

POLICY DOCUMENT

Complaints Policy

2020 – (Version 5.4)
G&R>Board

Policy Review Schedule

Date first Approved by the Board: September 2005

Last Approved by the Board: April 2020

Date of Next Review: April 2022

Policy Owner: Senior Governance, IT & Facilities Manager

Amendment Overview

Version	Date	Pages	Comments	Actioned
2005 – 1.0	September 2005		Policy produced and agreed by SMT	Roisin Campbell
2009 – 2.0	11 June 2009		Revisions made to take account of the new DHSSPS guidance on Managing HSC Complaints and updated to reflect NIMDTA Policy template	Margot Roberts
2009 – 2.0	18/06/2009		Presented to NIMDTA Board	
2009 – 2.0	04/08/2009		Re-issued to staff	
2011 – 3.0	05/09/2011	17	Periodic refresh of Policy. Complaints co-ordinator changed. General revisions and put into new template.	Mark McCarey
2011 – 3.1	08/11/2011	17	Amendments made following Board & Governance Committee consultation	Mark McCarey
2011 – 3.2	14/11/2013	17	Updated to include the 'Role of NIMDTA', NIMDTA mission statement and revised version coding	Linda Craig
2014 – 4.0	11/02/2014		Reviewed and updated with revised 'Role of NIMDTA'. No new guidance received to invoke a change to this policy. Presented to SMT for approval. Approved.	Mark McCarey
2014 – 4.1	18/02/2014		Amended to reflect discussion at SMT. Sentence that states that this policy applies to recruitment procedures removed.	Mark McCarey
2014 – 4.1	25/02/2014	18	Presented to G&R Committee for approval. Approved subject to minor changes.	
2014 – 4.2	27/02/2014	18	Presented to NIMDTA Board for approval.	
2014 – 4.2	11/03/2014	18	Presented to Extra-Ordinary meeting of NIMDTA Board for approval. Approved subject to minor changes.	
2016 – 4.3	17/2/16	14	Periodic review prior to submission to	Mark McCarey

			NIMDTA Board for approval. Amendments in yellow.	
2018 – 5.0	1/3/18	29	Revised in line with BSO template in line with the service provided under the Corporate Services SLA.	Gillian Kerr
2018 – 5.1	8/3/18	23	Localised to NIMDTA processes and references. Will be submitted to SMC on 12 March 2018, and G&R and NIMDTA Board on 22 March 2018. Approved subject to amendment of Role of NIMDTA section.	Mark McCarey
2018 – 5.2	12/04/2018		Formatting amended.	Mark McCarey
2020 – 5.3	10/3/2020		Reviewed and update document. Amended job titles that had changed since last review.	Mark McCarey
	26/03/2020		Sent to NIMDTA Board for approval. Not discussed.	Mark McCarey
	22/04/2020		Circulated to NIMDTA Board for electronic approval.	Gillian Kerr
2020 – 5.4	24/04/2020		Amended in light of feedback from Board Members. Approved.	Gillian Kerr

Contents

Policy Review Schedule	2
Role of the Northern Ireland Medical and Dental Training Agency	5
Policy Impact	6
Policy Influence.....	6
1. Introduction.....	7
1.1. Scope	7
1.2. Policy Statement.....	7
1.3. Defining a complaint.....	8
1.4. Responsibilities	9
1.5. Policy Monitoring and Review	10
1.6. Training and Awareness	10
1.7 Equality Screening	10
2. General Information	11
2.1 Who May Complain?	11
2.2 Who Can't Access the Complaints Policy?.....	12
2.3 Methods of Complaint.....	12
2.4 Timescales relating to complaints	13
2.5 Communication of Responses	13
2.6 Risk and Prioritisation	14
2.7 Investigation	14
2.8 Complainant and Staff Support	15
2.9 Complaint Monitoring	15
3. Complaint Procedure.....	16
3.1 Complaint Stages	16
3.2 Stage 0 – Customer Service	16
3.3 Stage 1 - Complaint Identification	17
3.4 Stage 2 – Complaint Resolution.....	18
3.4.1 – Early Resolution.....	18
3.4.2 – Formal Resolution.....	20
Appendix 1 – Excluded Complaints	23
Appendix 2 – Links to Relevant Documents.....	25
Appendix 3 – Complaint response Template	26
Appendix 4 – Contact Details.....	27

Role of the Northern Ireland Medical and Dental Training Agency

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA also seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional and national requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. NIMDTA endeavours to attract and appoint individuals of the highest calibre to recognised training posts and programmes. NIMDTA encourages doctors to train and remain in NI so that Health and Social Care (HSC) has a highly competent medical and dental workforce with the essential skills to meet the changing health needs of its population.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes. NIMDTA supports trainees with the aim of maximising their potential to successfully progress, complete training and be appointed to permanent posts in NI. NIMDTA manages the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular meetings, trainee surveys and inspection visits. It works in close partnership with local education providers to ensure that both the training and supervision of trainees support the delivery of high quality safe patient care. NIMDTA provides trainees with a wide range of opportunities to gain experience in leadership, quality improvement, research and teaching.

NIMDTA recognises and trains clinical and educational supervisors and selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout NI.

NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. The Postgraduate Medical Dean, as the 'Responsible Officer' for doctors in training, has a statutory role in making recommendations to the GMC to support the revalidation of trainees. NIMDTA works to the standards in the COPDEND framework for the Quality Development of postgraduate Dental training in the UK.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA carries out these roles on behalf of the DoH by focussing on the needs of people (population, trainees, trainers and NIMDTA staff), in partnership with key stakeholders and by paying attention to HSC Values - openness and honesty, compassion, excellence and working together.

Policy Impact

This policy may have an impact on the following:

- Assurance Framework
- Corporate & Departmental Risk Registers
- Reporting and Management of Incidents Policy
- Whistleblowing Policy

Policy Influence

This policy is based on a template provided by the Corporate Services Team of the BSO, who have prepared this in light of relevant influences, in line with our Service Level Agreement.

The policy is based on the principles set out in Department of Health (DoH) Guidelines – Complaints in Health and Social Care, as described at paragraph 1.2 below.

Further influences are provided in the Appendices.

1. Introduction

Improvement and customer satisfaction are common priorities across all the service areas NIMDTA encompasses. Complaints, and the learning opportunities they provide, have an important role to play in achieving those priorities.

NIMDTA is committed to embedding and maintaining an accessible, robust and effective complaints policy and process to ensure learning opportunities are acted upon both specifically and corporately, improvements are implemented promptly, and service users who experience failings and raise complaints are listened to and treated fairly and properly.

This policy will set out the process that NIMDTA staff will follow when dealing with complaints, identify the associated responsibilities, detail the timescales we will endeavour to work to, and identify contacts for further assistance where this is necessary.

1.1. Scope

All employees of NIMDTA are required to adhere to this policy and procedure.

This policy is intended to explain the standard operation of the complaints procedure within NIMDTA. For instances or occurrences outside the guidance of this policy, for example out of area complaints or joint complaints, please refer directly to the Department of Health (DoH) Guidelines – Complaints in Health and Social Care.

1.2. Policy Statement

NIMDTA is committed to listening to our service users, understanding their experiences, and responding to their concerns in an effective way.

All Complainants will be taken seriously, have their complaint dealt with promptly in line with DoH guidelines, and receive a response. This response will include details of any remedial or developmental work we will undertake as a result of the complaint and where appropriate will include an apology.

All NIMDTA staff are required to familiarise themselves with this policy and in doing so should recognise the need to prioritise the investigation and resolution of complaints, and the importance of expediting the implementation of identified service improvements.

NIMDTA's complaints policy is based on the following 4 principles:

- a. Accessibility and Openness** – flexible options for pursuing a complaint and effective support for those wishing to do so;
- b. Responsiveness** – providing an appropriate, timely, and proportionate response;
- c. Fairness and independence** – emphasising early resolution in order to minimise strain and distress for all; and
- d. Learning and improvement** – embracing complaints as a positive opportunity to learn and improve services.

1.3. Defining a complaint

DoH guidance defines a complaint as:

“An expression of dissatisfaction that requires a response”

Complaints are ordinarily received from service users, or their representatives. Sections 2.1 and 2.2 provide further detail about who can complain using this policy and who should access alternative means to raise their issue.

Those eligible to make a complaint are referred to as a Complainant and it is helpful to note that complaints usually originate from:

- an action or lack of action; and/or
- the standard of service provided; and/or
- a staff members' conduct (or other person acting on our behalf)

Complainants and their complaints must be dealt with using the procedure in Section B of this document. Therefore it is essential that staff, dealing with service users who are experiencing issues, are alert to determine when a complaint is occurring to ensure it is dealt with appropriately.

Please note that some complaints may be excluded in accordance with appendix 1.

All allowable complaints require an investigation, proportionate to the potential significance of the complaint, and all Complainants require a response.

For further information on how NIMDTA categorises and reports on complaints, please see section 3.3.

1.4. Responsibilities

All staff and officers within NIMDTA are required to deal with Complainants in a courteous, professional, and prompt manner. The responsibilities within NIMDTA are summarised below:

NIMDTA Board – is responsible for ensuring that there is an effective Complaints Policy in place and is required to approve any amendments or revisions to the policy. The Board is also responsible for monitoring the effectiveness of the policy and holding the Chief Executive to account for its implementation.

NIMDTA Chair – Where a complaint is made against the Chief Executive the Chairperson will oversee the process liaising as necessary with the Department of Health and its Permanent Secretary. In addition, he/she may be required to support the Chief Executive in dealing with any complaints about a Senior Manager.

Non-Executive Directors – Are required to participate in Review Panels where a Complainant states they are not satisfied with NIMDTA's response.

Chief Executive – Holds overall responsibility for the handling and resolution of complaints about NIMDTA. He/she will have lead responsibility for managing complaints against Senior Managers supported where necessary by the Chair.

Senior Governance, IT & Facilities Manager – Holds delegated responsibility for the implementation and operation of the Complaints Policy and Procedure, and is responsible for managing and co-ordinating the complaints process as the Complaints Officer. The Senior Governance, IT & Facilities Manager and the Data & Information Systems Manager will liaise with the Corporate Services Team of the Business Services Organisation in relation to applicable complaints.

If a complaint relates to the Senior Governance, IT & Facilities Manager, another Senior Manager will be appointed to fulfil the role of Complaints Officer in relation to that complaint.

Senior Managers/Directors – Are responsible for the prompt handling of complaints pertaining to their Department including the implementation and sharing of learning. Senior Managers/Directors have a responsibility to nominate a suitable Manager to undertake investigations.

Team Managers – Are responsible for handling complaints and adopting an approach that facilitates early resolution where possible. Team Managers may also be responsible to act as investigating officers and comply fully with this policy. This will include supporting staff who are the subject of complaints. Team Managers are also responsible for ensuring that learning is embedded within their area of control.

Corporate Services Executive Officer – is responsible for the maintenance of the Issues Log which will enable the accurate monitoring, review, risk rating, reporting and sharing of lessons from complaints.

All Staff – Are responsible for ensuring they are familiar with this policy and procedure to enable them to identify when a complaint has occurred and to understand who to contact and what steps to take. Staff also have a responsibility to assist in the early resolution of complaints whenever possible.

It is appropriate to note that **Complainants also have responsibilities** under this policy, namely:

- To state as clearly and fully as possible the nature of their complaint, including the redress they are seeking;
- To respond promptly to communications from appropriate NIMDTA officers to help NIMDTA ensure that complaints are progressed promptly; and
- To treat NIMDTA staff members in a courteous manner.

1.5. Policy Monitoring and Review

This policy will be monitored on an ongoing basis and revised in line with advice from the Corporate Services Team of the Business Services Organisation. Suggested amendments will be reported through line management to the Chief Executive. Proposed amendments will be put to the Board for approval.

A formal review of the policy will occur at least every 2 years or as required by DoH directive.

1.6. Training and Awareness

The Senior Governance, IT & Facilities Manager will ensure appropriate training is made available to staff in relation to the complaints policy and procedure.

The Senior Governance, IT & Facilities Manager, with the co-operation of managers, will promote awareness of this policy across NIMDTA.

This policy is available on the NIMDTA intranet and internet.

1.7 Equality Screening

This policy has been equality screened and was classified as having a neutral equality impact. Therefore an Equality impact assessment was not required.

Where required NIMDTA will support members of Section 75 groups to make complaints in their native language and/or other formats such as Braille. We will ask the Equality Unit of the Business Services Organisation to assist in these instances.

2. General Information

2.1 Who May Complain?

This policy covers:

- Complaints about the way NIMDTA has acted, or failed to act in the exercise of its statutory duties;
- Complaints about the way any member of NIMDTA or its staff have acted in the exercise of his or her duties, for example:
 - the manner in which an individual has been treated by NIMDTA or its staff, such as unfair treatment or decision-making;
 - the general or observed behaviour and competence of individuals employed by NIMDTA. The policy also covers recent former employees and those working on behalf of NIMDTA who are not technically NIMDTA employees (e.g. lecturers, education supervisors);
- Complaints from the public about the content (including accuracy and objectivity) of a published NIMDTA report;
- Complaints about allocation of goods or services to trainees (for example training opportunities, flexible training, overseas training, study leave) which may fall outside other NIMDTA policies;
- Complaints received in relation to any of the above should be passed to the Complaints Officer for onward transmission to the appropriate department. If any aspect of the complaint is not covered by referral it will be investigated under the Complaints Procedure provided it does not compromise or prejudice the matter under investigation under any other process. The Complainant will be informed of the need for referral.
- An appropriately authorised person acting on behalf of a service or facilities user.

2.2 Who Can't Access the Complaints Policy?

This policy does not cover the following areas:

- Human Resources policies within the employee relation field, for example grievances, bullying and harassment, disciplinary matters etc.
- An investigation by a professional regulatory body
- A request for information under Freedom of Information
- Access to records under the Data Protection Act 1998
- An independent enquiry
- An independent investigation
- Legal action – In accordance with DoH guidance NIMDTA will not consider complaints where a Complainant states that they intend to take legal action against NIMDTA.
- A review of a Specialty Recruitment process

Please note that some further complaints may be excluded in accordance with Appendix 1.

2.3 Methods of Complaint

Complaints are either spoken or written and staff should accept complaints via any delivery method. Face to face conversations, telephone calls, postal letters, and emails constitute the most usual methods.

A flexible approach to accepting complaints is important to ensure accessibility. Staff should assist those wishing to make a complaint and fully explain the options they have available to them. This would include signposting this policy and associated literature.

Automatically directing Complainants to write to the Complaints Officer should not be the default position. The default position should be to engage with the Complainant, establish how they wish to proceed with their complaint, and to seek an early resolution where possible.

For further information on how NIMDTA categorises and reports on complaints, please see section 3.3.

2.4 Timescales relating to complaints

NIMDTA encourages Complainants to make their complaints as soon as practically possible following the event giving rise to it as Investigations will inevitably be more effective when memories and events are recent and corrective action can be implemented sooner.

Complainants must normally make a complaint within 6 months of them becoming aware of it but no later than 12 months following the date of the event.

Complaints made outside these timescales will only be considered at the discretion of the Chief Executive and only where there is a risk to public or patient safety.

Complainants that have their complaints refused due to an excessive delay in raising it will be advised that they may request the Ombudsman to consider it.

In terms of timescales Complainants can expect from NIMDTA:

- A written acknowledgement of receipt of their complaint within 2 working days;
- A complaint response issued within 20 working days of the complaint receipt;
- A review response issued within 25 working days of the review request; and
- Advisement and explanation should a delay in a complaint or review response be likely.

2.5 Communication of Responses

Responses to complaints will generally be made in writing (with the exception of spoken complaints that are resolved early and where the Complainant does not require a written response).

Where the Complainant's preferred method of correspondence is via email and where we hold a verified email address, the Complaints Officer will correspond via that method.

Where particularly sensitive information is involved, the Complaints Officer will obtain and use a postal address.

2.6 Risk and Prioritisation

The proper and thorough treatment of all complaints is important but inevitably complaints do vary in terms of severity and risk to the organisation, its staff and its service users. It is essential that the risk associated with a complaint is assessed to ensure that serious complaints, such as those involving unsafe practice, are quickly identified and treated accordingly.

NIMDTA collates complaints as part of its Issues Log which is forwarded to both the Governance & Risk Committee and NIMDTA Board at each meeting. As part of this process the impact of the complaint is graded against the table contained within NIMDTA's Incident Policy. The Chief Executive & Senior Governance, IT & Facilities Manager review the ratings periodically in order to inform data returns for accountability reports.

2.7 Investigation

The relevant Senior Manager will request the Team Managers within their Department to undertake complaint investigations.

The purpose of a complaints investigation is to:

- Ascertain what happened;
- Establish the Facts;
- Detect misconduct or poor practice; and
- Learn and improve services.

The Health and Social Care Regional Template and Guidance for Incident Investigation/review Reports provide a useful basis to help ensure reports are complete and consistent. A hyper link to this document is included in the Appendices.

On conclusion of the investigation the investigating officer should prepare a draft report and response. The investigating officer should also ensure all relevant documents, evidence, statements, etc. are contained within the investigation file before lodging it with the Corporate Services Team.

2.8 Complainant and Staff Support

The Complaints Officer is available to advise Complainants during each stage of the complaints process. This support includes assistance in relation to any aspect of the Complaints Policy, and signposting independent advice.

The Complaints Officer can be contacted as follows:

Complaints Officer
Northern Ireland Medical and Dental Training Agency
Beechill House
42 Beechill Road
Belfast
BT8 7RL

Phone: 028 9040 0000
Text phone: 028 9079 5337
Email: informationrequest.nimdta@hscni.net

The Corporate Services Team also provides support to NIMDTA staff involved in the complaints process as required.

The Corporate Services Team of the BSO operates from Monday to Friday from 9am to 5pm and can be contacted via email or phone:

Complaints.bso@hscni.net or 02895363555

2.9 Complaint Monitoring

It is a standing item on our weekly Senior Management Committee meeting that senior managers can advise of any complaints, issues or incidents that have arisen during that week in their Department.

The Corporate Services Executive Officer will maintain an Issues Log for the purposes of tracking complaints to ensure their prompt and effective resolution and with a view to collating and presenting complaints performance information. This information will also be used to examine complaint data for trends or further learning.

The Governance & Risk Committee and Board will be provided with a copy of the Issues Log at least quarterly. The issues log will detail the Department, risk rating, and status of each complaint.

To assess the effectiveness of our complaints handling processes, the Chief Executive and Senior Governance IT & Facilities Manager as part of NIMDTA's Annual Report preparation, will also review all complaints that occurred in the relevant business year. This process will include seeking to identify areas requiring development or improvement, as well as ensuring that lessons learned have been shared with appropriate staff.

For further information on how NIMDTA categorises and reports on complaints, please see section 3.3.

3. Complaint Procedure

3.1 Complaint Stages

NIMDTA adopts a multi-staged approach to the handling of complaints. The default position is to facilitate the early resolution of complaints where possible.

A flow diagram is displayed in Appendix 4 and the steps are summarised below:

- Complaint Identification
- Early Resolution
- Formal Resolution
- Internal Independent Review
- External Review

3.2 Stage 0 – Customer Service

People generally don't complain when they receive a good service. Complaints generally arise due to non-performance, poor performance or unacceptable staff conduct. Every staff member should endeavour to provide a level of service that satisfies a reasonable service user and in doing so thereby avoid complaints. Where complaints are upheld and learning is implemented, all staff are responsible for improving processes and/or behaviours in order to satisfy service users and prevent complaint recurrence. A customer orientated approach is an important first step in managing complaints.

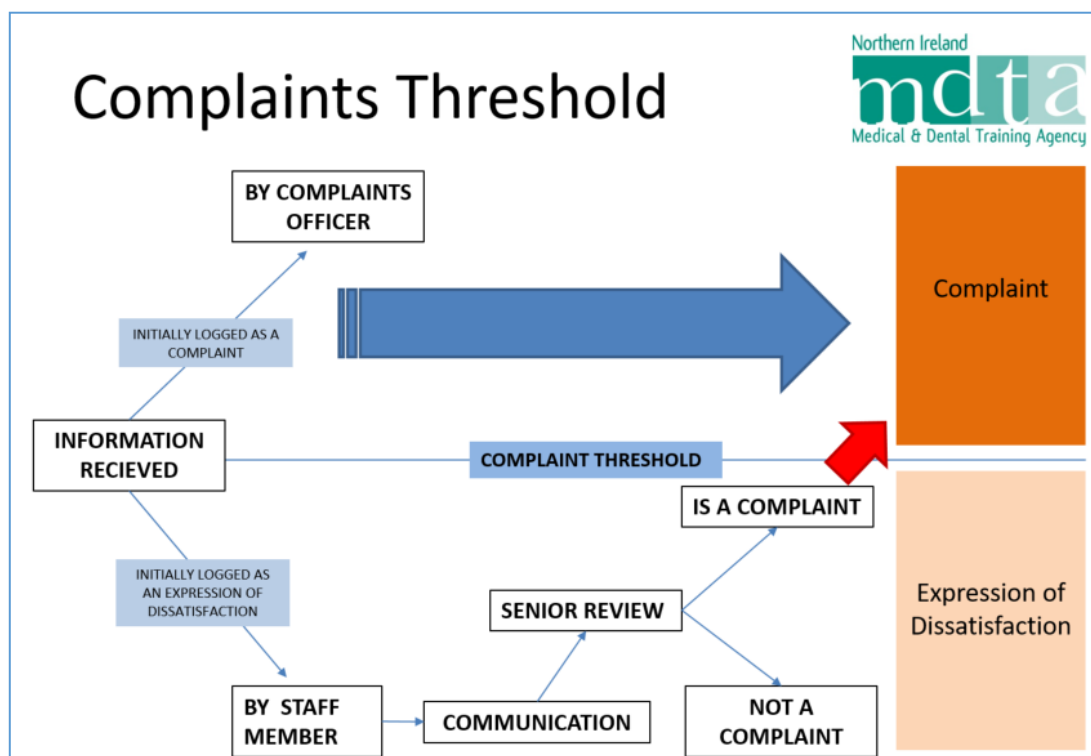
3.3 Stage 1 - Complaint Identification

During the course of our work we all resolve issues on a daily basis and clearly not all service user contacts raising minor issues are complaints. It is important for staff to identify when the nature of any contact becomes more than a business as usual activity. NIMDTA reports on these internally as 'expressions of dissatisfaction' – issues that relate to an individual being dissatisfied with a foreseeable outcome of our work.

Issues that impact the service user significantly, repeated errors, or unacceptable delays can indicate that your contact is no longer business as usual but has actually become a complaint. The attitude, tone and language of the service user can also help to signal if a complaint is being made.

It is also important to note that a Complainant will not always use the word 'complaint'. If a member of staff suspects a complaint is being made but is unsure, it is acceptable to ask the service user if they wish for their issue to be treated as a complaint. Conversely, if it is clear that the issue being raised is a complaint, even if the person raising the issue is too polite to label it as such, it should be treated as a complaint. Complaints may not necessarily come to the Complaints Officer as a first point of contact.

The following flowchart explains the various points when NIMDTA reviews whether an 'expression of dissatisfaction' or a complaint has been made, and ultimately then how it will be recorded and reported for accountability purposes:



Staff will receive periodic training on this, and can ask for support from the Complaints Officer as they review this.

When a complaint is identified it is important to ask the Complainant how they wish to proceed. Complainants have 3 main options concerning how to raise their complaint:

- Speaking to or writing to an appropriate staff member; or
- Speaking to or writing to an appropriate manager; or
- Speaking to or writing to the Complaints Officer.

It is good practice to share a copy of the Complaints Policy with anyone who raises a complaint or is thinking about raising a complaint. This Complaints Policy can be found on the Complaints section of the NIMDTA website.

As previously highlighted it is not acceptable to immediately direct all Complainants to the Complaints Officer as this might be off putting to some Complainants and also reduces the possibility of early resolution.

During the initial engagement with the Complainant it is important to establish if the complaint can be resolved quickly as this will determine the procedure staff members will be required to follow.

All complaints received directly by the Complaints Officer will be handled under this policy.

3.4 Stage 2 – Complaint Resolution

3.4.1 – Early Resolution

Early resolution of any complaint is a priority for NIMDTA as it provides clear benefits for NIMDTA and the Complainant. All staff receiving a complaint should establish if an early resolution is feasible.

For a complaint to be treated as an early resolution complaint, it must be capable of being resolved to the Complainant's satisfaction within 2 working days of it being raised. Therefore staff should consider the complexity and breadth of the complaint and the resource required to perform a thorough yet proportionate investigation in a short space of time.

Staff should also conduct a proportionate risk assessment to establish if there are any significant risks for NIMDTA. Reputational or legal risks should always be considered.

Where resolution in 2 days is not possible, or where significant issues or risks exist, staff should follow the procedures set out in this policy. The Complaints Officer and Corporate Services Team of the BSO will be available to assist staff.

If a complaint treated under the early resolution procedure becomes delayed, the Complaints Officer should be notified immediately and the complaint taken forward under the formal resolution procedure.

The staff member dealing with a complaint capable of early resolution should:

- **Establish** clearly the nature of the complaint and what is required to resolve the matter with the Complainant.
- **Assess** if early resolution is possible and perform a proportionate risk assessment. Where appropriate staff should notify their line manager of the complaint.
- **Notify** the Complaints Officer that a complaint is being handled under the Stage 1 - Early Resolution procedure.
- **Investigate** the complaint
- **Resolve** the complaint to the satisfaction of the Complainant.
- **Write** to the Complainant confirming the complaint investigated, the outcome of the investigation, any action that will be taken, and where appropriate an apology. (Spoken complaints only require a written response where requested by the Complainant. A template complaint response is included in the Appendices).
- **Provide** a copy of all information associated with the complaint to the Corporate Services Executive Officer who will hold a copy of the information on the Issues Log.
- **Implement** and share any learning.

Please note that recording all complaints, including those that are received orally or resolved early, is a DoH requirement and is important to ensure that learning opportunities are identified and shared. Therefore **the prompt forwarding of all information to the Corporate Services Executive Officer is an essential requirement in this process.**

3.4.2 – Formal Resolution

This is the default position where early resolution is not feasible or where the Complainant writes directly to the Complaints Officer.

Staff receiving written complaints, where early resolution is not possible, should forward them immediately to the Complaints Officer and 'cc' the Corporate Services Executive Officer.

Staff receiving spoken complaints, where early resolution is not possible, should immediately contact the Complaints Officer by email providing a full overview of the complaint, and 'cc' the Corporate Services Executive Officer. The overview of the complaint should include the following:

- Date complaint received;
- Details of who the complaint was received by;
- Complaint method;
- Complainant's full contact details;
- Thorough overview of complaint;
- Details of the Complainant's expected outcome; and
- Any reasons why it may not be possible to respond to the complaint within the timelines identified within this policy.

When a complaint is received by the Complaints Officer, either directly or through other staff members, they will immediately notify the Chief Executive or in the event of the complaint relating to the Chief Executive the Chair. If the complaint relates to the Chair as well as the Chief Executive, the Complaints Officer will advise the Chair of the Audit Committee.

The Complaints Officer will acknowledge receipt of the complaint with the Complainant within 2 working days and identify sources of support for the Complainant.

As noted above, each Senior Manager will request the Team Managers within their Department to undertake complaint investigations. The Senior Manager and Investigating Officer will undertake a risk assessment to enable serious complaints to be immediately identified. The Complaints Officer can provide a copy of the table contained in NIMDTA's Incident Policy in order to enable this process.

The Investigating Officer will lead and co-ordinate the investigation. This may include liaising with NIMDTA staff and management, the Complainant and the Complaints Officer and the Corporate Services Team of the BSO.

The Investigating Officer will send a report of the outcome of the investigation, along with the risk assessment, to the Complaints Officer within 10 working days following receipt of the complaint. The Complaints Officer will monitor and report on the timeliness of investigation reports. This will be identified in the Issues Log.

The Complaints Officer will also liaise with the Complainant if it becomes evident that a delay may occur. This correspondence will explain the reasons for the delay and provide a revised response date estimate.

The Complaints Officer will compose a draft response and forward to the relevant Senior Manager prior to submission to the Chief Executive or if appropriate the Chairperson.

The Chief Executive will review and issue, via the Complaints Officer, the final response to the Complainant within 20 working days following receipt of the original complaint. The outcome of the complaint will also be made available to affected staff. In the circumstance of a complaint made against the Chief Executive the Chairman of the Board supported as necessary by non-executive directors will deal with the complaint.

3.5 Stage 3 – Internal Independent Review

If following a complaint resolution a Complainant remains unsatisfied, they have the right to request an internal independent review. The purpose of such a review is:

- . To examine the process of investigation and resolution; and
- . To consider if the findings and response were fair, reasonable and proportionate.

The review panel will not consider additional complaints not previously raised.

Requests for review must be made in writing within 10 working days following the issue of the complaint response. Where meeting these requirements poses a problem for the Complainant, they should speak with the Complaints Officer for assistance.

When making a request for a review it is important that the Complainant clearly states the areas or issues causing dissatisfaction and the resolution they seek. The Complaints Officer will acknowledge the review request within 2 working days of receipt.

Following a review request a Review Panel will be convened comprising of a Non-Executive Director and a Senior Manager who have not previously been involved in the complaint. Where the complaint is against the Chief Executive the review will be undertaken by non-executive directors only.

The Review Panel will ordinarily meet within 10 working days of the request, to review all relevant information relating to the complaint and response. This information will be issued by the Complaints Officer. The panel will also consider the areas of dissatisfaction stated by the Complainant and the resolution being sought.

The complexity of a complaint may require a subsequent Review Panel meeting and/or further contact with the Complainant, investigating officer or staff.

The Review Panel will provide its conclusions and any recommendations to the Complainant and relevant management, via the Complaints Officer, within 20 working days from the review request. The response will advise the Complainant of their right, where appropriate, to refer their complaint to the Northern Ireland Public Services Ombudsman should they remain dissatisfied with the review outcome. The outcome of the complaint review will also be made available to affected staff.

3.6 Stage 4 - Further Recourse / the Ombudsman

The Northern Ireland Public Services Ombudsman investigates complaints about possible maladministration in the delivery of public services. The Ombudsman's role is to ensure that the people of Northern Ireland are served by a fair and efficient public administration that is committed to accountability, openness, and quality service.

Complainants therefore have the right to refer their complaint, if appropriate, to the relevant Ombudsman. This right will be advised to all Complainants in our response to a complaint and in any subsequent response to a review.

Appendix 1 – Excluded Complaints

The following complaints are excluded from the scope of this policy and procedure:

- a.** a complaint made by a HSC body which relates to the exercise of its functions by another HSC body;
- b.** a complaint made by an employee about any matter relating to his/her contract of employment as this is provided for under The Grievance Policy;
- c.** a complaint made by an independent provider about any matter relating to arrangements made by a HSC body with that independent provider;
- d.** a complaint arising out of an HSC body's alleged failure to comply with a data subject under the Data Protection Act 1998 (a) or a request for information under the Freedom of Information Act 2000 (b);
- e.** a complaint about which the Complainant has stated that he intends to take legal proceedings;
- f.** a complaint about which a HSC body is taking or is proposing to take disciplinary proceedings in relation to the substance of the complaint against a person subject to complaint;
- g.** a complaint which has led to the protection of vulnerable adults policy or procedures having been activated;
- h.** a complaint the subject matter of a Child Protection inquiry;
- i.** a complaint which has raised an independent inquiry and/or a criminal investigation and/or an investigation into on-going fraud;
- j.** a complaint which has resulted in a referral to a professional regulatory body;
- k.** a complaint which activates the Children's Order Representation and Complaints Procedure;
- l.** a complaint the subject matter of which has previously been fully investigated under these procedures or former procedures
- m.** a complaint which is being or has been investigated by the NI Commissioner for complaints.
- n.** a complaint which is already being or has already been investigated by the Northern Ireland Public Services Ombudsman or by the Pensions Ombudsman.

Where a complaint falls into any of these categories the Chief Executive or other appropriately designated Senior Manager shall notify, in writing, the complainant and inform them that their complaint cannot be considered under this policy and procedure.

Appendix 2 – Links to Relevant Documents

DOH Guidelines – Complaints in Health and Social Care 2009

DoH Guidelines - Health and Social Care Regional Template and Guidance for incident Investigation / review reports 2007

DoH Guidelines - How to classify adverse incidents and risk 2006

NIMDTA Disciplinary Procedure

NIIMDTA Grievance Policy

NIMDTA Data Protection Policy

NIMDTA Zero Tolerance to Abuse Policy

Appendix 3 – Complaint response Template

Dear (Insert Title and Surname),

I refer to your complaint received on DD/MM/YYYY relating to (Insert Details).

We have now considered your complaint and can provide you with the following response.

(Insert Detailed Response)

(Include Apology if appropriate)

I hope that the information provided assists you. However, if you are dissatisfied in any way with the handling of your request you have the right to a review which will be carried out by a Non-Executive Director and a Senior Manager not previously involved in your complaint.

In the event that you wish for a review to be undertaken you should do so within 10 days of the date of issue of this letter by writing to:

Complaints Officer
Northern Ireland Medical and Dental Training Agency
Beechill House
42 Beechill Road
Belfast
BT8 7RL

Yours Sincerely,

Appendix 4 – Contact Details

Complaints Officer	Northern Ireland Medical and Dental Training Agency Beechill House 42 Beechill Road Belfast BT8 7RL Phone: 028 9040 0000 Text phone: 028 9079 5337 Email: informationrequest.nimdta@hscni.net
NI Public Services Ombudsman	Progressive House 33 Wellington Place Belfast BT1 6GQ 028 9023 3821