



# COMPLAINTS PROCEDURE

## ***MISSION STATEMENT***

“To provide safe, effective, high quality, patient focused care and services to improve health and well being by preserving life, preventing deterioration and promoting recovery”

Title	Complaints Procedure
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## COMPLAINTS PROCEDURE

This document sets out the Procedure to be adhered to by all staff when dealing with complaints and will comply with the guidance set out by the Department of Health Social Services and Public Safety (DHSSPS) entitled “*Complaints in Health and Social Care – Standards & Guidelines for Resolution & Learning*”.

This Complaints Procedure details how effective and prompt management of complaints is key in improving patient care in the Northern Ireland Ambulance Service HSC Trust.

The key aims of this Procedure are to ensure that all complaints receive thorough and timely investigation, that appropriate responses are provided, that an audit trail is evident in relation to the process, and that corrective actions are undertaken and learning outcomes implemented.

This Procedure is based on DHSSPS guidance to support the development and implementation of an effective complaints management system and is based around four key principles:

- Openness and accessibility – flexible options for pursuing a complaint and effective support for those wishing to do so;
- Fairness and independence – emphasising early resolution in order to minimise strain and distress for all;
- Responsiveness – providing an appropriate and proportionate response;
- Learning and development – ensuring complaints are viewed as a positive opportunity to learn and improve services.

We believe that our patients and clients have the right to expect services of the highest quality. When services do not meet these expectations, the Trust welcomes and values the resulting complaints because they give us information which can be used to improve services. Complaints should therefore be seen as providing us with an opportunity to improve the services and patient care we provide.

### 1.0 What this Procedure Does Not Cover

This Procedure relates specifically to complaints by patients, patient representatives and the public regarding NIAS services.

This Procedure does not cover:

- Complaints from members of staff unless it is in relation to their experience as a patient or service user;
- A complaint made by an employee of NIAS about any matter relating to their contract of employment;
- A complaint arising out of an alleged NIAS failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000;
- A complaint about which the complainant has stated clearly they will be taking legal proceedings.

- A complaint which is being or has been investigated by one of the professional regulatory authorities;
- A complaint relating to commissioning (or purchasing) decisions by the HSC Board.
- A complaint relating to an independent enquiry.
- A complaint relating to a criminal investigation.
- A complaint relating to Child Protection procedures
- Coroner's cases

Any complaints received by the Trust that appear to indicate the need for referral under any of the processes outlined above, should be immediately forwarded to the Complaints Manager. In these circumstances, investigation of other aspects of the complaint will only be taken forward if they do not, or will not, compromise or prejudice the matter under investigation.

## 2.0 MAKING A COMPLAINT

### 2.1 What is a complaint?

A complaint is: **“an expression of dissatisfaction that requires a response”**. Patients, clients or families may not always use the word “complaint”. They may offer a comment or suggestion that can be extremely helpful. It is important that you recognise these terms which are really complaints and need to be handled as such.

### 2.2 Who can complain?

Any person can complain about any matter connected with the provision of services provided by the Trust.

- A patient or client;
- Former patients or clients using Trust services;
- Someone acting on behalf of existing or former patients or clients providing they have obtained the patient's or client's consent;
- Parents (or persons with parental responsibility) on behalf of a child;
- Any appropriate person in respect of a patient or client who has died e.g. the next of kin or their agent.

### 2.3 How Can Complaints Be Received?

Complaints may be made:

- Verbally;
- In writing;
- In person;
- Via another Trust or organisation;
- E-mail;
- Telephone;
- Fax
- To any member of staff.

Complaints may be made at any time and to any member of staff e.g. receptionist, Ambulance Control, frontline staff etc. In many cases, complaints are made orally and frontline staff should resolve the complaint in the first instance if possible or pass it to the Complaints Manager. All complaints should be forwarded to the Trust's Complaints Manager whether resolved or not resolved.

## **2.4 Timescales on Making Complaints**

A complaint should be made within 6 months of the event which caused the problem, or within 6 months of realising the person had something to complain about, provided that this is within 12 months of the event.

Where the Trust has decided not to investigate a complaint on the grounds that it was not made within the time limit, the complainant will be advised of the reasons for this decision.

## **2.5 Consent and Third Party Complaints**

Third party complaints may be made by a Service user's relatives, friends, carers or other representatives such as their Solicitor or elected representatives. Third party complaints are acceptable provided the Service user has given his/her written consent. However, in such circumstances the Trust will judge each complaint on its own merits and reserve the right to seek written consent from the Service user prior to releasing information, i.e. where information is of a sensitive or personal nature, beyond general issues. Consent forms required for the release of information are attached as Appendix A.

In circumstances where the consent of the Service User cannot be obtained, an explanation will be requested as to why this is the case. A decision will be taken by the Trust's Caldicott Guardian (currently the Medical Director), as to whether the person representing the Service user has sufficient interest to act as a representative before confidential information can be released. If it is determined that a person is unsuitable to act as a representative the decision will be provided in writing outlining the reasons for the decision having been taken.

Those wishing to make third party complaints who want to pursue their own concerns can bring these to the attention of the organisation without compromising the identity of the Service user. Any identified concerns will be considered, investigated and addressed as fully as possible. A response will be provided to the third party on any issues it is possible to address without breaching the Service user's confidentiality.

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

## **2.6 Confidentially**

All HSC 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 Data Protection Act 1998 and the Human Rights Act 1998.

Care must be taken at all times to make sure that any information disclosed about the Service user is confined to that which is relevant to the investigation of the complaint and is only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint.

It is good practice to inform the Service User that in order to investigate and fully answer their complaint it may be necessary to examine information within their health or social care notes and records. Only information which is relevant to the investigation of a complaint should be reviewed and such information will be available exclusively to those with a demonstrable need to know.

As indicated at section 2.5 explicit consent must be obtained before identifiable information is given to any third party. In addition, the following principles also apply to all complaints and enquiries:

- records relating to complaints and enquiries must be stored securely;
- the reference number provided by Complaints Manager, not the person's name, should be used wherever possible during investigations to maintain confidentiality;
- information and reports produced to identify trends and inform future good practice from lessons learned should safeguard the confidentiality of Service users and staff; and
- If required when forwarding information electronically to any outside persons or organisations all identifiable information pertaining to the person making the complaint or enquiry should be enclosed as attachments and password protected.

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 that information which is relevant to the complaint should be considered for disclosure, and then only to those within the Trust who have a demonstrable need to know in connection with the investigation into the complaint.

Third party information must not be disclosed to the Service user unless the person who provided the information has expressly consented to the disclosure. If the third party objects, then it can only be disclosed where there is an overriding public interest in doing so.

## **2.7 Anonymous Complaints**

Anonymous complaints (verbal or written) will be investigated in the same manner as those from identified persons provided that sufficient information is supplied suggesting that there is some validity in the complaint or enquiry made. Although no written reply can be made an investigation should be undertaken and findings recorded and remedial action taken as necessary.

## **2.8 Help with Making a Complaint**

The Trust's Complaints Manager will be available to assist anyone wishing to make a complaint and will offer help and advice when requested to do so.

## **2.9 Advocacy**

Advice and assistance is also available at any stage in the complaints process from the Patient and Client Council who are responsible for the provision of complaints advocacy. All Service users should be aware of the independent confidential support and advice that is

available should they wish to make a complaint or provide other feedback on our services via the Patient Client Council:

**Patient Client Council**  
**The Patient Client Council Headquarters**  
**1st Floor, Lesley House**  
**25-27 Wellington Place Belfast BT1 6GQ**  
**Tel: 0800 917 0222**  
**Web: <http://www.patientclientcouncil.hscni.net>**

### **2.10 Vulnerable Adults**

Where it is clear that a complaint or enquiry relates to abuse, exploitation or neglect of a vulnerable adult, the regional 'Safeguarding Vulnerable Adults – Regional Adult Child Protection Policy and Procedural Guidance' (September 2006)\* and the associated Protocol for Joint Investigation of Alleged or Suspected Cases of Abuse of Vulnerable Adults" (July 2009)\*\* should be activated by contacting the relevant Adult Protection Co-ordinator within the local HSC Trust.

The Trust Complaints Procedure should be suspended pending the outcome of the safeguarding vulnerable adults" investigation and the person making the complaint or enquiry advised accordingly. Again, once the investigation has been concluded, consideration of any part of the original complaint on which action was suspended can recommence if there are outstanding matters which remain to be dealt with.

**[http://www.nhssb.ni.nhs.uk/publications/social\\_services/Safeguarding\\_Vulnerable\\_Adults.pdf](http://www.nhssb.ni.nhs.uk/publications/social_services/Safeguarding_Vulnerable_Adults.pdf)**

**<http://www.hscboard.hscni.net/consult/Policies/Protocol%20for%20Joint%20Investigation%20of%20Alleged%20and%20Suspected%20Cases%20of%20Abuse%20of%20Vulnerable%20Adults%20-%20July%202009.pdf>**

### **2.11 Unreasonable, Vexatious or Abusive Complaints**

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. The Trust does not view behaviour as unacceptable just because a complainant is forceful or determined. In fact, it is accepted that being persistent can be a positive advantage when pursuing a complaint. However, the Trust does consider actions that result in unreasonable demands on the Trust or unreasonable behaviour towards NIAS staff to be unacceptable.

Guidance on dealing with unacceptable actions by a complainant is outlined in Appendix B and is in line with regionally agreed principles. The use of this guidance should only be used as a last resort after all reasonable measures have been taken to resolve the complaint.

### **2.12 Conciliation**

Conciliation is a process of examining and reviewing a complaint with the help of an independent person should the complainant remain unhappy with the attempts of the Trust to address a complaint through local resolution. A conciliator can assist all concerned to a better understanding of how the complaint has arisen and will aim to prevent the complaint



being taken further on to the NI Ombudsman. He/she will work to ensure that good communication takes place between both parties involved to enable them to resolve the complaint.

If a complaint has been transferred to the Trust's Disciplinary Procedure and this process is ongoing, conciliation would not be considered as appropriate.

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. Using conciliation does not affect the right of a complainant to pursue their complaint further with the NI Ombudsman if they are not satisfied.

The conciliator should advise when the conciliation has ceased and whether a resolution was reached. No further details will be provided. Should a resolution not be achieved through conciliation and all attempts at resolving the complaint through local resolution have been exhausted, the complainant should be advised that if they remain unhappy they should contact the NI Ombudsman's Office.

## **3.0 HANDLING COMPLAINTS**

### **3.1 What to do if you receive a Complaint**

Staff should attempt to resolve the complaint in the first instance if possible. This is known as informal resolution. If this is not possible the complaint should be noted and forwarded to the Complaints Manager at Trust HQ. Information on all complaints must be passed immediately to the Complaints Manager.

Guidance for staff in determining which complaints received might be suitable for informal resolution is outlined in Appendix C. Appendix D outlines guidance on good practice principles for staff when dealing with complaints.

A flowchart for the process of handling complaints is attached as Appendix E.

### **3.2 Joint HSC Complaints**

On occasions complaints will involve other HSC Trusts and private healthcare organisations. The Complaints Manager will, where appropriate decide whether or not to deal directly with the complainant regarding NIAS issues; discuss with the relevant organisation who should take the lead or jointly review the case with the other organisation.

Where appropriate the Complaints Manager will seek the permission of the complainant to discuss or share their complaint with other HSC organisations. In all other aspects, the normal procedures and timescales will apply.

### **3.3 Acknowledgement of Complaint**

All complaints will be centrally logged by the Complaints Manager and a formal acknowledgement will be sent to the complainant within two working days. A template acknowledgement letter can be found in Appendix F. A copy of the Trust's Complaint's leaflet will be sent out with all acknowledgements.

## 4.0 INVESTIGATION OF COMPLAINTS

- 4.1 All complaints will be subject to an appropriate investigation in order to resolve each issue. The Complaints Manager will be responsible for allocating each complaint to the appropriate Level 3 or 4 Manager who will appoint an Investigating Officer. An Investigation Report should be provided to the Complaints Manager within 14 working days.
- 4.2 If deemed appropriate independent experts or lay people may undertake or assist with an investigation where identified as necessary or potentially beneficial to the investigation only with the consent of the complainant.
- 4.3 The nominated Investigating Officer will make contact with the complainant as soon as possible following receipt of the complaint to assist in achieving successful resolution.
- 4.4 The Investigating Officer is responsible for ensuring timeframes are met for completion of their investigation to ensure that a timely response to complaints. To assist in the timely response to complaints, an escalation plan has been developed. The escalation plan can be found as Appendix G.
- 4.5 Staff who are involved in a complaint will be notified by the Investigation Officer as soon as possible. Staff should be advised of support mechanisms that exist for them during the investigation i.e. Line Management support and the availability of the Trust's 24 hour confidential counselling service accessed via Care Call (Telephone No: 0808 8000 002). If staff feel they are not receiving the support they need, and this may not always be possible if the first line manager is the manager carrying out the investigation involving them, then they may seek help and support from the next level of management. .
- 4.6 There is no automatic right for staff to have representation during the complaints investigation. Staff have a responsibility to assist the Trust in dealing with and responding to complaints within the timeframe.
- 4.7 An audit trail must be established for each investigation. To achieve this, the nominated Investigating Officer must complete the Complaints Investigation Report and Summary of Action form (Appendix H).

The purpose of an investigation is not only “resolution” but to ascertain what happened, to establish the facts, to learn, to detect misconduct or poor practice and poor services.

Investigating Officers will ensure that the investigations carried out are thorough, identify what happened, why it happened and what can be done to prevent a recurrence. At all times, Investigating Officers must ensure impartially in an investigation. An investigation must not be adversarial and must uphold the principles of fairness and consistency.

The Complaints Manager will provide advice to Investigating Officers, as and when required.

- 4.8 The investigation report and Summary of Action form should be reviewed by the Level 4 Manager (Level 3 where no level 4 exists) prior to it being sent to the Complaints Manager.
- 4.9 All Managers have a responsibility for complaints investigated within their operational/functional area to ensure compliance with timeframes throughout the Complaints Procedure, the Trust has developed an Escalation Plan which is referenced as Appendix G.
- 4.10 Where an investigation highlights that further support/education is needed for the staff involved in the complaint, the relevant Manager will make the necessary arrangements, appropriate for the individual complaint. This should be documented in the Summary of Action form.
- 4.11 Where an investigation highlights potential misconduct on the part of the employee or a breach of legislation or policy issued, the investigation into the complaint will cease and these matters referred to the Disciplinary Procedure for further investigation. The Complaint Investigation will be concluded for all other aspects of the complaint to enable a response to be issued to the complainant. Any evidence gathered will transfer into the Disciplinary Procedure with the exception of the employee's statement. Consent forms to enable the release of statements can be found in Appendix D.
- 4.12 At the end of the interview, if deemed appropriate, the Investigating Officer should remind the staff involved of the expected standards of treatment, care, behaviour or conduct to prevent reoccurrence.

## **5.0 RESPONDING TO A COMPLAINT**

- 5.1 The Chief Executive or designated deputy should issue a written response to the complainant within 20 working days of receipt of the complaint. A template response letter can be found in Appendix F. The written response provided should be clear, accurate, balanced, simple, fair and easy to understand with all points raised fully addressed. Where appropriate the response will contain an apology.
- 5.2 The Trust will consider a variety of appropriate methods when responding to complaints in agreement with the complainant.
- 5.3 Some complaints will take longer than others to resolve because of differences in complexity, seriousness and the scale of the investigative work required. When it becomes apparent that a response will not be issued within 20 working days the Complainant will be notified of the delay and provided with an explanation for the delay. Regular contact will be maintained with the complainant where a delay in a

response is being experienced in order that the complainant is fully aware of when a full response can be expected. All contact with the complainant will be documented.

- 5.4 The Chief Executive will review and issue all formal complaints or in their absence, a relevant Director will be designated this responsibility.
- 5.5 It is the Complaints Manager responsibility, on behalf of the Chief Executive to liaise with all relevant local Senior Managers and staff to ensure that the necessary follow-up action has been taken and to provide quarterly reports through the Director of Human Resources & Corporate Services to the Senior Executive Management Team
- 5.6 If a complaint has been referred to the disciplinary procedure, a response should be issued to the complainant advising them of this and an apology issued if appropriate at this stage. The complaint is then considered closed or resolved. The Trust has a duty of care towards its employee regarding confidentiality. Therefore in responding to complaints that have been referred to the Disciplinary Procedure the response will only indicate that the matter is being considered under the Trust's Disciplinary Procedure and that appropriate disciplinary action will be taken under the Procedure if the case against the individual is found proven.
- 5.7 If a complaint has been referred to the Disciplinary Procedure, a response should be issued to the complainant advising them of this and an apology issued if appropriate at this stage, the complaint is then considered closed/resolved.
- 5.8 In providing a response to the Complainant, the response should include, if appropriate, details of any changes of practice that has resulted from their complaint.
- 5.9 On completion of the investigation, the Investigating Officer should provide feedback to the staff involved in the complaint to advise them of outcome and recommendations of the investigation and highlight any lessons learned from the complaint.

## **6.0 THE NI COMMISSIONER FOR COMPLAINTS - THE OMBUDSMAN**

Complainants will be advised that if they remain dissatisfied may take their case to the Northern Ireland Commissioner for Complaints (the Ombudsman).

The Ombudsman's contact details are:

**NI Commissioner for Complaints**  
**Progressive House**  
**33 Wellington Place**  
**BELFAST, BT1 6HN**  
**Telephone No: 028 90233821**  
**Website: [www.ni-ombudsman.org.uk](http://www.ni-ombudsman.org.uk)**

## **7.0 RECORDS MANAGEMENT**

- 7.1. All complaints will be recorded on the Trust's Complaints database.
- 7.2. All records will be retained as per the Trust's Retention/Disposal Schedule.

## **8.0 AUDIT AND MONITORING**

- 8.1. The majority of complaints can provide the Trust with information on how the Service is being delivered and received, and indicate areas of improvement in the way care is provided. An analysis of complaints will be undertaken by the Complaints Manager monthly and where there is clear evidence of the need for remedial action identified from an investigation, action plans will be developed with the relevant Level 4/3 Manager and implemented with a focus on preventing reoccurrence.
- 8.2. If necessary, the Complaints Manager will forward details of a complaint to the relevant Director for consideration for inclusion on the Trust's Risk Register.
- 8.3. A report detailing the nature of complaints received will be circulated by the Complaints Manager for discussion at the Senior Executive Management Team (SEMT) meeting.
- 8.4. A complaints report will be submitted to each Trust Board outlining the number of complaints received and detailing the types of complaints and area responsible to assist in the monitoring and identification of trends of complaints. An annual report will also be provided to Trust Board.

## **9.0 RISK MANAGEMENT**

- 9.1. Each complaint will be graded according to severity in accordance within the risk matrix as set out in the Risk Management Policy.
- 9.2. The Assurance Committee and Trust Board will monitor the Risk Register to ensure that risks identified from complaints analysis are addressed.

## **10. TRAINING IN COMPLAINTS HANDLING**

- 10.1. All staff will be trained and empowered to deal with complaints as they occur. Appropriately trained staff will recognise the value of the complaints process and, as a result will welcome complaints as a source of learning. It is essential that staff recognise that their initial response can be crucial in establishing the confidence of the complainant.

- 10.2 To ensure consistency with complaints investigation, Investigating Officers will be given training in investigative techniques.
- 10.3 Where complaints analysis identifies recurrent problems with an individual member of staff, this will be addressed through local performance management.

## **11.0 LEARNING FROM COMPLAINTS**

- 11.1 The Trust has identified that learning from complaints is important. The Summary of Action Form contained within the Investigation Report Template (Appendix I) should be used when completing a report for every complaint.
- 11.2 A quarterly report will be presented at SEMT by the Director of Human Resources & Corporate Services.
- 11.3 Learning and recommendations from complaints will be recorded onto the Datix system and will be monitored to ensure completion.
- 11.4 The use of this form is important as it completes the process of learning from complaints and implementing and sharing that learning. It will also provide evidence of compliance with standards and communication of improvements at inspection visits (undertaken by organisations such as the Regulation and Quality Improvement Authority).
- 11.5 Directors, Assistant Directors, Managers and staff are responsible for ensuring that actions/learning identified on completed Summary of Action Forms has been implemented. Any residual education, learning and development requirement will be raised with Director of Human Resources & Corporate Services through the monthly Performance, Progress & Accountability meeting by the relevant Director.

## **12.0 REVIEW OF PROCEDURE**

- 12.1 Trust Board will monitor and review the Complaints policy and its related procedures to ensure that the requirements are being met. This Procedure will be reviewed on bi-annual basis, or as national guidance or legislation principles develop.

# APPENDICES

**Appendix A(i) Consent To Act On Behalf Of Patient/Service User**

**CONSENT FORM**

**Agreement for Personal Patient/Client Information to be released for use in the Northern Ireland Ambulance Service HSC Complaints Procedure**

I, (Insert Name)	
Of (Insert Address)	
	Postcode:
Date of Birth (DOB)	/ /
Patient's Signature	
Date	

**OR**

I, (Insert Name)	
Of (Insert Address)	
	Postcode:
I am complaining on behalf of (Insert Patient's Name)	
Of (Insert Patient's Address)	
	Postcode:
Patient's DOB:	/ /
My relationship to the patient is _____ (insert relationship eg wife, son, mother etc). The patient can/cannot sign this form (delete as appropriate).	
Signature of Patient (if applicable)	
Date	

**Signature of Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All HSC staff have a duty of confidence to ensure that any personal information held on members of the public (which includes medical records and personal "non-health" information such as patient's or client's name and address or details of his or her financial or domestic circumstances) is not used for a different purpose or passed to anyone else without the consent of the provider of the information or someone formally appointed to act on their behalf.

**Form to be returned to: Complaints and Admin Manager, Northern Ireland Ambulance Service, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**



# CONSENT FORM

DATA PROTECTION ACT 1998  
FREEDOM OF INFORMATION ACT 2000  
ACCESS TO HEALTH RECORDS (NI) ORDER 1993

AGREEMENT FOR PERSONAL & SENSITIVE INFORMATION TO BE SOURCED FOR USE IN  
THE NORTHERN IRELAND AMBULANCE SERVICE HSC INVESTIGATIONS UNDER  
COMPLAINT, DISCIPLINARY, HARRASSMENT AND GRIEVANCE PROCEEDINGS

The Data Protection Act 1998, Freedom of Information Act 2000 and Access to Health Records (NI) Order 1993 apply to personal information processing in relation to complaint, disciplinary, harassment and grievance proceedings.

When a patient or a patient’s representative raises an issue with the Northern Ireland Ambulance Service (NIAS), further information may need to be sourced to fully investigate the issue raised. This will include:

- Access to medical records completed following the incident and held in the patient’s Hospital file which contain levels of personal and sensitive information in relation to the patient’s condition following an incident attended to by NIAS personnel and under investigation. This information will either be directly viewed by an Officer of NIAS or formally provided by other relevant Hospital personnel in line with legislative requirements.

This information may also be required to be shared with other individuals directly involved in the investigation or proceedings to fully address the issues raised. This may include a disciplinary panel or Trade Union representative representing a staff member, if appropriate.

The purpose of this consent form is to record your approval or non-approval of accessing further information held in your Hospital file. This record will then be maintained on file.

I do/ do not **(stroke out as appropriate)** consent to the accessing of relevant Hospital records.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please note that if consent is not provided, this may lead to the issue not being fully investigated or address.

### **Incident Information**

Date of Incident	
Address of Incident	
Nature of Incident	
Any further Comments:	

All HSC staff have a duty of confidence to ensure that any personal information held on members of the public (which includes medical records and personal 'non-health' information such as patient's or client's name and address or details of his or her financial or domestic circumstances) is not used for a different purpose or passed to anyone else without the consent of the provider of the information or someone formally appointed to act on their behalf.

# CONSENT FORM

**DATA PROTECTION ACT 1998**  
**FREEDOM OF INFORMATION ACT 2000**

**AGREEMENT FOR PERSONAL & SENSITIVE INFORMATION TO BE SOURCED FOR USE  
IN THE NORTHERN IRELAND AMBULANCE SERVICE HSC INVESTIGATIONS UNDER  
COMPLAINT, DISCIPLINARY, HARRASSMENT AND GRIEVANCE PROCEEDINGS**

The Data Protection Act 1998 and the Freedom of Information Act 2000 applies to personal information processing in relation to disciplinary, harassment and grievance proceedings.

Any information that you provide, for example a witness statement during a complaint, disciplinary, harassment and grievance proceeding can if appropriate be accessed by parties involved in the proceedings including individual employees, alleged harasser or complainant subject to the necessary consent of this being received. In the absence of consent, a restricted copy of the file created can be released to the relevant requestor and processed in line with legislative requirements.

The purpose of this consent form is to record your approval or non-approval of releasing any information you provide during this investigation to requestors. This record will then be maintained on file.

I consent to the release of personal information that I provided during this investigation.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

## **Appendix B - Unreasonable, Vexatious or Abusive Complainants** (As per Annexe 14 of the Complaints in the HSC: Standards and Guidelines for Resolution and Learning (1 April 2009))

### ***Unacceptable Actions Policy***

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. HSC organisations do not view behaviour as unacceptable just because a complainant 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 HSC organisation or unreasonable behaviour towards HSC staff to be unacceptable. It is these actions that HSC organisations aim to manage under this policy.

### ***Aggressive or abusive behaviour***

HSC organisations understand that many complainants are angry about the issues they have raised in their complaint. If that anger escalates into aggression towards HSC staff, it will consider that 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. HSC organisations also consider that inflammatory statements and unsubstantiated allegations can be abusive behaviour.

HSC organisations expect its staff to be treated courteously and with respect. Violence or abuse towards staff is unacceptable and a Zero Tolerance<sup>21</sup> approach must be adopted. HSC staff understand the difference between aggression and anger. The anger felt by many complainants involves the subject matter of their complaint. However, it is not acceptable when anger escalates into aggression directed towards HSC staff.

### ***Unreasonable demands***

HSC organisations 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 actions 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,
- 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 complainants.

### ***Unreasonable levels of contact***

Sometimes the volume and duration of contact made to the HSC organisation 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 complainant repeatedly makes long telephone calls to the organisation or inundates the organisation with copies of information that has been sent already or that is irrelevant to the complaint.

The HSC organisation considers that the level of contact has become unacceptable when the amount of time spent talking to a complainant 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 about an organisation with which they have a continuing relationship, 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 HSC organisation considers access to a complaints system to be important and it will only be in exceptional circumstances that it would consider such repeated use is unacceptable - but it reserves the right to do so in those exceptional circumstances.

### ***Examples of how the HSC manage aggressive or abusive behaviour***

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

HSC organisations will not accept any correspondence (letter, fax or electronic) that is abusive to staff or contains allegations that lack substantive evidence. The HSC organisation will tell the complainant 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.

HSC 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 situations, the HSC organisation will tell the complainant 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 the HSC deal with other categories of unreasonable behaviour***

The HSC organisation has to take action when unreasonable behaviour impairs the functioning of its office. It aims to do this in a way that allows a complainant 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.

Where a complainant repeatedly phones, visits the organisation, raises issues repeatedly, or sends large numbers of documents where their relevance is not clear, the HSC organisation may decide to:

- limit contact to telephone calls from the complainant 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 complainant.
- see the complainant by appointment only.
- restrict contact from the complainant to writing only.
- return any documents to the complainant or, in extreme cases, advise the complainant that further irrelevant documents will be destroyed;
- take any other action that the HSC organisation considers appropriate.

Where the HSC organisation considers correspondence on a wide range of issues to be excessive, it may tell the complainant 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, the HSC organisation 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.

The HSC organisation will always tell the complainant what action it is taking and why.

### ***The process the HSC follows to make decisions about unreasonable behaviour***

HSC staff who directly experience aggressive or abusive behaviour from a complainant 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, the HSC organisation will give the complainant the opportunity to change their behaviour or action before a decision is taken.

### ***How the HSC lets people know it has made this decision***

When a HSC member of staff makes an immediate decision in response to aggressive or abusive behaviour, the complainant is advised at the time of the incident. When a decision has been made by senior management, a complainant 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 complainant has a record of the decision.

### ***The process for appealing a decision to restrict contact***

It is important that a decision can be reconsidered. A complainant can appeal a decision to restrict contact. If they do this, the HSC organisation 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, a complainant 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 complainant in writing that either the restricted contact arrangements still apply or a different course of action has been agreed.

### ***How the HSC record and review a decision to restrict contact***

The HSC organisation records all incidents of unacceptable actions by complainants. Where it is decided to restrict complainant contact, an entry noting this is made in the relevant file and on appropriate computer records. A decision to restrict complainant contact as described above, may be reconsidered if the complainant demonstrates a more acceptable approach. A member of the Senior Management Team reviews the status of all complainants with restricted contact arrangements on a regular basis.

## **Appendix C - Criteria For Use By Staff In Determining Which Complaints Received Might Be Suitable For Informal Resolution**

### ***Possible complaints which might be suitable for informal resolution:***

- Communication/information issues.
- Staff attitude/behaviour (excluding negligence/misconduct issues).
- Alleged breaches of confidentiality or issues regarding patient/client privacy or dignity.
- Transport issues – late or non-arrival of transport, journey time and suitability of vehicle/equipment.
- Quality of treatment and care.
- Access to premises/facilities.
- Records/record keeping issues.
- Assessment of need. Patients' status/discrimination issues.
- Consent to treatment.

### **Complaints which should be dealt with through the formal complaints process:**

- Complex complaints involving more than two service areas.
- Complaints made in relation to someone who has died whilst in receipt of services or where it is felt the Trust contributed in some way to the person's death.

- Complaints which indicate possible medical/clinical negligence.
- Complaints likely to attract significant media attention.
- Complaints where possible future legal action has been indicated.
- Complaints where the person making the complaint has clearly indicated that they had initially raised their concern/issues with front line staff and that resolution had not been possible.
- Complaints relating to misdiagnosis.
- Policy or commercial decisions.
- Patient's property/expenses/finance.
- Complaints about quality of treatment and care.

### **Appendix D - Good Practice Principles for Staff Dealing With Complaints**

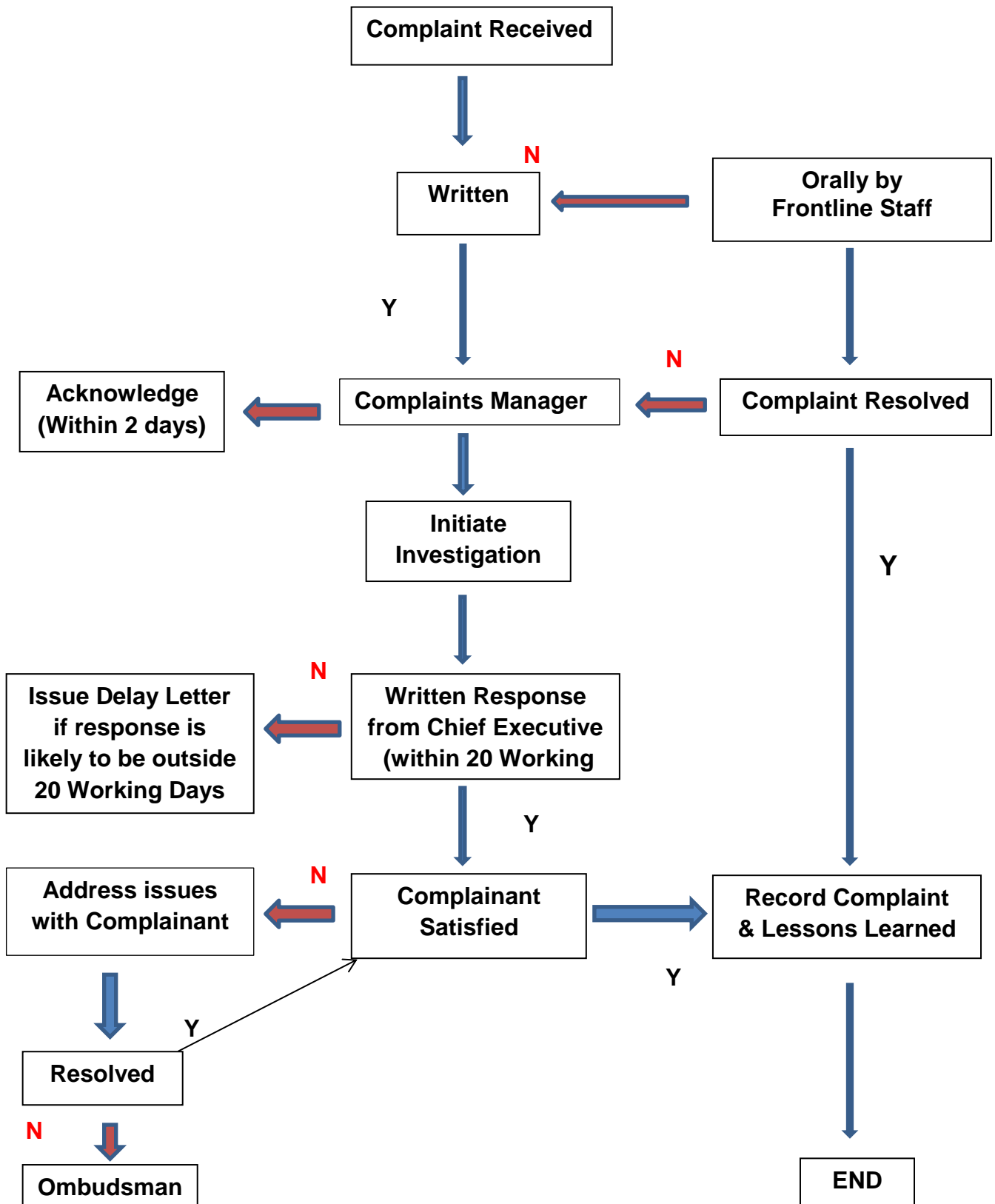
These are good practice principles for anyone handling a complaint either a verbal complaint or written complaint but are particularly for front line staff. A lot are common sense and common courtesy – how we would all like to be treated.

- Treat everyone with respect & dignity. You are representing the organisation.
- Identify yourself – politeness to always introduce self.
- Listening carefully – find out the real nature of the problem – person may be anxious/upset & find difficulty expressing their issues. Take the extra couple of moments – it will pay off.
- Helpful, sensitive, courteous – complainants want to be taken seriously; offer to help; show you want to help; stay calm and empathetic; DON'T argue back! Try to defuse the situation.
- Confidentiality – discuss protection of patient / client confidentiality; ensure patient/client agreeable to discussions about them – consent / authorisation.
- An apology can often resolve matter quickly. It's ok to say sorry!
- Take ownership – attempt to find a solution but DON'T "jump in" with solutions until you are sure you have heard and understood their complaint – people often initially only want someone to listen to them – get something "off their chest". Check details. Ask what they would like to happen. Agree actions. Emphasise resolution is best as quickly as possible and as near to the point of contact as possible. Don't make promises you can't keep. Don't blame others or policies.
- Ask for help from someone else, e.g. line manager, supervisor, colleague etc, if in doubt; you are unsure how to handle; „out of your depth“ or indeed to provide you with support.
- If a complaint raises a specific urgent concern or risk, ensure the patient/client's immediate needs are met before looking at the other aspects of the complaint.
- Do you know who the designated person is for managing complaints within your organisation? And how to contact them?
- If staff have dealt with a verbal complaint, discuss how they are expected to document and report this within individual organisation – if there is a form, provide with copy for reference. If complainant still unhappy, advise of the formal process and provide with a complaints leaflet.



Appendix E –Complaints Procedure Flow Chart

**COMPLAINTS PROCEDURE FLOW CHART**



## Appendix F - Template Letters

### ACKNOWLEDGEMENT LETTER

Our Ref: COMP/232

«Insert Date»

**Private and Confidential**

«INSERT Name»

«INSERT ADDRESS»

Dear «INSERT Name»

**RE: COMPLAINT**

I refer to your complaint to the Northern Ireland Ambulance Service (NIAS) received on 20 January 2011 regarding [INSERT SUBJECT] on the 18 January 2011 and would acknowledge receipt of same.

An investigation into the matter will now be undertaken and it is anticipated that a response will be issued to you by the Chief Executive within 20 working days. Please find enclosed an information leaflet explaining our complaints procedure, which includes contact details for the Patient and Client Council who offer independent support / advice for complainants, if required.

I would at the onset apologise for the anxiety and distress this incident may have caused and I would thank you for drawing this matter to my attention.

Please feel free to contact me at any stage to discuss any further queries.

Yours sincerely

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**Mary Crawford (Mrs)**  
**COMPLAINTS & ADMINISTRATIVE MANAGER (T)**

Enc

**DELAY LETTER**

Our Ref:

«Insert Date»

**Private and Confidential**

«INSERT Name»

«INSERT ADDRESS»

Dear «INSERT NAME»

**RE: COMPLAINT**

I refer to your complaint received on «INSERT DATE» by the Northern Ireland Ambulance Service in relation to [INSERT SUBJECT] on the «INSERT DATE».

I would advise that the investigation into your complaint is ongoing however we have been unable to investigate your complaint within the anticipated 20 day turnaround and I would like to take this opportunity to apologise for this. It is anticipated that a response will be issued to you in due course and I will keep you updated on the progress of your complaint.

Yours sincerely

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**COMPLAINTS & ADMINISTRATIVE MANAGER**

## RESPONSE LETTER

Our Ref:

«Insert Date»

**Private and Confidential**

«INSERT Name»

«INSERT ADDRESS»

Dear «INSERT NAME»

**RE: COMPLAINT**

I refer to your complaint received on «INSERT DATE» by the Northern Ireland Ambulance Service in relation to [INSERT SUBJECT] on the «INSERT DATE». This matter has now been investigated under the Trust's Complaints procedure and I would comment as follows.

[INSERT RESPONSE]

Whilst I hope this letter goes some way to explaining the circumstances around the event, I would in no way wish to minimise any distress or anxiety caused. I would thank you for bringing this matter to my attention.

I hope that you will find this response has addressed the issues you have raised. However, if you would like to discuss any aspect of this response further so that we may help in resolving any outstanding issues or if you wish an Officer to visit you to discuss the matter further, please do not hesitate to contact the Trust within three months of the date on this letter.

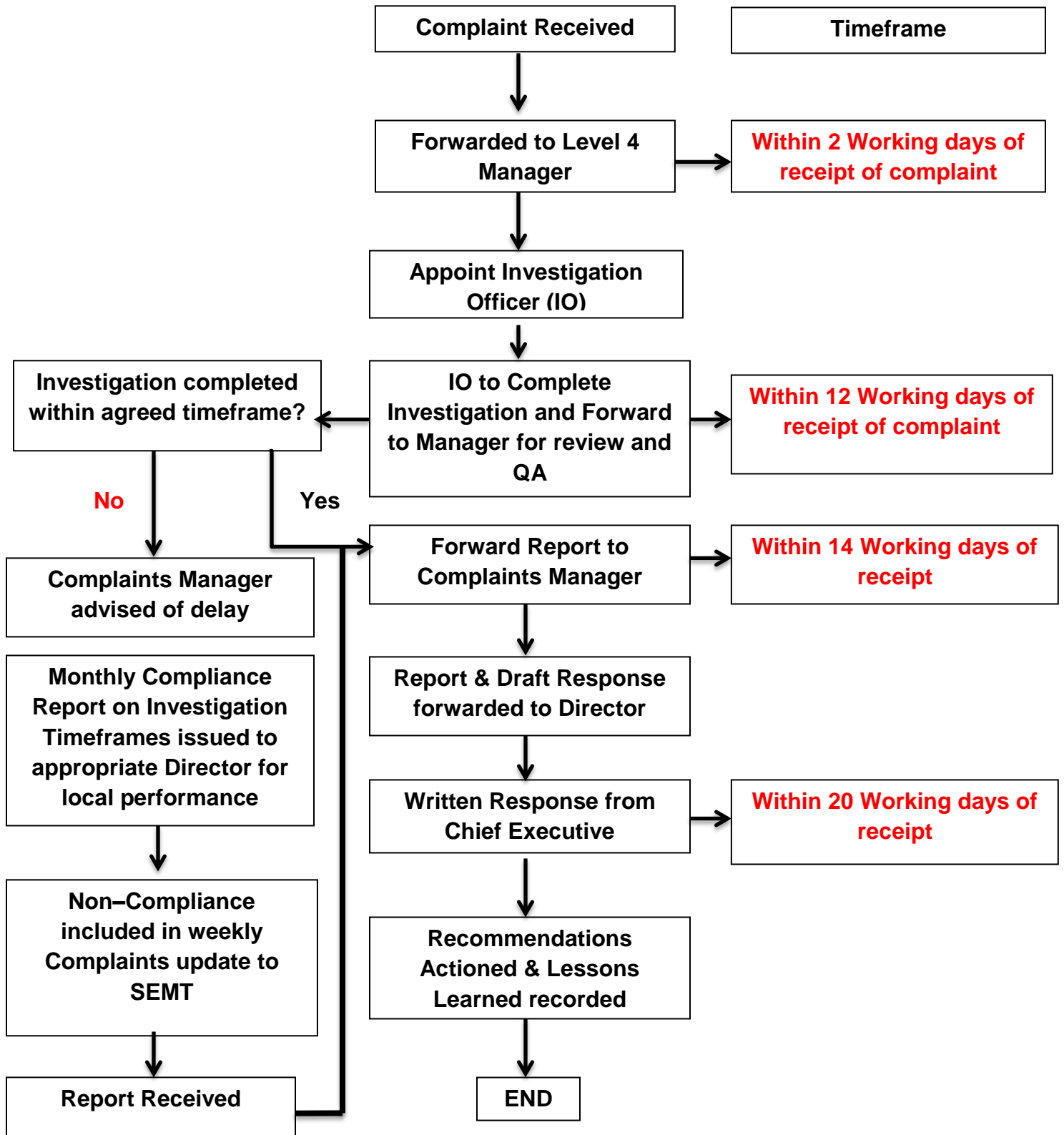
Alternatively, if you remain unhappy with the Trust's response and feel that further contact with the Trust will not resolve your complaint, you can refer your complaint to the NI Commissioner for Complaints (the Ombudsman) at the following address: Freepost BEL 1478, Belfast, BT1 6BR or Freephone: 0800 34 34 24 or email [ombudsman@ni-ombudsman.org.uk](mailto:ombudsman@ni-ombudsman.org.uk) Further information on the role of the NI Ombudsman can be found at [www.ni-ombudsman.org.uk](http://www.ni-ombudsman.org.uk)

Yours sincerely

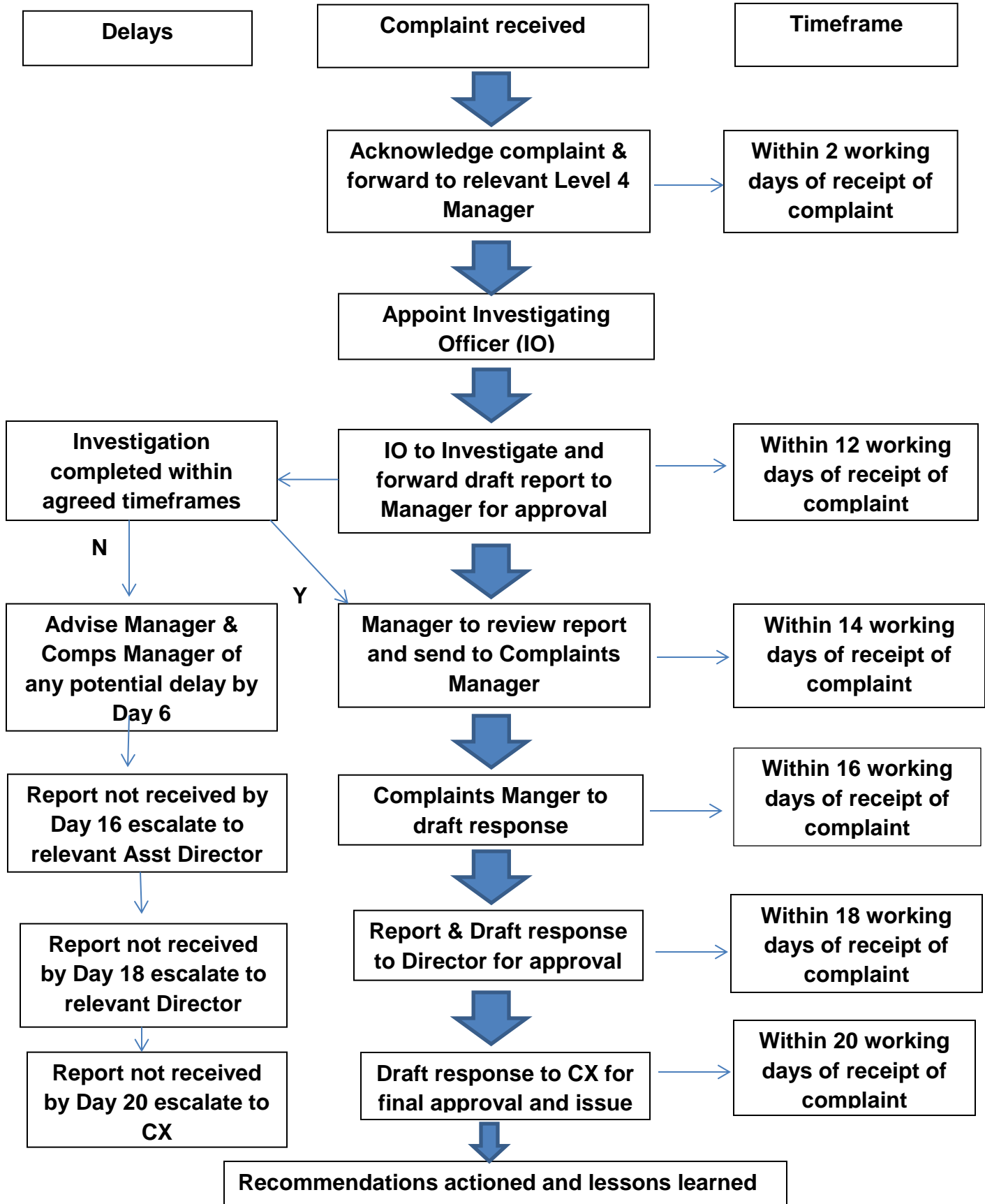
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**CHIEF EXECUTIVE**

## Appendix G - Escalation Procedure for the Investigation of Complaints



## NIAS COMPLAINTS ESCALATION PLAN



Appendix H - Complaints Investigation Report



Northern Ireland Ambulance Service  
Health and Social Care Trust



# COMPLAINTS INVESTIGATION REPORT

## INVESTIGATION TIMEFRAMES

<b>Investigation Timeframes</b>	<ul style="list-style-type: none"><li>• Investigation Response due within 14 working days</li><li>• Response due to complainant within 20 working days of receipt of complaint</li></ul>
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## GUIDANCE NOTES

### **SUMMARY OF COMPLAINT:**

- Read through the complaint and summarise the key issues contained in the complaint or enquiry. Identify what the complaint is asking for e.g. apology, additional services etc.
- Identify who is being complained about (including names/full job titles, where appropriate):

### **INVESTIGATION:**

- If specific staff members referred to in complaint arrange to speak to or obtain statements from them.
- If no staff mentioned specifically, obtain statements from those staff involved in the area of care relevant to the issues contained in the complaint.

### **FINDINGS/ANALYSIS:**

- Check statement/s and reports received for accuracy. Any conflicting information should be identified.
- Set out the findings in the order they appear in the complaint. Make sure all points are addressed.
- There is no need to include background information, or past medical history or dates seen or reviewed unless specifically relevant to the complaint.
- If through contact with the person making the complaint further issues have been raised, please include these in the response being issued.

### **CONCLUSIONS:**

Set out the conclusions from the findings. You should identify what went wrong, if anything, and why? You must be able to satisfy yourself that the investigation process was robust and you have gained all the facts necessary to enable you to draft the response.

Identify recommendations that are to be made as a result of the investigation.

Some possible actions have been detailed:

- No action required
- Apologise and offer a remedy
- Are there lessons to be learned from the complaint and if so, what action is to be taken
- Does the complaint identify a gap in services?
- Does the complaint identify that policies/procedures need to be tightened/revised?
- Do staff need training/re-training?



**Complete Summary of Action Form regardless of whether action is taken or not**

Reference number:	
Date sent to Investigating Officer:	
Name of Person making complaint:	
Service User Name (if different from above):	
Investigating Officer:	
<b>SECTION TO BE COMPLETED BY ASST DIRECTOR OR AREA MANAGER</b>	
Report reviewed and approved by Asst Director/Area Manager	<b>YES / NO</b> (delete as appropriate)
Additional Comments (if required)	

**SUMMARY OF COMPLAINT:**

**INVESTIGATION:**

Date statement/s requested (and whom from):

DATE	NAME

Date statement/s obtained (and whom from):

DATE	NAME

**CONTACT WITH COMPLAINANT.**

(Investigating Officer should make contact with complainants by phone, email etc as part of the investigation)

Date Complainant was contacted:	
Was meeting required?	Yes / No
If Yes – provide date of meeting:	

**FINDINGS/ANALYSIS**

--

**CONCLUSIONS**

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**Complete Summary of Action Form regardless of whether action is taken or not**

## SUMMARY OF ACTION FORM

<p><b>ACTIONS TO BE TAKEN</b>          (Actions identified as a result of the complaint e.g. monitor staff attendance at manual handling training. <b>If no action is required, please state why).</b></p> <p>Staff reminded/advised of expected standards of treatment/care or conduct.</p>	<p><b>WHO WILL CARRY OUT ACTIONS?</b></p>	<p><b>TIMESCALE</b></p>
<p><b>ANY IDENTIFIED LEARNING OR KNOWLEDGE?</b>          (Identify any knowledge or learning that has been gained from the investigation of this complaint that needs to be shared across the Directorate or Trust. <b>Highlight any learning you feel should be shared with others. If no learning has been gained, please state NONE).</b></p>	<p><b>HOW TO BE SHARED?</b></p>	<p><b>URGENCY</b></p>

**Details of person completing this form:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix I - Summary of Complaints Time Limits and Performance Targets

### Time limit for making a complaint

Original complaint	Should be made within 6 months of the event which caused the problem, or within 6 months of realising the person had something to complain about, provided that this is within 12 months of the event
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### Stage 1 - Local resolution (within the Trust)

<p><b>Informal complaints process</b></p> <p>Verbal or written complaint made directly to front line staff</p> <p>Verbal or written complaint received at Trust Headquarters and consent obtained to forward to Trust for informal local resolution</p>	<p>Aim to resolve within 7 working days of receipt of complaint</p> <p>Aim to resolve within 7 working days of receipt of complaint. If resolved, inform complaints/Service user experience staff within 20 working days of receipt of complaint regarding actions taken to resolve complaint. If unable to resolve, inform complaints/Service user experience staff within 20 working days so that complaint can be actioned via the formal complaints process</p>
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<p><b>Formal complaints process</b></p> <p>Acknowledgement</p> <p>Investigation and draft response</p>	<p>Written acknowledgement to be sent within 2 working days of receipt</p> <p>Investigating Officer to investigate and complete investigation report and forward to Area Manager with supporting paperwork if appropriate within 12 working days of receipt. Manager to review and approve report before forwarding to Complaints Manager within 2 working days.</p>
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	<p>Complaints Manager to draft response and forwarded to relevant Director within 2 working days of receipt.</p> <p>Complaints file to be reviewed and draft response to be approved by the Director and forwarded to Chief Executive within 2 working days for final approval.</p>
Full written response	Response to be issued within 20 working days or where not possible a holding letter should be issued to the complainant with reasons for the delay.
Follow-up/further responses	If the complainant is dissatisfied with the response, further action should be taken to attempt to resolve outstanding issues as soon as possible

## **Stage 2 – Northern Ireland Commissioner for Complaints (Ombudsman)**

Request investigation	No specific time limit set for submission of complaint to Ombudsman's Office
If decision taken not to proceed with an investigation	Person concerned to be informed within 1 week of decision and reasons for this
If decision taken to proceed with an investigation	Response issued to person concerned within 13 working weeks informing them whether or not the Ombudsman will continue with the investigation and explaining the reasons for the decision
Production of report	Should be issued within 12 months