

**NORTHERN IRELAND AMBULANCE SERVICE HEALTH & SOCIAL SERVICES TRUST**

**COMPLAINTS POLICY**

**1.0 INTRODUCTION**

- 1.1. A key objective of the Northern Ireland Ambulance Service (NIAS) is to respond promptly and systematically to all complaints.
- 1.2. NIAS acknowledges the importance of an effective and efficient complaints policy together with associated procedures and protocols. It also recognises that complaints provide useful management information about service quality, image and staffing issues, from the perspective of service users, their families, friends and the public. This should enable the Trust to learn from the experience and improve the quality of its services.

The Trust also recognises that to be effective, local complaint handling arrangements must:

- Be well published, accessible and subject to independent monitoring;
- Provide an opportunity, in a supportive environment, for investigation and resolution of a complaint within the minimum of delay;
- Contribute to achieving a person-focused service where complaints are welcomed as a learning opportunity;
- Ensure everyone has equal access and support in raising a complaint through the provision of readily available advice and support services, including advocacy (including, where necessary, interpreting and translation) and the provision of information in other formats;
- Have clear lines of accountability for complaints management and be integrated into the Trust's Clinical Governance and Risk Management arrangements;
- Provide a response that fully addresses the matters raised in the complaint within a reasonable timeframe;
- Contribute to organisational learning;
- Be continuously reviewed to monitor its effectiveness.

The Trust is committed to achieving all these objectives.

- 1.3. The key aims of this policy are to ensure that all complaints receive thorough and timely investigation, that appropriate responses are provided and that corrective actions are undertaken and implemented.

- 1.4 NIAS will, whenever appropriate, use the management information resulting from complaints to effect improvements to work processes or systems to prevent recurrence or minimise the potential for recurrence.
- 1.5 Effective management of complaints will also:
- Assist in identifying issues with NIAS procedures and protocols.
  - Provide a significant source of learning within the Trust and provide opportunities to improve outcomes for service users; the quality of services and service user/staff experiences.
  - Identify solutions for improvement that will benefit all patients;
  - Ensure complainants are heard and listened to and their dissatisfaction is appropriately responded to.
  - Act as a key tool in re-establishing the reputation of the Trust in the eyes of the complainant and those associated with the complaint.
  - Identify trends in poor performance of the Trust in meeting expectations of patients, carers and users of Trust services.
  - Assist in ensuring that the Trust is an open, honest and transparent organisation and perceived as such by both the public and members of staff.
- 1.6 This Complaints Policy, its Procedures and Protocols, will comply with the guidance set out by the Department of Health Social Services and Public Safety (DHSSPS) and supporting legislation principles.

This policy should be read in conjunction with the NIAS Complaints Procedure.

## **2.0 POLICY STATEMENT**

- 2.1 It is the Trust's policy that complaints from patients, or their representatives, will be dealt with as quickly as possible, with due regard to the respect and dignity of the complainant. The Trust will ensure they are dealt with thoroughly and honestly with the aim of satisfying the complainant and enabling learning outcomes to be shared with them.
- 2.2 This policy and supporting procedures and protocols is based around four key principles:
- (i) Openness and accessibility – flexible options for pursuing a complaint and effective support for those wishing to do so;
  - (ii) Fairness and independence – emphasising early resolution in order to minimise strain and distress for all;
  - (iii) Responsiveness – providing an appropriate and proportionate response;

- (iv) Learning and development – ensuring complaints are viewed as a positive opportunity to learn and improve services.

The Trust is committed to achieving these objectives.

- 2.3 All members of staff involved in a complaint will be treated fairly, openly and with dignity throughout the investigation process.

### **3.0 MANAGING COMPLAINTS**

- 3.1 For the purpose of this policy a complaint is:

*"An expression of dissatisfaction that requires a response".*

- 3.2 Service users will be made aware of their right to complain and given the opportunity to understand all possible options for pursuing a complaint. The Trust will ensure that complainants will, where appropriate, have the support they need to articulate their concerns and successfully navigate the system. The Trust will advise complainant's of help available through front line staff, the Complaints Officer and the HSS Councils. The Trust will:

- Publicise their arrangements for dealing with complaints;
- Consider the language used on posters and information leaflets and visibility and availability of such publicity material;
- Promote access and provide equal access through other mechanisms eg Trust website ([www.niamb.co.uk](http://www.niamb.co.uk)) ; posters and leaflets etc;
- Promote and encourage more open and flexible access to the complaints procedure and other less formal avenues to raise complaints eg electronically;
- Provide appropriate facilities for people with disabilities and those who first language is not English eg Language Line;
- Consider feedback mechanisms eg customer questionnaires, telephone and internet based options.

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

## **4. SPECIFIC RESPONSIBILITIES**

### **4.1. Board Appointee**

The Trust Board will appoint a complaints champion either an Executive or Non-Executive Director who is a member of the Trust Board. The role of the champion is to integrate complaints management into the organisations clinical and risk management arrangements.

- 4.2. The Chief Executive has overall responsibility for complaints within the Trust and for overseeing this policy and associated procedures and protocols.
- 4.3. Executive Directors have the responsibility for providing clinical, operational and human resource guidance, as and when appropriate.
- 4.4. The nominated Complaints Officer, will assume day-to-day responsibility for this policy and associated procedures and protocols on behalf of the Chief Executive and ensure all Trust employees adhere to its contents. The Complaints Officer will:
- Deal with complaints referred by front-line staff;
  - Be easily identifiable to service users;
  - Be available to complainants who do not wish to raise their concerns with those directly involved in the care;
  - Consider all complaints received and identify and appropriately refer those falling outside of the complaints procedure;
  - Provide support and advice to staff to respond to complaints;
  - Have access to all relevant records (including personal medical records eg patient report form) which are essential for the investigation of any complaint referred;
  - Take account of any corroborative evidence available relating to the complaint eg witness to a particular event;
  - Compile a draft response to complainants, taking account of information obtained from reports received and providing a layman's interpretation to otherwise complex reports;
  - Compile a summary of complaints received;
  - Assist in the examination of trends, the effectiveness of local arrangements and the action taken (or proposed) in terms of service improvement;
  - Assist in ensuring that lessons are learnt and examples of good practice are disseminated.
- 4.3. All Investigating Officers have a responsibility to investigate complaints that arise from within their area of responsibility and to:
- Put in place processes to meet the required deadlines;
  - Ensure that processes for investigations are followed;
  - Provide a draft final response letter giving the necessary evidence and detail to enable the Complaints Officer to prepare a full and appropriate response for the Chief Executive's signature.

- 4.4 All staff should be fully aware of the complaints policy and associated procedure and protocols and recognise their responsibilities in the process.
- 4.5 Managers are responsible for ensuring that the policy, and its procedures and protocols, are adhered to.
- 4.6. All staff must adhere to the policy, its procedures and protocols. Staff must be welcoming of complaints as part of the total approach to customer care.
- 4.7. Staff should be prepared to learn from the outcome of the complaints procedure to enable the service to become more user sensitive and to minimise the recurrence of further complaints.

## 5.0 **RECORDS**

- 5.1 All complaints will be recorded on the Trust's Management database
- 5.2 All records will be maintained for a minimum of ten (10) years.

## 6.0 **TRAINING IN COMPLAINTS HANDLING**

- 6.1 Customer Care training will be provided for all operational staff who have direct or indirect contact with patients or the general public. In addition, a training need analysis will be undertaken to identify training requirements for staff involved in the handling of complaints.
- 6.2 To ensure consistency with complaints investigation, Investigating Officers will receive training in investigative techniques.
- 6.3 Customer Care Training will be provided by the Regional Ambulance Training Centre and should be undertaken at least once every three years.
  - 6.3.1 Where complaints analysis identifies recurrent problems with an individual member of staff, specific training needs of the individual will be identified and acted upon.

## 7.0 **AUDIT AND MONITORING**

- 7.1 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.

- 7.2 An analysis of complaints will be undertaken by the Complaints Officer monthly and, where there is clear evidence of the need for remedial action identified from an investigation, action plans will be implemented with a focus on preventing recurrence.
- 7.2.1 If necessary, the Complaints Manager will forward details to the Risk Manager for inclusion on the Trust's Risk Register.
- 7.3 Where appropriate, completed action plans will be presented to the Clinical Governance Committee for review.
- 7.4 The Trust Board will receive quarterly reports summarising the causes of complaints, emergency trends and actions taken.
- 7.5 NIAS will publish annually a report on complaints handling. Copies will also be sent to relevant HSS Councils, Boards, the Regulation and Quality Improvement Authority (RQIA), the Ombudsman and the DHSSPS. These reports will not breach patient/client confidentiality.
- 7.6 NIAS will provide the RQIA with a record of complaints, the investigations, outcomes and actions taken and submit an annual statement on complaints handling.

## 8.0 **DISTRIBUTION**

- 8.1 This Policy will be available on the Trust's internet and intranet site.

## 9.0 **REVIEW**

- 9.1 The Risk Management Committee will monitor and review this policy and its procedures to ensure that the requirements of this policy are being met.
- 9.2 The Risk Management Committee will monitor the Risk Register to ensure risks identified from complaints analysis are addressed.
- 9.3 This policy will be reviewed on annual basis, or as national guidance or legislation principles develop.

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**Liam McIvor (Mr)**  
**CHIEF EXECUTIVE**

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