



Complaints Policy

| | |
|--------------------------------|---|
| Version: | V7 |
| Name of originator/ author: | Louise Hutchinson, Head of Patient Experience |

| | |
|----------------|-------------------------|
| Policy: | |
| Approved by: | Joint Partnership Forum |
| Date approved: | 5 June 2018 |

| | |
|-----------------------|--|
| Date issued: | 12/6/2018 |
| Date next review due: | 5/6/2021 |
| Target audience: | All staff should adhere to this policy |
| Replaces: | Complaints Policy, V6.0 |

Equality Analysis Record

| | | |
|-----------------------|--------|----------|
| Approved EA submitted | Dated: | 5/6/2018 |
|-----------------------|--------|----------|

Contents

| | | |
|-----------|--|-----------|
| 1 | INTRODUCTION | 3 |
| 2 | STATEMENT OF AIMS AND OBJECTIVES..... | 3 |
| 3 | PRINCIPLES | 5 |
| 4 | DEFINITIONS | 7 |
| 5 | RESPONSIBILITIES | 8 |
| 6 | COMPETENCE | 10 |
| 7 | MONITORING..... | 10 |
| 8 | AUDIT AND REVIEW..... | 11 |
| 9 | ASSOCIATED DOCUMENTATION | 12 |
| 10 | REFERENCES | 12 |
| | DOCUMENT CONTROL..... | 14 |

1 Introduction

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (hereafter referred to as 'the Trust') provides a wide range of services to the public such as emergency and urgent care, NHS 111 services, and Resilience and Hazardous Area Response Team (HART). The Trust employs approximately 3,300 staff working across 110 sites across Kent, Surrey and Sussex. This area covers 3,600 square miles with a population of over 4.5 million people.
- 1.2. Although the Trust always strives to provide the best possible care to patients, at times the service provided may fall below standard or fail to meet patient expectations. When this happens the Trust is committed to learning from these incidents in order to improve treatment, care, and patient and public experience.
- 1.3. Patient and public feedback comes in various forms and is often an expression of dissatisfaction with the service provided by the Trust. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 provides the statutory framework for managing complaints, and this is further supported by the Parliamentary and Health Service Ombudsman (PHSO) Principles of Good Complaint Handling, as outlined in the PHSO Vision: My expectations for raising concerns and complaints.
- 1.4. This policy provides guidance to managers and staff so that they understand their responsibilities when a patient or member of the public is unhappy with the care or service they have received.

2 Statement of aims and objectives

- 2.1. The Trust is committed to the improvement of its services to patients, their carers, members of the public, other service users and the wider population.
- 2.2. The Trust recognises that complaints provide valuable information about service quality from the perspective of patients, their carers and the wider population. It acknowledges the importance of effective and efficient liaison and involvement with people to ensure that their concerns and complaints are addressed, that learning outcomes are identified and that new and improved practices are developed and implemented as a result.
- 2.3. The Trust's Patient Experience Team and its policy on the management of complaints support one of the fundamental elements of the Trust's approach to integrated governance and risk management: the development of an open, honest, fair and just culture that is receptive to adopting new practices and learning from complaints and incidents by involving patients, the public and staff.
- 2.4. The importance of an effective and efficient complaints policy is acknowledged by the Trust. This policy and its associated procedure for the management of complaints comply with the guidance set out in the NHS publication *Organisation with a Memory* (2000) which highlights the

need to identify the organisational and systemic weaknesses that cause complaints, rather than focusing on blaming individuals, and are in accordance with the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*.

- 2.5. The policy also complies with the principles set out in the Parliamentary and Health Service Ombudsman's *Principles of Good Complaint Handling* (- Feb 2009) and the Department of Health document *Listening, Responding, Improving – A guide to better customer care* (2009) in relation to the systems and processes for handling complaints. It also takes on board recommendations made in the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (Francis, 2013), the *Review of the NHS Hospitals Complaints System* (Clwyd and Hart, 2013), and *Hard Truths: The journey to putting patients first, Volume 1* (Department of Health, 2014).
- 2.6. This policy is supported by the Complaints Procedure which outlines the internal management processes and responsibilities.
- 2.7. We will aim to ensure that:
 - 2.7.1. the complaints process is accessible to the public and promoted widely via a range of mechanisms.
 - 2.7.2. complaints are handled sensitively, thoroughly and consistently across all areas of the Trust.
 - 2.7.3. each complaint is dealt with according to its unique nature and considers the expectations of the complainant.
 - 2.7.4. all complaints receive a thorough, proportionate and timely investigation, with robust, honest and open responses provided to complainants.
 - 2.7.5. learning outcomes from complaints are identified and shared, and any resulting recommendations and actions are implemented with a view to improving patient care.
- 2.8. Effective management of complaints will:
 - 2.8.1. act as a key tool in re-establishing confidence in the Trust on the part of the complainant and those associated with the complaint.
 - 2.8.2. ensure that complainants are heard, and that their dissatisfaction receives an appropriate and timely response.
 - 2.8.3. suggest solutions that will benefit all patients and improve service delivery.
 - 2.8.4. assist in ensuring that the Trust is an open, honest and transparent organisation, and that it is perceived as such by all.
 - 2.8.5. ensure that trends in complaints are analysed to assist in identifying areas within the Trust's policies and procedures that would benefit from review.

3 Principles

- 3.1. The Trust is committed to ensuring that patients receive an excellent standard of care whenever they use its services and that when patients or their representatives wish to feedback about their experience, they have every opportunity to do so.
- 3.2. Complainants can be confident that their future care and treatment provided by the Trust will not be adversely affected in any way because they have made their concerns known to us.
- 3.3. This policy reflects the Trust's continued commitment to providing a straightforward and effective mechanism for enabling patients and the public to feedback to the organisation and to aid service improvement. By following this policy and the standards provided in this document, the Trust acknowledges its responsibilities to manage its activities with integrity.
- 3.4. The Trust's Complaints Procedure and related procedures and processes will ensure that complaints will be dealt with as thoroughly as possible and in a timely manner.
- 3.5. Complaints will be investigated if they are made within 12 months of the event(s) in question, or within 12 months of it being discovered that there was a cause for complaint. These time limits may be waived on an individual basis and at the discretion of the Trust if there is good reason for the complaint not being made within the timeframe, and if it is still possible to investigate the complaint effectively and efficiently.
- 3.6. The Trust has a duty to co-operate with other health and social care organisations to resolve joint complaints and adheres to the Local Authority Social Services and NHS Complaints Regulations 2009.
- 3.7. On receipt, complaints will be graded by the Patient Experience Team according to seriousness, based on the information provided when the complaint is received, as Level 1, 2 or 3. Complaints which are later deemed to constitute a Serious Incident (SI) will be classed as a Level 4 complaint. A bespoke grading guide is used to ensure that grading is consistent and is provided in the Complaints Procedure. This initial grading will determine the level of investigation required, and tries to ensure proportionality.
- 3.8. If during the course of an investigation the investigating manager believes the grading of the complaint needs to be changed, e.g. if they feel a complaint should be escalated to a higher level, or if a complaint transpires early in the investigation to be much less serious than first thought, the grade and the way the complaint is investigated may be changed in consultation with the Patient Experience Team. If this change affects the way in which the complainant will be responded to, this will be discussed with them.

3.9. Level 3 and 4 complaints

Level 3 and 4 complaints will be acknowledged in writing within three working days of receipt. Every effort will be made to ensure that a final response from the Chief Executive Officer (or their deputy) is sent to the complainant within 25 working days for Level 3 complaints and 60 working days for Level 4 (complaints that are an SI). If this is not possible the Patient Experience Team or the Investigating Manager will keep the complainant informed of progress.

3.10. Level 1 and 2 complaints

The majority of Level 1 and 2 complaints are received via the telephone, however those received in writing, both by email and post, will be acknowledged in writing or via a telephone call within three working days. They will be responded to by the Patient Experience Team within 25 working days, either verbally or in writing according to the complainant's wishes. If this is not possible the Patient Experience Team will keep the complainant informed of progress. A note of feedback provided verbally will always be recorded on the Datix complaint record.

3.11. All complainants will be advised, either in the written response to their complaint or in the telephone call to provide feedback verbally, that should they have any concerns that have not been addressed in the Trust's response, they should make these known to the Trust's Patient Experience Team, who will endeavour to see if anything else can be done to resolve their concerns.

3.12. The complainant will also be advised of their right to request a review of the Trust's handling of their complaint by the Parliamentary and Health Service Ombudsman (PHSO), and contact details for the PHSO will be provided.

3.13. Non-statutory complaints, such as those from other healthcare providers (HCPs), are registered by the Patient Experience Team and forwarded to the relevant service for investigation. Non-statutory complaints are investigated and reported back to the Patient Experience Team who will then feed back to the complainant, as with statutory complaints

3.14. In cases where the complainant is dissatisfied with the Trust's response, the Patient Experience Team, in conjunction with the Head of Patient Experience or the Patient Experience Manager, will review the complaints investigation to identify if anything further can be done to resolve the issue to the complainant's satisfaction. If anything is identified the complaint will be reopened and a further investigation carried out. In such cases the complainant will receive an acknowledgement within three working days to advise of the next stage of the process. A meeting with an investigating manager may be offered, and after investigation a written response will be sent to the complainant from the Chief Executive Officer (or their deputy) within 25 working days from the date the complaint was reopened. If this is declined, or it is determined that nothing further can be done at a local level, the complainant will be reminded of their right to request a review of the Trust's handling of their complaint by the PHSO.

- 3.15. Complaints or requests for a review of a decision relating to a request for information under the Freedom of Information Act 2000 or Data Protection Act 1998, will be managed by the Patient Experience Team under the Trust's Complaints Procedure, but will not be included in the reporting of statutory complaints. Following completion of the investigation, the Trust's response to the applicant will advise them of their right to request a review by the Information Commissioner should they remain dissatisfied with the Trust's response. The letter will include details of the Information Commissioner's contact details.
- 3.16. If they have particular needs, patients, members of staff, volunteers and members of the public can request assistance with accessing the Complaints Policy through the Patient Experience Team.

4 Definitions

4.1. Complaints

- 4.1.1. The Trust defines a complaint as 'an expression of dissatisfaction from a patient or their duly authorised representative, or any person who is affected by, or likely to be affected by, the action, omission or decision of the Trust, whether justified or not'. This is in line with the recommendations of Robert Francis's *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*.

4.2. Level 3 and 4 Complaints

- 4.2.1. In the case of Level 3 and Level 4 complaints (the most serious), along with less serious complaints (Level 2) where a complainant has requested a formal response, the complainant will receive an acknowledgement letter within three working days, will be contacted by the investigating manager to discuss their concerns, and will receive a written response from the Chief Executive Officer or their deputy. Responses to all complaints should be sent to the complainant within 25 working days. All complaints received are logged and managed in line with the complaints process, with the exception of a complaint made by a responsible body, or a complaint by an employee of a local authority or an NHS body about any matter relating to that employment (see Local Authority Social Services and National Health Service Complaints (England) Regulations 2009).
- 4.2.2. If the Patient Experience Team believe a complaint may constitute a Serious Incident (SI) they will refer the complaint to the weekly Serious Incident Group (SIG). If the SIG deem that it is an SI it will be classed as a Level 4 complaint and the investigate will then be managed by the Trust Serious Incident Lead. If the complaint is not found to be an SI by the SIG, the complaint may be re-presented to the group should new information come to light. The response to Level 4 complaints will be sent to the complainant once the SI report has been provided to the Patient Experience Team.

4.3. **Level 1 and Level 2 Complaints**

4.3.1. Level 1 complaints are those that can be dealt with by the Patient Experience Team themselves, and Level 2 complaints are complaints of a less serious nature but which have to be forwarded by the Patient Experience Team to another manager / team to investigate. Level 1 and 2 complaints will be directly responded to by the Patient Experience Team, via the method the complainant has requested, ie by telephone, email or letter. However if a complainant makes it clear to the Patient Experience Team that they would like their complaint to be reviewed by the Chief Executive Officer, they will receive a written response from the Chief Executive Officer or their deputy. The Trust will always respect the complainant's wishes in terms of how they would like their complaint to be managed and the method of response.

4.4. **Complaints from healthcare providers and other 'responsible bodies'**

4.4.1. Complaints made by 'a responsible body' (as detailed in 3.13) should not be registered as a statutory complaint. They are registered as non-statutory complaints, and recorded on the risk management database (Datix) as such. However, they are graded according to apparent seriousness and managed just as any other complaint.

4.5. **Patient Advice and Liaison Service (PALS)**

- 4.5.1. The Patient Experience Teams also provides the Trust's PALS service, providing help and information for patients, their carers and the general public who have queries about the Trust and the services it provides.
- 4.5.2. The Patient Experience Team, under the PALS banner, also acts as a referral gateway to other local health and voluntary organisations and will signpost people to services appropriate to their needs. In addition, the Patient Experience Team can assist those who wish to make a complaint by explaining the Trust's complaints process to them and putting them in touch with agencies that can support them through the process, for example their local independent complaints advocacy service.
- 4.5.3. The **investigating manager** is any person – other than the Patient Experience Team staff themselves - charged with looking into a complaint.

5 **Responsibilities**

5.1. The **Chief Executive Officer** is the 'accountable officer' for complaints and has overall responsibility for the implementation of the Trust's Complaints Policy, ensuring that lessons are learnt from complaints and, where appropriate, remedial action is taken. This function may be performed by any person authorised by the Chief Executive Officer to act on their behalf and periodically may be devolved to other Board Directors.

- 5.2. The **Head of Patient Experience** is responsible for:
 - 5.2.1. overseeing this policy and the management of the Complaints Procedure.
 - 5.2.2. monitoring any trends in complaints that emerge and raising these with senior management via the Trust's Area Governance Meetings and Clinical Group.
 - 5.2.3. escalating any concerns about non-compliance with this policy and the Complaints Procedure to senior management, and if necessary to the Trust's Quality and Patient Safety Committee .
- 5.3. The Head of Patient Experience, or their nominated deputy, in addition to assuming the day to day responsibility for this policy on behalf of the Chief Executive Officer, will provide advice and guidance on the application of the policy and will ensure that:
 - 5.3.1. all complaints received are recorded in a timely fashion on the Trust's integrated risk management database.
 - 5.3.2. an appropriate level of investigation is undertaken by the nominated investigating officer.
 - 5.3.3. Trust procedures are followed.
 - 5.3.4. personal contact with complainants is established and maintained where appropriate.
 - 5.3.5. responses are formulated in a consistent and appropriate manner.
 - 5.3.6. complaints are responded to within the timescale stipulated in this policy.
 - 5.3.7. the implementation of actions recommended as a result of complaints is monitored and reported on.
 - 5.3.8. Close links with other NHS and social care organisations are established and maintained with the aim of providing a seamless response to complainants. Usually the recipient organisation takes the lead in dealing with the complaint, but each complaint is dealt with on an individual basis and discussed by the organisations involved, who will agree who should lead in each case.
 - 5.3.9. The Trust Board and the Quality and Patient Safety Committee are responsible for reviewing and providing feedback on the statistical analysis, data and narrative provided in terms of trends analysis, complaints investigations, learning outcomes and improvements. Where applicable, the Quality and Patient Safety Committee will oversee the development, monitoring and implementation of action plans to address any deficiencies.
- 5.4. The **Trust's Directors** are ultimately responsible for investigation of complaints that fall within their directorate.

- 5.5. All **assigned investigating managers** have a responsibility to investigate complaints that arise from within their area or responsibility, as designated by their senior managers.
- 5.6. All **assigned investigating managers** must:
 - 5.6.1. put in place processes to meet the required deadlines.
 - 5.6.2. ensure Trust procedures for investigating complaints are followed.
 - 5.6.3. provide comprehensive reports to enable the Patient Experience Team to prepare a full and appropriate response to the complainant, detailing:
 - 5.6.3.1. the investigation undertaken.
 - 5.6.3.2. The findings and outcomes.
 - 5.6.3.3. any learning resulting from the complaint
 - 5.6.3.4. recommendations for action to mitigate against a recurrence, and a timescale for implementation of any actions.
- 5.7. The **Senior Managers for each service area** are responsible for ensuring that actions recommended as a result of complaints are implemented in accordance with the proposals set out by their investigating managers in their complaints investigation reports.
- 5.8. **Managers** are responsible for ensuring that all staff are aware of the Trust Complaints policy, and that the policy and its associated procedures are adhered to.
- 5.9. **All staff** must adhere to the Trust's Data Protection Policy, the NHS Confidentiality Code of Practice and the Data Protection Act when handling complaints.

6 Competence

- 6.1. Where complaints analysis identifies recurrent or singular concerns with an individual member of staff, an analysis of training needs will be undertaken by their manager to identify whether additional training is appropriate, and arrangements will be made with their manager for this to take place.
- 6.2. As part of the Trust's annual Training Needs Analysis review, all staff groups who are likely to be involved in handling complaints will be identified and additional training will be incorporated as appropriate, for example, investigative techniques.

7 Monitoring

- 7.1. On a monthly basis the Head of Patient Experience will analyse complaints statistical data, which includes the interrogation of the complaints entries on the Trust's integrated risk management database

(Datix), and will pinpoint likely causes for any emerging trends. Complaints statistics will be reported in the Trust's monthly Quality Report, which is circulated to appropriate internal groups as well as to the Trust's commissioners.

- 7.2. If persistent non-compliance with this policy and its associated procedures is identified, the Head of Patient Experience will, as a first course of action, liaise with the relevant senior managers and/or directors. As a secondary measure the Head of Patient Experience will advise the Clinical Governance Group, after which the concerns will be escalated to the Quality and Patient Safety Committee. If appropriate, actions plans will be developed and their implementation monitored by the Head of Patient Experience. Where applicable, the Quality and Patient Safety Committee will oversee the development, monitoring and implementation of action plans to address any deficiencies. Timescales for implementation will be decided on a case by case basis.
- 7.3. The Quality and Patient Safety Committee will monitor the Trust's Risk Register to ensure that any risks identified as a result of complaints analysis are recorded and addressed promptly.
- 7.4. The Board may request the Trust's internal auditors to carry out an audit of the management of complaints from time to time, to seek further assurance that the Policy is being followed.
- 7.5. The policy is to be reviewed by the Head of Patient Experience every three years or sooner if new legislation, codes of practice or national standards are introduced or existing standards amended.

8 Audit and Review

- 8.1. The Trust is committed to learning from concerns and complaints in order to improve patient and staff safety and experience and to ensure that patients receive the service they are entitled to expect.
- 8.2. Investigation outcomes and data will be analysed by the Patient Experience Team to identify any developing trends and required changes in practice and brought to the attention of the Head of Patient Experience and the Patient Experience Manager.
- 8.3. The processes that clearly determine when, how and by whom learning should be cascaded and acted upon will be described in the Complaints Procedure. This procedure will identify to whom and how trends, learning outcomes, shared learning and improvements will be reported and monitored.
- 8.4. Triangulation of incidents, complaints and claims will be undertaken, to ensure that lessons learned from all are shared across the Trust, as well as across the local health community where appropriate.

9 Associated Documentation

- 9.1. Complaints Procedure
- 9.2. Trust leaflet “How the Trust deals with Concerns and Complaints”
- 9.3. Risk Management Strategy and Policy
- 9.4. Procedure for Maintaining Risk Registers
- 9.5. Clinical Peer Review Procedure
- 9.6. Data Protection Policy
- 9.7. Incident Reporting Policy
- 9.8. Serious Incident Policy
- 9.9. Freedom of Information Policy & Procedure
- 9.10. Safeguarding Policy and Procedures for Children, Young People and Adults
- 9.11. Being Open and Duty of Candour Policy

10 References

- 10.1. Data Protection Act, 2018
- 10.2. Freedom of information Act, 2000
- 10.3. Organisation with a Memory, 2000
- 10.4. NHS Confidentiality Code of Practice, 2003
- 10.5. Principles of Good Complaints Handling, Parliamentary and Health Service Ombudsman, 2008
- 10.6. Principles for Remedy, Parliamentary and Health Service Ombudsman, 2009
- 10.7. Principles of Good Administration, Parliamentary and Health Service Ombudsman, 2009
- 10.8. Local Authority, Social Services and NHS Complaints Regulations, 2009
- 10.9. Listening Responding Improving: A guide to better customer care, 2009
- 10.10. Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive summary. London: Stationery Office
- 10.11. Review of the NHS Hospitals Complaints System: Putting patients back in the picture, Clwyd and Hart, 2013
- 10.12. Hard Truths: The journey to putting patients first, Department of Health, 2014

- 10.13. More complaints please!", Commons Public Administration Select Committee, 2014
- 10.14. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20, Duty of Candour

Document Control

Manager Responsible

| | |
|--------------|----------------------------|
| Name: | Louise Hutchinson |
| Job Title: | Head of Patient Experience |
| Directorate: | Nursing and Quality |

| | | |
|----------------------|-------------------------|----------------|
| Committee to approve | Joint Partnership Forum | |
| Version No. 3.0 | Final | Date: 05.06.18 |

Approval

| Person/ Committee | Comments | Version | Date |
|------------------------------------|--|---------|----------|
| Joint Partnership Forum | | V2.3 | 05.06.18 |
| Joint Partnership Forum | Review to confirm whether policy may be 'fast tracked' | V2.3 | 09.05.18 |
| Head of Patient Experience | Incorporation of comments | V2.3 | 15.03.18 |
| Patient Experience Manager | Incorporation of comments | V2.2 | March 18 |
| Patient Experience Project Manager | Review | V2.1 | March 18 |

Circulation

| | |
|-----------------------------|------------------|
| Records Management Database | Date: 12/6/2018 |
| Internal Stakeholders: | All SECAMB staff |
| External Stakeholders | All stakeholders |

Review Due

| | | |
|---------|--|----------------|
| Manager | Louise Hutchinson, Head of Patient Experience | |
| Period | Every three years or sooner if new legislation, codes of practice or national standards are introduced | Date: 5/6/2021 |

Record Information

| | |
|------------------------------|---|
| Security Access/ Sensitivity | [e.g.: Official (Public Domain) or Official – Sensitive] |
| Publication Scheme | Yes |
| Where Held | Records Management database |
| Disposal Method and Date | In accordance with Records Management Retention & Disposal Guidance |

Supports Standard(s)/KLOE

| | Care Quality Commission (CQC) | IG Toolkit | Other |
|----------------|-------------------------------|------------|-------|
| Criteria/KLOE: | Safe: S2 Responsive: R4 | | |