation in line with this policy. With the exception of such immediate decisions taken at the time of an incident, decisions to restrict contact with the organisation are only taken after careful consideration of the situation by a more senior member of staff. Wherever possible, NIAS will give the person providing feedback the opportunity to change their behaviour or action before a decision is taken.

How NIAS lets people know it has made this decision

When a NIAS member of staff makes an immediate decision in response to aggressive or abusive behaviour, the individual will be advised at the time of the incident. When a decision has been made by senior management, the individual will always be told in writing why a decision has been made to restrict future contact, the restricted contact arrangements and, if relevant, the length of time that these restrictions will be in place. This ensures that the individual has a record of the decision.

The process for appealing a decision to restrict contact

It is important that a decision can be reconsidered. An individual can appeal a decision to restrict contact. If they do this, NIAS will only consider arguments that relate to the restriction and not to either the complaint made to the organisation or its decision to close a complaint. An appeal could include, for example, an individual saying that: their actions were wrongly identified as unacceptable, the restrictions were disproportionate; or that they will adversely impact on the individual because of personal circumstances.

A senior member of staff who was not involved in the original decision will consider the appeal. They have discretion to quash or vary the restriction as they think best. They will make their decision based on the evidence available to them. They must advise the person providing feedback in writing that either the restricted contact arrangements still apply or a different course of action has been agreed.

How NIAS record and review a decision to restrict contact

NIAS records all incidents of unacceptable actions by person providing feedbacks. Where it is decided to restrict an individual's contact, an entry noting this is made in the relevant computer records. A decision to restrict an individual's contact as described above, may be reconsidered if the individual demonstrates a more acceptable approach. A member of the Senior Management Team reviews the status of all complaints with restricted contact arrangements on a regular basis.

Appendix 5 – Overview of the Investigation Process

The SUFT will manage each complaint investigation in accordance with Complaints Investigation training, related policies and procedures and defined timescales as per the below.

1. **Initial Action** - On receipt of a new concern or complaint being received, the SUFT Manager or Senior Complaints Officer will review and assess the nature of the complaint and contact the person who provided feedback. The purpose of the call is to:
 - a. Fully understand the nature of the concern(s) being raised.
 - b. Understand their desired outcome.
 - c. Explain the process and timescales for completion.
 - d. Discuss consent; and
 - e. Advise of the support the PCC can provide throughout the process.

An acknowledgement letter detailing the concerns raised will be issued by the SUFT to the person providing feedback within **2 working days** of the complaint being received.

2. **Risk Grading & Type** - Based on the initial assessment of the information received, the SUFT risk grade the complaint and determine whether the complaint will be managed as an Informal or Formal Complaint.
3. **Safeguarding Assessment** – The SUFT will consider whether any element of the complaint requires referral to the Safeguarding Lead as per [Appendix 6](#).
4. **High Risk Complaints** – Any complaint graded potential or actual high risk and above will be presented at the next Rapid Review Group meeting to determine whether the incident and concerns raised meet SAI criteria and consider whether any learning identified needs immediately addressed. Any complaint meeting SAI criteria will be handled as per section 5.15.
5. **Informal Complaints** – to be resolved to within 20 working days - Where the person providing feedback agrees to manage their concern through the Early Complaints Resolution process, [Appendix 8](#) details the procedures to follow.

Where the nature of the complaint and desired outcome have been assessed as suitable for being managed through the informal complaints process, the steps that will be taken are outlined in the investigation flowchart at [Appendix 7](#).

6. **Formal Complaints** – to be responded to within 20 working days - Where a person providing feedback specifically states that they wish to have their concerns managed as a formal complaint from the outset, or where the concerns raised are significant and are likely to present a moderate to high risk for NIAS, this must be managed in accordance with the process outlined in the investigation flowchart at [Appendix 7](#).

If deemed appropriate, independent experts or lay people may be appointed to undertake or assist with a formal investigation with the consent of the person providing feedback.

- 7. Investigation Approach** – The SUFT will allocate an Investigating Officer (IO) within 2 working days of the complaint being opened. The IO will ensure the investigation is thorough, robust, impartial, and proportionate and supported by evidence. The IO will establish the facts, why it happened and what can be done to prevent a recurrence. An investigation will not be adversarial and will uphold the principles of fairness and consistency.
- 8. Patient Safety Concerns** - Any issues or concerns that may arise during the investigation regarding patient safety will be brought to the attention of the relevant Area Manager (or equivalent) for action at the earliest opportunity.
- 9. Staff Trend Review** – A staff trend review will be undertaken for each complaint. On the occasion where a staff trend has been identified, their line managers (e.g., Station Officer and Area Manager or Department Head/Service Lead) along with the Assistant Director of the relevant directorate and Rapid Review Group will be informed. It is then for their line manager(s) to consider the appropriate next steps.
- 10. Arriving at Conclusions** – Having gathered the relevant information, the IO will record, either in an investigation report or on Datix, their findings and proposed conclusions, which must logically follow from the information gathered in relation to the concerns raised. When arriving at conclusions, the IO's will consider whether what happened was in accordance with policy and procedure.

The IO must ensure their findings are shared with the SUFT **within 10 working days** of being allocated the complaint for investigation.

- 11. Identifying learning and service improvements** - Where an investigation identifies learning and/or service improvements to minimise the possibility of a recurrence of the cause of the error or service issue in that case, the IO, in consultation with their Area Manager (or equivalent) and / or Division Training Officer or policy lead, should identify the appropriate learning action(s) to be taken forward and who is responsible for implementing them.

A record of the agreed action to address the learning will be shared with the SUFT, who will record these in the Action Section of the Datix record to allow for the monitoring of their implementation.

Timescales for the completion of learning outcomes will fall into the following priorities:

Priority	Type of learning outcome
High – to be completed within 1 month	Staff related learning such as advice and guidance or additional training and support to mitigate against a recurrence of the concern(s) raised.

Medium – to be completed within 1 to 6 months	Where agreed recommendations such as procedural or policy reviews, system changes or equipment updates have been agreed to be implemented within 6 months.
Low – to be completed 6 months or over	Where agreed recommendations, such as scoping exercises, considerations for new systems or equipment are not an immediate priority for NIAS and will take over 6 months to be actioned.

12. Disciplinary Referrals – Where an investigation highlights potential misconduct on the part of the employee or a breach of legislation or policy issue, the investigation into the complaint will cease and these matters referred to the Disciplinary Procedure in accordance with [Appendix 1](#).

13. Formal Written Response – Upon receipt of the investigation findings, the SUFT will prepare a draft response. The response should explain how the investigation was carried out and how the conclusions were reached, whilst ensuring all concerns raised are addressed. Any identified learning or service improvements will also be included in the written response.

14. Medical Director Approval - Where concerns raised relate to the quality of care provided or a clinical component, the SUFT will meet with the Medical Director for them to review the investigation records and sign off the draft response letter prior to it being shared for sign off by the Chief Executive (or their deputy).

The Medical Director will determine whether they are competent to assess the quality of the response themselves, or whether they need help and support from elsewhere. They may find the support internally within the Trust, but if the issue appears to be a serious one, or if the expertise does not exist within the Trust, then the Medical Director, will seek independent advice from elsewhere.

15. Face to Face Resolution Meeting - It may be appropriate, depending on the nature of the complaint and in consideration of the complainant’s wishes, that a meeting is offered to the service user or whoever is acting on their behalf to discuss the outcome of the investigation.

16. Complaints Escalation Process - A Complaints Escalation Process has been developed to ensure timescales for completion of investigations, to ensure the completion of an investigation and response letter, are carefully managed. [Appendix 9](#) refers.

17. ‘Re-visited’ Complaints – Where the person providing feedback makes further contact with the Trust following receipt of their response to their complaint, consideration will be given to the appropriate response to the issues raised.

Where the person who provided feedback is seeking clarity or the response made has led to further questions, an attempt to provide the necessary information will be made in the most appropriate format, as a follow-up to the initial complaint. Any follow-up verbal contact must be confirmed in writing.

Where the person who provided feedback is raising new or additional issues which were not part of the initial complaint and have not therefore been addressed by the previous investigation, this will be recorded as a new complaint and dealt with in accordance with this procedure.

Where the person who provided feedback is disputing the response they have received, the initial complaint record may be re-opened and progressed as a 're-visited' complaint. This should be investigated as soon as possible and the investigation should follow the process as for the original complaint.

Alternatively, where it is considered further investigation is unlikely to add any value to the resolution or learning and the Trust deems the complaint process to be exhausted, the person who provided feedback will be reminded of their right to contact the NIPSO.

18. NIPSO Referrals - While every effort must be made to ensure that a response has covered all the issues raised by the person providing feedback in an open, honest and fair manner it may not be possible to resolve a complaint where the person providing feedback's expectations of the outcome are unrealistic. In these circumstances the Director responsible for the Complaints Policy and procedures, in collaboration with the SUFT, should consider referring the complaint to the Ombudsman.

Appendix 6 – Safeguarding Assessment Guidance

Issues, concerns, and complaints come to the notice of the Trust through a number of different routes, some of these will have a safeguarding element that is obvious, and others may not be so obvious. We have a statutory duty to work with partners where there is a safeguarding allegation against staff, or where staff are a risk to patients. This guidance is to help decide if a referral to the Head of Safeguarding is required.

If a safeguarding issue has been identified, this must be reported within 24 hours of receipt, to ensure we can meet our duty to report to partners. There are a few ways to identify if it meets the safeguarding allegations process these include.

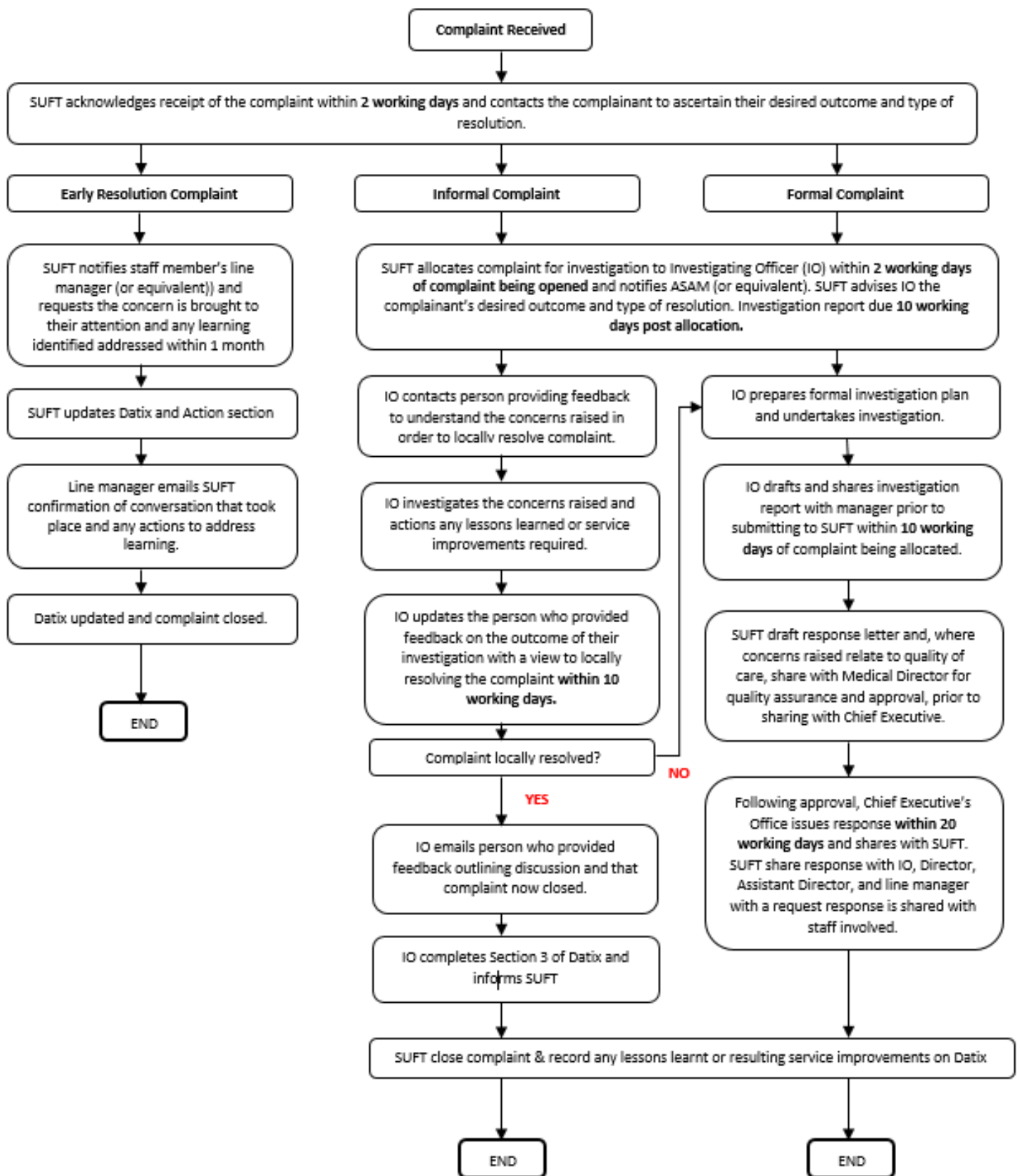
- I. Complaint or concern involves a child.
- II. Complaint or concern involves an adult patient who is known to have a disability, Mental Health illness, vulnerable or has local authority involvement.
- III. The complaint or concern is a crime or has a criminal element.
- IV. Concern raised has been raised by the police with common law disclosure.
- V. There is a potential that whilst the concern or complaint raised does not involve a member of the public there is a potential risk to other patients, by the staff member's behaviour.
- VI. Complaint or concern involves Domestic Abuse.
- VII. Complaint or concern involves sexual abuse/ conduct of staff or the public.

Should any of these be present in the complaint or concern raised, immediately contact the NIAS Head of Safeguarding or in their absence their deputy. Email safeguarding@nias.hscni.net or telephone NIAS Reception who will get you in touch with the safeguarding team.

The Head of Safeguarding (or their deputy) will if appropriate arrange a meeting with a Senior Manager, Assistant Director, or their equivalent to triage and decide on any immediate sanctions, mitigation, and the next course of action.

Ensure Datix is updated with all action taken in this regard.

Appendix 7 – Investigation Process – Key Steps Flowchart



Appendix 8 - Early Resolution

1. If during the initial contact with the person providing feedback, the concerns raised relate to a low risk no harm type incident (such as incivility/staff attitude) and the person providing feedback's desired outcome is for the matter to be brought to the attention of the staff member(s), with the agreement of the person providing feedback, their concern can be handled using the Early Resolution option.
2. Early Resolution is where the person providing feedback is agreeable to closing their complaint on receipt of same by NIAS, having had the assurance that their concerns raised will be addressed and any learning that's required actioned.
3. The complaint is generated on the Datix System and the incident details to added, along with all relevant correspondence and actions uploaded onto the file.
4. The file will be closed on the same day and an email sent by the SUFT to the person providing feedback confirming the discussion had and complaint reference for their future reference.
5. Where the complaint relates to a staff member an action will then be recorded on the Datix system for the staff member's line manager to address the concerns with the staff member(s) and address any learning required within 1 month.
6. An email will be sent to the staff member's line manager to inform them of the concern that's been raised and provide them with any additional supporting information gathered, such as the SOE and PRF. A staff trend review will also be undertaken and, where the threshold is met, will be highlighted to the staff member's line manager(s) to consider as appropriate.
7. The line manager must email the SUFT on completion of their discussion with the staff members(s), to advise of the outcome and any learning addressed. Following its receipt, the action will be marked off as completed on Datix and the email saved to the record and the progress log updated.
8. This completes the process.

Appendix 9 – Complaints Escalation Process

Every effort should be made to ensure complaints are responded to within 20 working days from receipt of the complaint.

It is recognised, however, that there may be instances when, for example the complaint is complex and/or involves more than one Directorate, that it becomes apparent 20 working days will not afford adequate time to fully investigate the concerns raised. Where delays occur, the following escalation procedures will be undertaken by the SUFT:

- A reminder sent to the Investigating Officer 10 working days following the request to investigate being issued.
- If a response is not received and no information provided within 5 working days from the date the reminder was sent, the relevant Assistant Director (or equivalent) will be informed.
- If no response or information is provided within a further 5 working days, the relevant Director will be informed.

Complaints which have not been completed within the 20-working day timeframe will be escalated as follows:

- **Investigation report outstanding after 20 working days** - A reminder will be sent to the Area Manager (or equivalent), copied to their Assistant Director (or equivalent) and Director highlighting that the complaint is now outside the 20-working day timeframe.
- **Investigation report outstanding after 30 working days** - A further notice will be sent to the Assistant Director (or equivalent) and Director advising that the complaint is now well outside of the timeframe and urgently requires action. The designated Director for the management of the Complaints Procedure will also be made aware of the delay.
- **Investigation report outstanding after 40 working days** - An escalation notice will be sent to the Chief Executive.

Appendix 10 – Meeting a person providing feedback

Meeting as part of the Complaint Investigation Process

If a meeting is arranged with a person providing feedback at any point in the complaint management process, the SUFT will ensure that:

- the reasons for the meeting are discussed with the person providing feedback a minimum of 5 working days ahead of any arrangements for a meeting being made, to ensure the person providing feedback understands the purpose and is agreeable to attending.
- the person providing feedback is encouraged to bring a relative or friend to the meeting.
- an appropriate time and venue for the meeting is arranged.
- an agreed agenda is sent to the person providing feedback and attendees a minimum of 5 working days prior to the meeting.
- the relevant NIAS staff are present at the meeting.
- where appropriate, the SUFT will attend the meeting.
- a record is kept of the meeting.

A copy of the meeting notes should be sent to the SUFT for issue to the person providing feedback (if requested) no later than 10 working days from the date of the meeting.

Service user requests to meet staff

Occasionally service users or their family members or friends ask if they can meet with members of staff who have been involved in delivering the service to them. This is usually with a view to personally pass on their gratitude for the service they delivered to the service user. This can also be for the purpose of helping the service user or their family emotionally.

When such requests are received, the SUFT will pass such requests to the relevant service manager to progress at their discretion.

Where it is agreed that the meeting will go ahead, this will be arranged during staff shift time with the expectation that staff will be stood down to enable this.

Appendix 11 – Independent Ambulance Service (IAS) Complaints Handling Procedure

Accountability

IAS providers should ensure the appointment of designated officers of suitable seniority to take responsibility for the management of the in-house complaints handling procedures, the investigation of complaints and the production of leaflets, or other literature (available and accessible to patients/clients) that outline the provider's complaints procedure.

Investigation

IAS organisations should establish a clear system to ensure an appropriate level of investigation. The purpose of investigation is not only "resolution" but also to:

- ascertain what happened or what was perceived to have happened.
- establish the facts.
- learn lessons.
- detect misconduct or poor practice; and
- Improve services and performance.

An investigation into a complaint may be undertaken by a person of suitable seniority. Investigations should be conducted in a manner that is supportive to all those involved, without bias and in an impartial and objective manner. The investigation must uphold the principles of fairness and consistency. The investigation process is best described as listening, learning, and improving. Investigators should be able to seek advice from the SUFT/senior person, wherever necessary, about the conduct or findings of the investigation.

Whoever undertakes the investigation should seek to understand the nature of the complaint and identify any issues not immediately obvious. Complaints must be approached with an open mind, being fair to all parties. The person providing feedback and those identified as the subject of a complaint should be advised of the process, what will and will not be investigated, those who will be involved, the roles they will play and the anticipated timescales. Everyone involved should be kept informed of progress throughout. Staff involved in the investigation process should familiarise themselves with Section 75 of the Northern Ireland Act 1998.

Assessment of the complaint

It is unrealistic to suggest that all complaints should be investigated to the same degree or at the same level. IAS's must ensure that a robust risk assessment process is applied to all complaints to allow serious complaints, such as those involving unsafe practice, to be identified. The use of assessment tools to risk assess and categorise a complaint may be helpful in determining the course of action to take in response. It can help ensure that the process is proportionate to the seriousness of the complaint and the likelihood of recurrence.

Consent

Complaints by a third party may be made with the written consent of the individual concerned. There will be situations where it is not possible to obtain consent, such as when the:

- individual is a child and not of sufficient age or understanding to make a complaint on their own behalf.
- individual is incapable (for example, rendered unconscious due to an accident; judgement impaired because of a learning disability, mental illness, brain injury or serious communication problems); and
- subject of the complaint is deceased.

Delay in the provision of consent may result in a delay in the resolution of the complaint.

Where a person is unable to act for him/herself, his/her consent shall not be required.

The IAS designated senior person, will determine whether the third-party complainant has sufficient interest to act as a representative. The question of whether a complainant is suitable to make representation depends in particular on the need to respect the confidentiality of the patient or client. If it is determined that a person is not suitable to act as a representative, the IAS Chief Executive (or their deputy) will provide them with information in writing outlining the reasons the decision has been taken. More information on consent can be found in the Northern Ireland Department of Health's (DoH) good practice in consent guidance.

Third party complainants who wish to pursue their own concerns can bring these without compromising the identity of the patient/client. The IAS/ NIAS will consider the matter then investigate and address the issue and any concerns identified fully. A response will be provided to the third party on any issues which may be addressed without breaching patient/client confidentiality.

The IAS/ NIAS will investigate and take necessary action, regardless of consent, where a patient/client safety issue is raised.

Investigation and resolution

The IAS should use a range of investigating techniques that are appropriate to the nature of the complaint and to the needs of the person providing feedback. Those responsible for investigation should be empowered to choose the method that they feel is the most appropriate to the circumstances.

The investigator should establish the facts relating to the complaint and assess the quality of the evidence.

Once the investigator has reached their conclusion, they should prepare the draft report/response. The purpose is to record and explain the conclusions reached after

the investigation of the complaint. The investigation report template provided by NIAS, will assist IAS's in ensuring the completeness and readability of such reports.

Where the complaint involves clinical/ professional issues, the draft response must be shared with the relevant clinicians/ professionals to ensure the factual accuracy and to ensure clinicians/ professionals agree with and support the draft response.

All correspondence and evidence relating to the investigation should be retained.

Responding to a Complaint

A response must be sent to the person providing feedback **within 20 working days** of receipt of the complaint or, where that is not possible, the person providing feedback must be advised of the delay.

The response should be clear, accurate, balanced, simple, and easy to understand. It should avoid technical terms, but where these must be used to describe a situation, events or condition, an explanation of the term should be provided. The letter should:

- address the concerns expressed by the person providing feedback and show that each element has been fully and fairly investigated.
- include an apology where things have gone wrong.
- report the action taken or proposed to prevent recurrence.
- indicate that a named member of staff is available to clarify any aspect of the letter; advise of the availability of the Patient and Client Council to aid in making a submission to the Ombudsman; and
- should further queries have resulted from your initial response and all investigative enquiries have been exhausted to seek a resolution, advise of their right to refer their complaint to the Ombudsman if they remain dissatisfied with the outcome of the complaints procedure.

Reporting & Monitoring

As per the agreed arrangements, IAS's will provide information relating to all complaints received and responded to directly by them at the NIAS quarterly review meetings. This information should be made available to NIAS for monitoring purposes. The IAS must keep a record of complaints, the subsequent investigation and its outcome and any action taken as a result. This record must be submitted to NIAS no longer than 10 working days after each quarter for complaints closed in this period. This should include details of the number, source and type(s) of complaint, action taken and outcome of investigation.

Learning

The IAS should also indicate if the learning from complaints has been disseminated to all relevant staff.

The IAS must review their complaints procedure on an annual basis and in this annual review shall include a review of the outcome of any complaint's investigations during the preceding year to ensure that where necessary any changes to practice and procedures are implemented. This annual review must be available for inspection by NIAS staff on request.

The template report provided by NIAS must be used for quarterly returns.

Process

The purpose of the complaint investigation process is to establish the facts, to identify areas for improvement and to gain resolution for the complainant. All IAS Complaints will be subject to an appropriate investigation in accordance with this guidance, and following process steps:

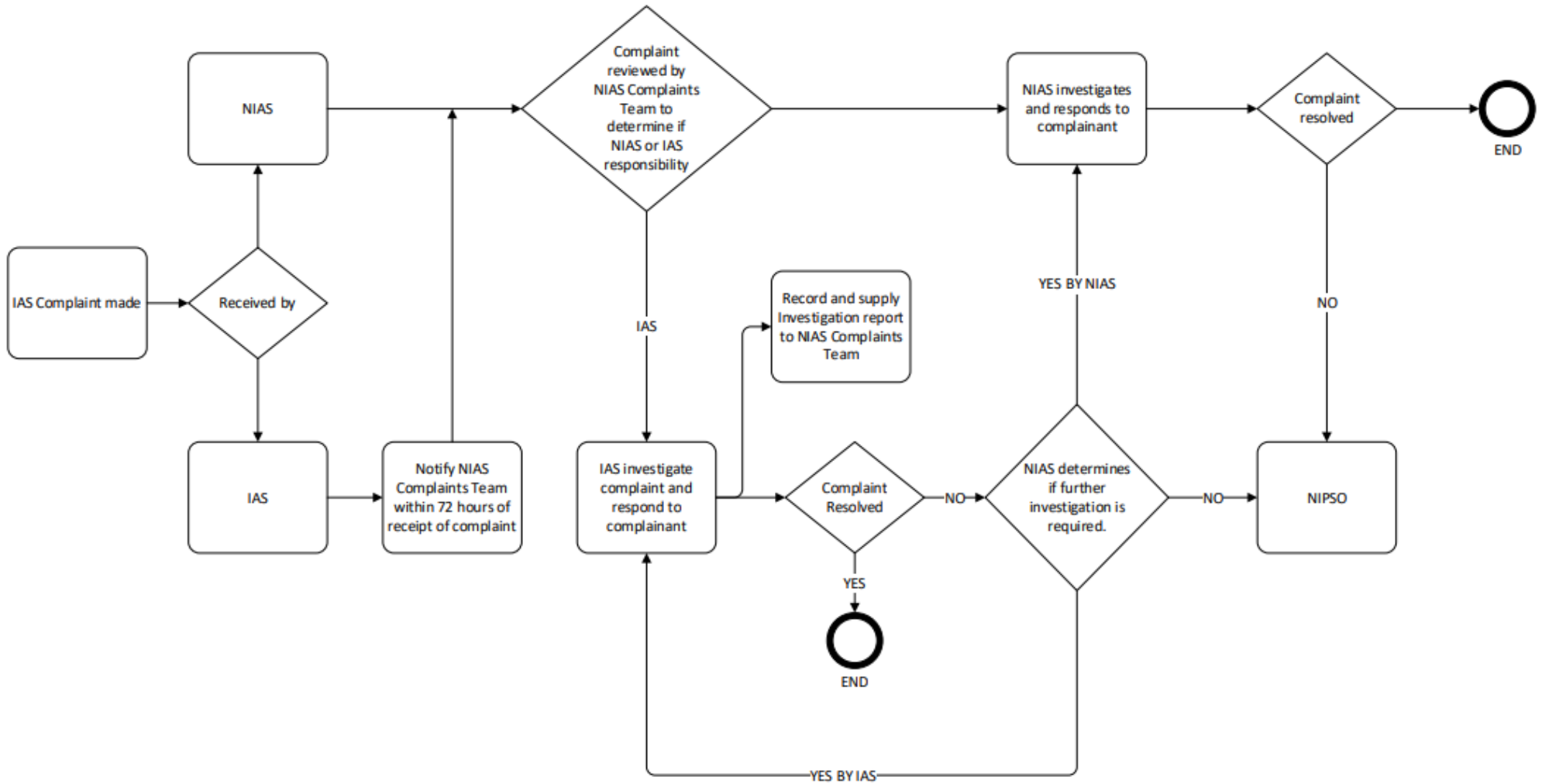
1. Independent ambulance providers are required to notify NIAS of any complaints received without delay and in any event within 72 hours. NIAS can then determine who will investigate the complaint.
2. Where the IAS is investigating the complaint, the IAS will appoint an Investigation Officer to conduct the complaint investigation in accordance with Complaints Investigation training, related policy and procedure and defined timescales. The IAS designated officer, responsible for the management of in-house complaints will continuously monitor progress, delays, or difficulties.
3. All complaints received must be acknowledged, with the complainant and NIAS, within 2 working days.
4. The Investigation Officer will ensure that the investigation is thorough, robust, and proportionate and supported by evidence. The Investigation Officer must identify what happened (establish the facts), why it happened and what can be done to prevent a recurrence. At all times, the Investigation Officer must ensure impartiality in an investigation. An investigation must not be adversarial and must uphold the principles of fairness and consistency.
5. The Investigation Officer must immediately highlight any issues or concerns that may arise during the investigation regarding patient/client safety to the relevant manager for action.
6. The Investigation Officer will contact the complainant at the earliest opportunity following receipt of the complaint to assist in achieving successful resolution.
7. The Investigation Officer must ensure they understand the full details of the complaint and what the complainant wants as an outcome before commencing the investigation, e.g. the complainant may want an apology or to be reassured that action has been taken to ensure there will be no recurrence of the issue that led to

the complaint, or they may wish for a change in the provision of our services, compensation etc.

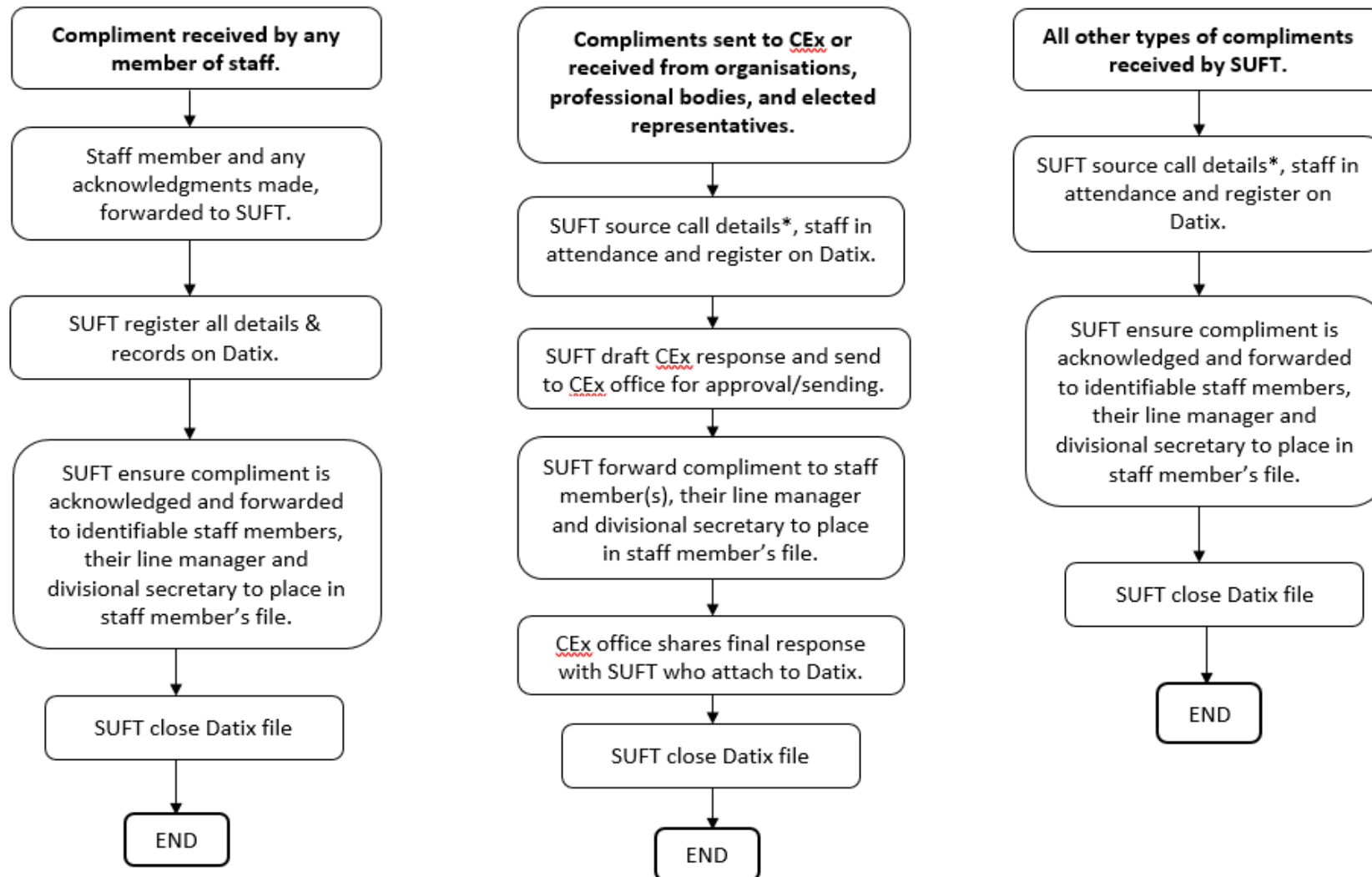
8. Staff who are involved in a complaint will be notified by the Investigation Officer at the earliest possible opportunity. Staff should be advised of support mechanisms that exist for them both during and after the investigation, i.e., line management support and the availability of the IAS's support services. If staff feel they are not receiving the support they need from their line manager, and this may not always be possible if the line manager is the manager conducting the investigation, then they may seek help and support from the next level of management.
9. Where staff are directly involved in the complaint, statements will be taken at the time of the investigation as an accurate account of events.
10. In certain circumstances it may be preferable for two persons to interview an individual. Consideration must be taken to ensure that the interviews are carried out in a non-blame manner and that the interview is fair, proportionate to the complaint and independent.
11. The person conducting the interview should always review any relevant documentation that may have a bearing on the complaint.
12. Where it is not possible for an interview to take place, the individual named in the complaint will be asked to respond in writing. This response together with the relevant patient/client notes must always be peer reviewed by an appropriate person with the appropriate level of skills and understanding of the speciality. This peer review must be clearly documented and sent as part of the investigation to the Investigation Officer.
13. There is no automatic right for staff to have representation during the complaint's investigation. Staff have a responsibility to assist the organisation in dealing with and responding to complaints within set timeframes.
14. Where an investigation highlights that further support/training is needed for the staff involved in the complaint, the relevant Manager will make the necessary arrangements, appropriate for the individual complaint.
15. Where an investigation highlights potential misconduct on the part of the employee or a breach of legislation or policy issue, the investigation into the complaint will cease and these matters referred to the organisations internal employment processes.
16. An audit trail must be established for each investigation, with all investigative enquiries made, findings evidenced, conclusions, identified learning and actions taken recorded and shared with NIAS on completion of the investigation.

17. The IAS is responsible for ensuring timeframes are met for completion of the investigation to ensure a response is provided to the complainant within set timescales.
18. Some complaints will take longer than others to resolve because of differences in complexity, seriousness and the scale of the investigative work required. It is important that the person providing feedback is informed of any delays by the IAS.
19. On completion of the investigation, where a formal response is required, a response must be signed off by the designated person responsible for complaints across the IAS organisation. **A copy of the Investigation Report, supporting documentation and response must also be shared with NIAS.**
20. On occasion, a complainant may highlight issues that have not been addressed; this is known as a 're-visited' complaint. This should be notified to NIAS and investigated as soon as possible, and the investigation should follow the process as for the original complaint. If the complainant raises new issues, the Investigation Officer/ Designated person responsible for complaints, will formally determine whether the complaint should be deemed as a new complaint and update the complaint records and NIAS accordingly.
21. While every effort must be made to ensure that a response has covered all the issues raised by the complainant in an open, honest, and fair manner it may not be possible to resolve a complaint where the complainant's expectations of the outcome are unrealistic. In these circumstances the IAS designated person responsible for complaints, in collaboration with the NIAS SUFT, should consider referring the complaint to the Ombudsman.

IAS Complaints Investigation Process Map



Appendix 12 – Compliments Process Map



*If enough information has not been provided to find the call NIAS attended, the SUFT (where possible) will contact the person providing feedback to gather additional information.

Appendix 13 – Definitions / Glossary

Definitions

A **concern** is where an individual remarks, expresses an opinion or makes an observation about a patient's treatment/care that can be defined as a matter of interest, importance or anxiety.

A **complaint** is an expression of dissatisfaction that requires a response. Person providing feedback may not always use the word "complaint". They may offer a comment or suggestion that can be extremely helpful. It is important to recognise those comments that are actually complaints and therefore need to be handled as such.

A **compliment** is an expression of praise, commendation, or admiration.

A **Staff Trend** is where a staff member receives more than two complaints in the previous 12 months period.

The **Datix System** is a web-based incident reporting and risk management software for healthcare and social care organisations.

Glossary

DoH – Department of Health

HSC – Health and Social Care

NIAS – Northern Ireland Ambulance Service

SUFT – SUFT

CEx – Chief Executive

IAS – Independent Ambulance Service providers

NIPSO – Northern Ireland Public Services Ombudsman

PCC – Patient Client Council

SOE – Incident Call Log

PRF – Patient Report Form

SPPG – Strategic Planning and Performance Group (formally known as the Health and Social Care Board)