



COMPLAINTS POLICY

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1. INTRODUCTION

Complaints, concerns and comments are viewed by the North East Ambulance Service NHS Trust as a significant opportunity for improvement and by listening to our users, patients, hospitals, GPs etc the Trust will ultimately be able to achieve its mission statement.

It is our objective to satisfy complainants that the Trust, and its staff, take their dissatisfaction seriously and to convince them that investigations will be thorough and objective, and where appropriate, action will be taken to prevent a reoccurrence and to improve service delivery.

This Policy has been developed to deal with complaints raised by patients and their representatives. It is not intended for use when dealing with complaints or grievances from staff. Staff are directed to use the Trust's Grievance Procedure (QSSD 309).

This policy encompasses The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and will be reviewed annually on 1st April.

2. WHAT IS A COMPLAINT?

- 2.1. A complaint is an expression of dissatisfaction that requires a response, however made, about services provided by the North East Ambulance Service NHS Trust.
- 2.2. Requests regarding services or for information are not complaints and are subject to the Trust Policy on Openness.

3. WHO CAN COMPLAIN?

- 3.1. Anyone who receives or has received services from the Trust and anyone acting for those unable to complain personally.
- 3.2. Anyone who has been affected, or likely to be affected by the action, omission or decisions of the Trust.
- 3.3. A complainant does not, therefore, have to be a user of the Trust's services.

4. WHY COMPLAIN?

- 4.1. Complaining is one of several ways in which patients, their families, friends and carers make their views known to the NEAS when their expectations have not been met. It is often hard for complainants to voice their concerns and they can feel frightened and vulnerable.
- 4.2. Some complainants want an apology, others an explanation, some want redoubled efforts or staff to be reprimanded. Some want a decision or procedure reversed or something to be done more quickly; the making good of loss through compensation; a waiver or reduction of a fee; an assurance that the cause of the grievance will not recur; answers to specific questions; an official investigation; a meeting with staff; restoration of possessions; remedial treatment; or someone punished.

5. WHY HAVE A COMPLAINTS POLICY?

- 5.1. To ensure that the Trust responds in the most appropriate way to all complaints.
- 5.2. Commissioners of Trust services, users and staff are entitled to bring to the attention of the Trust aspects of services, about which they are unhappy. Suggestions, constructive criticism and complaints, can be valuable aids to management in maintaining and developing standards throughout the Trust.
- 5.3. It is important that no one (commissioners of Trust services, users or staff), should be inhibited from making valid complaints and that there is full confidence that all complaints, will be given full, proper and speedy consideration.
- 5.4. Many matters that cause concern and that may have the potential of escalating into a complaint, can be dealt with as they arise. All staff have responsibilities regarding such matters and should deal with them in a way which reassures.

6. POLICY OBJECTIVES

- 6.1. Accessibility – to ensure ease of access for all complaints and provide complainants assistance to enable them to understand the procedure in relation to complaints or advice on where they may obtain such assistance.
- 6.2. Simplicity and Speed – to ensure that they are directed to the appropriate investigating officer as quickly as possible and to ensure complainants know to whom they should complain.
- 6.3. Respect – to ensure that complainants and staff are treated with respect and courtesy.
- 6.4. Impartiality – to maintain fairness for staff and complainants alike.
- 6.5. Quality Enhancement – to ensure action is taken to prevent a recurrence of identified problems wherever possible.
- 6.6. Responsiveness – to ensure complainants are kept fully informed about the progress of their complaint as well as the eventual outcome.
- 6.7. Cost Effectiveness – to promote greater customer awareness amongst staff and to ensure that the requisite training is given to all staff who receive and investigate complaints.
- 6.8. Accountability – to monitor and analyse complaints and use the data to form Trust policy, improve services and systems and develop in all staff increased levels of customer awareness.

7. INITIAL RESPONSE TO COMPLAINTS \ CONCERNS \ COMMENTS

- 7.1. Whichever way the Trust is contacted, it will handle all complaints quickly, politely, efficiently, fairly and in a straight forward, yet sensitive manner.
- 7.2. Complainants must always be advised of assistance to be obtained from Independent Complaints Advocacy Service with regard to their complaint.

8. VERBAL COMPLAINTS \ CONCERNS \ COMMENTS TO STAFF

- 8.1. Wherever possible verbal complaints to staff will be resolved as they occur.
- 8.2. If the complaint cannot be resolved at the time, it is the staff member's responsibility to agree with the complainant on how to proceed. Either pass the details of the complaint (including the complainant's contact information) to the Trust's Complaints Department (this must be done by the end of the day / shift in which the complaint is received) or advising the complainant of the Trust's Complaints Departments contact details (Trust Head Quarters telephone number and address or Trust internet site where all details are available).
- 8.3. If the complaint is resolved immediately the member of staff must complete an Informal Complaint Form and forward it to the Complaints Officer.

Sample Informal Complaints Forms – see forms AHQ 144 & AHQ 150

9. PERSONAL VISITS

- 9.1. Personal callers to Ambulance Headquarters will be referred to a member of staff within the Complaints Department, who will listen to the complaint and try to resolve it at the time of the visit.
- 9.2. If this is not possible, it will be explained that further investigation is required and will agree with the complainant the process that this will follow.

10. ANONYMOUS COMPLAINTS \ CONCERNS \ COMMENTS

- 10.1. Complaints received anonymously either over the telephone or in writing must be referred to a member of staff within the Complaints Department who will seek advice to determine what action is appropriate.

11. TELEPHONE COMPLAINTS \ CONCERNS \ COMMENTS

- 11.1. During normal business hours telephone complaints will be referred to a member of staff within the Complaints Department or nominated representative in their absence. If calls are made outside of business hours calls will be responded to as quickly as possible by Accident and Emergency Control staff.
- 11.2. On receipt of the call, it is the receptionist's/controller's responsibility to put the complainant in contact with a member of staff within the Complaints Department, who will deal with the problem, or where relevant pass the call to the Patient Advice and Liaison Service (PALS).
- 11.3. In the event that a member of staff within the Complaints Department or nominated representative is unavailable, the receptionist/controller will record relevant details and arrange for a member of the complaints team to contact the complainant as soon as possible. Details must be passed to the Complaints Department (or nominated representative) by the end of the day in which the complaint is received.
- 11.4. If the complaint is of a complex nature, the complainant may be asked to confirm the details in writing. Those complainants who may have difficulty will be referred to their Independent Complaints Advocacy Service for assistance, although the complaint will be registered and investigations will begin immediately.
- 11.5. The member of the complaints team that deals with the call will agree with the complainant how they want their concerns managed and responded to with respect to timescales and method of response.
- 11.6. All complaints \ concerns \ comments received will be registered, within the Trust's complaints system, regardless of origin.
- 11.7. In the event the Complaints Department is not staffed due to holiday/sickness, then the role of the Complaints Department falls within the Clinical Care and Patient Safety Directorate and the appropriate actions will be taken in line with the complaints procedures.

12. WRITTEN COMPLAINTS

- 12.1. All letters of complaint should be directed to:

The Complaints Officer
North East Ambulance Service NHS Trust
Ambulance Headquarters
Bernicia House
Goldcrest Way
Newburn Riverside
NEWCASTLE UPON TYNE
NE15 /NY

Tel (0191) 430 2000
Fax (0191) 430 2076

- 12.2. All written complaints received within the Trust, either electronically or by letter, should be forwarded to the Complaints Department by the close of business on the day of receipt for the appropriate actions to be taken within the required timescales.

13. ACKNOWLEDGEMENT OF COMPLAINTS \ CONCERNS \ COMMENTS

- 13.1. All complaints \ concerns \ comments received will be acknowledged either verbally, or where no contact details are available, in writing, within 3 working days by a member of staff within the Complaints Department.
- 13.2. Where it has not been possible to speak directly with the complainant, the acknowledgement letter will include a request for the complainant to contact the Complaints Department to discuss the issues raised. The acknowledgement letter will also include the date the Trust would expect to provide a written response by in the event that the complainant does not want to contact the Trust to discuss the issues raised.

SAMPLE ACKNOWLEDGEMENT LETTER – Appendix 1

14. REGISTRATION OF COMPLAINTS \ CONCERNS \ COMMENTS

- 14.1. The Complaints Department is responsible for ensuring complaints are handled in accordance with this procedure (*NB See GEN 280*).
- 14.2. Registration will be in a standard format that will include :
- reference number, to be used as a reference number for all future communications;
 - date of receipt of complaint;
 - name, address and telephone number of complainant;
 - complainant's relationship to the patient;
 - patient details;
 - details of the complainant;
 - transport information;
 - details of the investigating officer(s).
- 14.3. This information will be recorded on the Trust's central complaints register. For those complaints requiring a written response, will be included on the registration form sent to the Investigating Officer (see form AHQ 77)
- 14.4. If the complaint appears to be of a clinical nature, the Complaints Team will liaise with senior clinical staff within the Trust's Clinical Care and Patient Safety Directorate.
- 14.5. At this stage the Complaints Team is responsible for ensuring that all details of the complaint are forwarded to the investigating officer (see appendix 2 for list of nominated Investigation Officers)
- 14.6. A central Register of Complaints will be maintained by the Complaints Department.

15. THE INVESTIGATION

- 15.1. On receipt of the complaint \ concern \ comment, the investigating officer, must identify those staff involved, and if there is a potential conflict of interest will advise the Complaints Department immediately. He/she will decide what action is required. The action taken will be sufficient to determine:
- i. a full understanding of the problem and its cause;
 - ii. a full understanding of what it is the complainant wants;
 - iii. confirmation that recovery of the situation has been achieved as far as possible or will be as soon as possible;
 - iv. a remedy (in addition to recovery), to prevent a recurrence wherever possible;
 - v. a full and meaningful response to the Chief Executive where required.
- 15.2. In all cases, unless otherwise specified, complainants must be contacted, either by telephone or personal visit, as soon as possible to clarify details of the issues raised.
- 15.3. If the complaint is of a clinical nature, the investigating officer must consult with senior clinical staff within the Trust's Clinical Care and Patient Safety Directorate \ Medical Director.

- 15.4. If the investigation is unlikely to be completed within 10 working days, the investigating officer must notify the Complaints Department as soon as possible, and also contact the complainant to advise them of the reason(s) for the delay.
- 15.5. Where a written response is required, the Trust will aim to provide a substantive reply to complainant within 25 working days of receipt of the complaint unless the complainant agrees to a longer period , in which case the reply may be sent within that longer period:
- 15.6. If the complaint is of a clinical nature the file will be passed to senior clinical staff within the Trust's Clinical Care and Patient Safety Directorate. If non-clinical the file will be passed directly to the Chief Executive.
- 15.7. If clinical, a Clinical Review Panel will review the complaint and investigation report and provide conclusions and any resulting recommendations. In some cases the Panel may request a Professional Standards Panel be convened to review the complaint.

ALL STATEMENTS TAKEN DURING A COMPLAINT INVESTIGATION MUST BE SIGNED AND DATED AND COUNTERSIGNED BY THE INVESTIGATING OFFICER. THIS INCLUDES STATEMENTS TAKEN FROM COMPLAINANTS AND MEMBERS OF THE PUBLIC. ANY MEETINGS HELD WITH COMPLAINANTS OR OTHER PARTIES DURING THE INVESTIGATION MUST BE FULLY DOCUMENTED.

NB SEE GEN 281/282/283, ALSO QSSD 802/803/804/805/806/807.

THE COMPLAINT FILE CONTENT – SHOULD INCLUDE

A brief INTRODUCTION

- A copy of the LETTER OF COMPLAINT (if applicable)
- A copy of the ACKNOWLEDGEMENT LETTER (if applicable)
- Copies of all relevant internal DOCUMENTS (booking forms, log sheets, patient reports etc)
- Any STATEMENTS taken as part of the investigation
- A SUMMARY of the investigation
- A CONCLUSION (is the complaint upheld, part upheld or not upheld)
- Any RECOMMENDATIONS AND/OR ACTION TAKEN
- An indication of whether the complaint is Upheld, Part Upheld or Not Upheld.

16. LIAISING WITH EXTERNAL AGENCIES

- 16.1. When a complaint is received and it is identified that the complaint includes concerns in relation to an external agency i.e. another NHS Trust or Local Authority Social Services, the complainant will be asked if they would prefer a joint response of separate responses from each agency. Where a separate response is required, consent will be obtained to pass the details of the complaint to the relevant agency.
- 16.2. Where a joint response is required, it will be agreed which agency will act as lead agency and the appropriate consent will be obtained so that the information can be shared.
- 16.3. The Trust will co-operate with other NHS Trust's or Local Authority Social Services in line with the Joint Working Protocols agreed. See appendix 3 & 4.

CONSENT FORM – see AHQ 163

North East Ambulance Service NHS Trust
Complaints Policy & Procedures

17.A SUBSTANTIVE REPLY

- 17.1. Where requested by the complainant, written responses will always be issued by the Chief Executive, and if clinical in nature he will be assisted by the Director of Clinical Care and Patient Safety and/or the Trust's Medical Adviser.
- 17.2. The minimum requirements for a meaningful responses are:
- i. a statement of sympathetic understanding of the complaint;
 - ii. an apology if the complaint is upheld or part upheld. If the complaint is not upheld, the Chief Executive may wish to apologise on the Trust's behalf, for any failure of communication that led to the complaint;
 - iii. an open and honest explanation of what went wrong, or of the relevant policy or legislation etc that may have given rise to the complaint;
 - iv. The intended actions to provide a remedy or reasons why the Trust believes no remedial action is necessary;
 - v. Details of the action the complainant may wish to take if they remain dissatisfied with the response.
 - vi. The date of the substantive reply will be registered.
- 17.3. The appropriate Manager will hold a close-out meeting with those staff involved in the complaint as soon as possible after the final response has been issued in order that those staff are made aware of the outcome.

NB SEE GEN 283

18.COMPLAINTS QUESTIONNAIRE

- 18.1. Within 5 working days of the Chief Executive issuing his letter of response a response a questionnaire will be forwarded to the complainant by the Complaints Officer.
- 18.2. On receipt of the completed questionnaire, the Complaints Department will record the results.

SAMPLE LETTER - see AHQ 85

SAMPLE QUESTIONNAIRE - see AHQ 86

19. THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

- 19.1. If the complainant remains unhappy with the outcome of a complaint following the completion of 'local resolution', they can request The Parliamentary and Health Service Ombudsman to review the complaint. The Complaints Officer must ensure that details of how to contact The Parliamentary and Health Service Ombudsman are included in the final response letter. See sample signposting to be included with response letter – see appendix 5
- 19.2. When contacted by The Parliamentary and Health Service Ombudsman, the Complaints Officer will ensure that all information requested is sent and any recommendations made by the Ombudsman, following the review, are completed within the timescales set by The Parliamentary and Health Service Ombudsman.

20. CONFIDENTIALITY

- 20.1. All recorded information will be treated as confidential. In particular any information relating to a patient held on a computer file will be treated in accordance with the Data Protection Act 1984 and the Caldicott Principle.
- 20.2. Information concerning any patient will only be released to a third party if the third party has made representation to the Trust on behalf of the patient, and where appropriate the patient has consented to the release of information. No confidential information will be divulged over the telephone, unless the caller can provide satisfactory means of identification (i.e. complaint registration number and patient details) and is the nominated representative of the patient.

Sample Patient Consent Form – see form NEAS 144

21. SPECIAL CASES

- 21.1. The NHS Complaints Procedure is only applicable to complaints where the subject of the complaint is in relation to the service received from the Trust or action, omission or decision of the Trust. Other complaints may be received and will be dealt with as follows:
- 21.2. If any complaint relates to the actions of a Senior Manager of the Trust, it will be referred to the appropriate Executive Director for investigation and response.
- 21.3. If the complaint includes allegations of financial impropriety, it will be referred to the Director of Finance and the Local NHS Counter Fraud team for investigation.
- 21.4. Complaints about alleged criminal activity will also be referred to the Chief Executive and the relevant Director and subsequently, if appropriate, the Police would be involved.
- 21.5. Directors and Senior Managers are instructed not to make direct referrals to the Police without first contacting the Chief Executive and/or Director of Finance. In such cases the requirements of the Trust's Fraud Policy and Response Plan will be followed.
- 21.6. In cases of serious complaints against or involving staff, the relevant Executive Director will be informed along with the Chief Executive and the matter dealt with in accordance with the Trust's Disciplinary Procedures.
- 21.7. Complaints received about Directors will be referred directly to the Chief Executive.

22. MONITORING AND ANALYSIS

- 22.1. Upon closure of the file, all details will be forwarded to the Complaints Officer, for monitoring and trend analysis, as directed by the Trust Board. (Closure of the file will only occur on receipt of written confirmation of action being completed by the officer responsible).
- 22.2. The Complaints Department will provide information for inclusion in the Trust's
 - i. Integrated Board Report as required.
 - ii. Quarterly reports will be compiled by the Complaints Officer for presentation at meetings of the Patient Involvement and Complaints Committee (PIC). The Committee will convene on a quarterly basis to review complaints management. This information will be used to determine the need for any policy or procedural change or amendments, the need for any re-allocation of resources or any additional or specific staff training.
 - iii. The minutes of the Patient Involvement and Complaints Committee will be presented to the Trust Board.
- 22.3. The Trust will publish annually a report on complaints handling.

23. PROCEDURE FOR HANDLING HABITUAL OR VEXATIOUS COMPLAINANTS

- 23.1. Habitual and/or vexatious complainants are becoming an increasing problem for NHS staff. The difficulty in handling such complainants is placing a strain on time and resources and is causing undue stress for staff who may need support in difficult situations. NHS staff are trained to respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.
- 23.2. In determining arrangements for handling such complainants staff are presented with two key considerations. The first is to ensure that the complaints procedure has been correctly implemented so far as possible and that no material element of a complaint is overlooked or inadequately addressed and to appreciate that even habitual or vexatious complainants may have issues which contain some genuine substance. The need to ensure an equitable approach is crucial. The second is to be able to identify the stage at which a complainant has become habitual or vexatious. One approach to the situation is to develop an approved policy which is formally incorporated into the complaints procedure. Implementation of such a policy would only occur in exceptional circumstances. Information on the handling of habitual and vexatious complainants could also be made available to the public as part of the material on the complaints process as a whole.

24. PURPOSE OF THIS PROCEDURE

- 24.1. Complaints about services provided by the Trust are processed in accordance with the NHS Complaints Procedures. During this process staff inevitably have contact with a small number of complainants who absorb a disproportionate amount of NHS resources in dealing with their complaints. The aim of this procedure document is to identify situations where the complainant might be considered to be habitual or vexatious and to suggest ways of responding to these situations.
- 24.2. It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS Complaints Procedures, for example through local resolution, conciliation, or involvement of the ICAS as appropriate. Judgement and discretion must be used in applying the criteria to identify potential habitual or vexatious complainants and in deciding action to be taken in specific cases. The procedure should only be implemented following careful consideration by, and with the authorisation of, the Chairman and Chief Executive of the Trust or their deputies in their absence. Where deputies are used, the reason for the non-availability of the Chairman or Chief Executive should be recorded on the file.

25. DEFINITION OF A HABITUAL OR VEXATIOUS COMPLAINT

- 25.1. Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or vexatious complainants where previous or current contact with them shows that they meet TWO OR MORE of the following criteria:

Where complainants –

- Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted (e.g. where investigation has been denied as “out of time”, where the Parliamentary and Health Service Ombudsman has declined a request for a review).

- Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complainant is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints.)
- Are unwilling to accept documented evidence of treatment given as being factual, e.g. patient report forms, or deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of staff and, where appropriate, the Independent Complaints Advocacy Service to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate.
- Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what is 'trivial' can be subjective and careful judgement must be used in applying this criteria.)
- Have threatened or used actual physical violence towards staff or their families or associates at any time – this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. (All such incidents should be documented.)
- Have in the course of addressing a registered complaint, had an excessive number of contacts with the Trust placing unreasonable demands on staff. (A contact may be in person or by telephone, letter or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgement based on the specific circumstances of each individual case.)
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. They should document all incidents of harassment.
- Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.
- Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

26. OPTION FOR DEALING WITH HABITUAL OR VEXATIOUS COMPLAINANTS

- 26.1. Where complainants have been identified as habitual or vexatious in accordance with the above criteria, the Chief Executive and Chairman (or appropriate deputies in their absence) will determine what action to take. The Chief Executive (or deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as habitual or vexatious complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g. practitioners, conciliator, Community Health Council, Members of Parliament. A record must be kept for future reference of the reasons why a complainant has been classified as habitual or vexatious.
- 26.2. The Chief Executive and Chairman (or deputies) may decide to deal with complainants in one or more of the following ways:
- Try to resolve matters, before invoking this procedure, by drawing up a signed “agreement” with the complainant (and if appropriate involving the relevant practitioner in a two-way agreement) which sets out a code of behaviour for the parties involved if the Trust is to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other action as indicated in this section.
 - Once it is clear that complainants meet any one of the criteria above, it may be appropriate to inform them in writing that they may be classified as habitual or vexatious complainants, copy this procedure to them, and advise them to take account of the criteria in any further dealings with the Trust. In some cases it may be appropriate, at this point, to copy this notification to others involved in the complaint and to suggest that complainants seek advice in processing their complaint, e.g. through the ICAS.
 - Decline contact with the complainants either in person, by telephone, by fax, by letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party. (If staff are to withdraw from a telephone conversation with a complainant it may be helpful for them to have an agreed statement available to be used at such times.)
 - Notify the complainants in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
 - Inform the complainants that in extreme circumstances the Trust reserves the right to pass unreasonable or vexatious complaints to the Trust’s Solicitors.
 - Temporarily suspend all contact with the complainants or investigation of a complaint whilst seeking legal advice or guidance from the Regional Office, National Health Service Executive, or other relevant agencies.

27. WITHDRAWING 'HABITUAL OR VEXATIOUS' STATUS

- 27.1. Once complainants have been determined as 'habitual or vexatious' there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending 'habitual or vexatious' status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussions will be held with the Chief Executive and/or Chairman (or their deputies). Subject to their approval, normal contact with the complainants and application of NHS complaints procedures will then be resumed.

28. EQUALITY AND DIVERSITY STATEMENT

- 28.1. "The Trust is committed to providing equality of opportunity, not only in its employment practices but also in the services for which it is responsible. As such, this document has been screened, and if necessary an Equality Impact Assessment has been carried out on this document, to identify any potential discriminatory impact. If relevant, recommendations from the assessment have been incorporated into the document and have been considered by the approving committee. The Trust also values and respects the diversity of its employees and the communities it serves. In applying this policy, the Trust will have due regard for the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

- 28.2. For further information on this, please contact the Equality and Diversity Department."

29. CONSULTATION, APPROVAL AND RATIFICATION

29.1. Consultation Process

The policy has been reviewed by appropriate committee and departments within the Trust

29.2. Policy Approval Process

This Policy shall be approved by the Trust Board. Any amendments to the Policy in-year will be approved at the next available Trust Board.

29.3. Ratification process

This Policy shall be referred to the JCC and the Trust Board for ratification

30. REVIEW AND REVISION ARRANGEMENTS INCLUDING VERSION CONTROL

30.1. Review and Revision Process

The policy shall be reviewed on an annual basis by the Complaints Officer and in light of the annual assessment, external assessments, and changes in guidance, best practice and legislation.

The Trust Board shall approve the Policy thereafter when revisions have been made.

30.2. **Version Control**

A Version Control sheet shall be maintained with the document. See Appendix 6 Version Control Sheet.

31. DISSEMINATION AND IMPLEMENTATION

31.1. **Dissemination**

Once approved, this document shall be circulated by e-mail to all manager and locations.

The document will also be supplied to the Quality Assurance Officer to replace the previous version of the policy on Docuviewer.

31.2. **Implementation**

Implementation shall be carried out by the Director of Clinical Care and Patient Safety in conjunction with the Complaints Officer.

32. DOCUMENT CONTROL INCLUDING ARCHIVING ARRANGEMENTS

32.1. **Register / Library of Procedural Documents**

This policy will be stored on the Trusts document database Docuviewer which can be accessed via the Trusts intranet. This is a secure database maintained by the Quality Assurance Officer. Documents are given a unique reference number and are only updated on the database following full ratification process.

32.2. **Archiving Arrangement**

The policy shall be reviewed on an annual basis and older versions of the Policy shall be retained by the Quality department.

Copies of previous versions of the document can be obtained on request from the Quality Assurance Officer.

Appendix 1

Our Ref: GS/09-10

Private & Confidential

Dear

Thank you for your letter which was received on the DATE, in which you express concern over events that occurred when the North East Ambulance Service NHS Trust was requested to convey you to the.

I am sorry that you have felt it necessary to make a complaint.

Experience has shown that it is beneficial to speak directly with the complainant so that a plan to manage your concerns can be agreed. I would therefore be grateful if you would telephone me on 0191 430 2152. If I am not available at the time of your telephone call, please leave your contact details on my voice mail and I will contact you as soon as I am able.

In the meantime, I have passed your letter to an Investigating Officer to start investigating the issues raised. In the event that you do not wish to discuss your concerns, the Trust will aim to conclude the investigation and send a written response by the DATE.

Yours sincerely

Gillian Summers
COMPLAINTS OFFICER

Appendix 2

NEAS COMPLAINTS INVESTIGATING OFFICERS

PTS

PTS Planning Issues:

PTS Planning Managers
PTS Planning Supervisors

Customer Care Officers

PTS Operations Issues:

PTS Operations Manager
PTS Assistant Operations Managers PTS
PTS Team Leaders

Accident & Emergency

A&E Control (delays):

A&E Control Manager
A&E Control Duty Managers

A&E Control staff (Triage):

Clinical Supervisors

A&E Operations:

North Of Tyne
South of Tyne
Durham
Teeside
Northumberland

Operations Managers
Assistant Operations Managers
Team Leaders
Emergency Planning Officers

Note In the event that any of the above are seconded to different roles then the individual acting up in the role will act as Investigating Officer.

Appendix 3

Joint Protocol for Health and Social Care Organisations

Guidance for handling complaints involving more than one organisation

Participating Organisations

The participating organisations are:

Local Authorities

- Durham County Council
- Hartlepool Borough Council
- Stockton Borough Council
- Middlesbrough Council
- North Yorkshire County Council
- Redcar and Cleveland Borough Council
- Darlington Borough Council

Health

- North Tees & Hartlepool NHS Foundation Trust
- Tees Esk & Wear Valley NHS Foundation Trust
- South Tees Acute Hospitals NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- NHS Darlington
- NHS Middlesbrough
- NHS Stockton on Tees
- NHS Hartlepool
- NHS Redcar and Cleveland
- NHS County Durham
- NHS Direct
- North East Ambulance Service
- Middlesbrough, Redcar and Cleveland Community Services

This agreement is for the handling of complaints that impact on more than one of the above Health and Social Care organisations.

The approach to effective complaint handling falls into 4 stages: Triage or Assessment, Planning, Implementation and Review.

1. Triage: the assessment of each individual complaint so as to fully understand the characteristics and likely requirements of each complaint.
2. Planning: identification of arrangements to most effectively consider the complaint in a customer focused and efficient manner.

North East Ambulance Service NHS Trust
Complaints Policy & Procedures

3. Implementation: putting plans into effect – responding to the complaint and taking action.
4. Review: Reflecting on what went well and not so well with the process on an individual complaint level and organisational learning.

Each of the participating organisations listed in the agreement agree to apply The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

1. Introduction

The appropriate Director, Sub- committee or Board of each organisation, must agree this protocol. Its objective is to embody the agreement of the participant organisations about how to deal with complaints that affect more than one of the organisations involved.

2 General provisions

- 2.1 Each organisation to appoint at least one central contact person to facilitate the agreement, see Appendix 1 for list of contact details.
- 2.2 Each organisation to authorise the contact person to agree joint arrangements for the examination of complaints.
- 2.3 Each organisation to support the contact person by direct liaison with a senior officer of sufficient authority to represent the organisation's managing board and agree any cross-boundary costs as per paragraph 2.1, e.g. Head of Service or Director.
- 2.4 Each of the participating organisations listed agree to apply The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. (Hereafter referred to as 'The Regulations')
- 2.5 Each organisation remains ultimately responsible for its actions when dealing with a complaint and for the outcomes directly relevant to its functions or authority.
- 2.6 Each organisation complies with its duty to cooperate with its partners with the aim of agreeing shared responsibility for the success of complaint handling arrangements.
- 2.7 It is incumbent on the organisations involved to resolve any disputes in relation to responsibilities for particular issues within individual complaints. Any unresolved disputes between the nominated managers should be escalated within the relevant organisations.
- 2.8 All organisations will provide such monitoring information as required by 'The Regulations'.

3 Operations

- 3.1 On receipt of a complaint the receiving organisation will determine whether any other organisations are involved and, following receipt of satisfactory consent, contact the appropriate person within that organisation.
- 3.2 The receiving organisation will acknowledge receipt of complaint not later than three working days after the day on which it receives the complaint.
- 3.3 Each organisation will assess the complaint in line with their existing grading process.
- 3.4 All organisations will discuss and agree which organisation will take the lead and how best to process, including establishing a complaints plan to ensure a single point of contact for the complainant. See Appendix 2 for a step-by-step guide to this process.
- 3.5 Each organisation will record the complaint in accordance with their own reporting and monitoring purposes indicating that it is a joint complaint.
- 3.6 On receipt of consent, each authority will provide the lead organisation with information necessary in order that a response to the complainant can be formulated. An example consent form is attached at Appendix 3.
- 3.7 All documentation produced in a complaint investigation will be the joint property of each organisation. Such documentation shall not be shared or otherwise disclosed to any third party unless with the permission of each organisation.
- 3.8 Where cross-boundary costs are envisaged, they will be identified, agreed and apportioned by the organisations involved following an assessment of the appropriateness and proportionality of those costs. Methods of payment, e.g. conventional invoicing, will be agreed between the organisations involved.
- 3.9 The lead organisation will nominate a person to sign the final decision letter of a complaint as agreed in the planning process.
- 3.10 Each organisation will conduct its own risk and impact assessments in relation to the elements of complaint relating to their functions.
- 3.11 Each organisation will ensure that action is taken if necessary following a complaint and will agree how best to implement cross boundary learning and recommendations from the complaint.

4 Health and Safety

- 4.1 Each organisation shall be responsible for the health, safety and welfare of their employees engaged in the examination of complaints under this protocol.
- 4.2 Each organisation shall share known risks about complainants as appropriate.

5 Data Protection

- 5.1 Each organisation will seek the consent of the complainant for the purpose of sharing of personal data in respect of the complaint investigation.
- 5.2 All data and information used in the investigation of complaints within this protocol will be subject to the requirements of the Data Protection Act.

Joint Protocol for Health and Social Care Organisations

Guidance for handling complaints involving more than one organisation

Schedule of Contacts – HELD IN COMPLAINTS DEPARTMENT. PLEASE TELEPHONE 0191 4302152 / 0191 4302140 FOR INFORMATION IF REQUIRED.

Durham County Council: postal address				
Contact Name	Phone number	Mobile number	Fax number	E-mail address
Hartlepool Borough Council: Support Services, Adult & Community Services, Victoria Road, Civic Centre, Hartlepool, TS24 8AY				
Stockton Borough Council: Customer Care, Stirling House, Teddar Avenue, Thornaby, Stockton on Tees, TS17 9JP				
Middlesbrough Council: Department of Adult Social Care, PO Box 234, 3rd Floor, Civic Centre, Middlesbrough, TS1 2XH				
North Yorkshire County Council: Adult and Community Services Directorate, North Yorkshire County Council, County Hall, Racecourse Lane, Northallerton, DL7 8DD				
Redcar and Cleveland Borough Council: Directorate of Adult & Children's Services, Redcar & Cleveland Borough Council				
Darlington Borough Council: Corporate Complaints Unit, Darlington Borough Council, Town Hall, Darlington, DL1 5QT				
North Tees & Hartlepool NHS Foundation Trust: postal address				
Tees Esk & Wear Valley NHS Foundation Trust: Patient Liaison Dept, Flatts Lane Centre, Flatts Lane, Normanby, Middlesbrough, TS6 0SZ				
South Tees Acute Hospitals NHS Trust: postal address				

North East Ambulance Service NHS Trust
Complaints Policy & Procedures

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Version: 0001

Status :

Issue Date: August 2008

County Durham and Darlington NHS Foundation Trust: postal address

NHS Darlington: postal address

NHS Middlesbrough, Stockton, Hartlepool and Redcar & Cleveland: postal address

NHS County Durham: postal address

NHS Direct: Sterling House, Balllil Business Park, Newcastle Upon Tyne, BE12 8EW

North East Ambulance Service: Bernicia House, Newburn Riverside, Newcastle Upon Tyne NE15 8NY

Middlesbrough, Redcar and Cleveland Clinical Community Services: postal address

Joint Protocol for Health and Social Care Organisations

Guidance for handling complaints involving more than one organisation

Planning - Things to do, having assessed a complaint.

Step 1

1. Organisation receiving complaint to acknowledge receipt not later than three working days after the day on which it is received.
2. Obtain consent to share details of the complaint with other relevant organisations. (This may be verbal consent initially to prevent un-necessary delays but written consent to share information should be obtained. See **Appendix 3** for example consent form)
3. Seek to resolve any immediate issues, e.g. urgent medical needs, safeguarding intervention.

Step 2

1. Contact all relevant organisation complaint managers.
2. Provide them with all details of complaint available so far.
3. Arrange how to seek their view, e.g. email, phone or meeting.
4. Record all views on how to proceed, i.e. intervention options.
5. Each organisation compiles a risk and/or impact assessment.
6. Agree lead organisation taking into account:
 - Proportions of issues
 - To whom the complaint was addressed
 - Impact and or risk
 - Views of complainant
7. Agree role of lead e.g.
 - Manage and coordinate all investigations.
 - Single point of contact for all communication to/from complainant.
 - Coordinate production of a Complaint Plan with complainant.
 - Keep all parties involved/up to date during Plan including informing of changes/delays.
 - Each organisation receives draft outcomes for approval.
 - Agree how and who to sign off response, e.g. one or all organisations (default: Director of lead organisation on behalf of all).

Step 3

1. Failure to agree revisions of Complaint Plan should be escalated within the organisations.
2. Organisation representatives should meet to discuss what went well, not so well and any lessons for future case.

Appendix 4

Joint Protocol for Health and Social Care Organisations

Guidance for handling complaints involving more than one organisation

Introduction

- 1.1. This protocol sets out the arrangements for the handling of complaints that impact on more than one Health and Social Care organisation in the North and South of Tyne area. It includes identification of the factors that determine which organisation will take the lead and how communication with the complainant and all participating organisations will be co-ordinated. The protocol provides for organisational learning and improvements to be shared across the organisations.
- 1.2. Each of the participating agencies listed in the agreement must comply to “The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009” (hereafter referred to as The Regulations)
- 1.3. The approach to effective complaint handling falls into 4 stages: Triage or Assessment, Planning, Implementation and Review.
 - Triage: the assessment of each individual complaint so as to fully understand the characteristics and likely requirements of each complaint.
 - Planning: identification of arrangements to most effectively consider that complaint in a customer focussed and efficient manner.
 - Implementation: putting plans into effect – examine the complaint.
 - Review: Reflecting on what went well and not so well with the process on an individual complaint level
- 1.4. Participating Organisations:

The participating organisations are:

 - North East Ambulance Service NHS Trust
 - Northumberland, Tyne and Wear NHS Trust
 - Newcastle City Council
 - North Tyneside Council
 - Sunderland Council
 - Gateshead Council
 - South Tyneside Council
 - Newcastle upon Tyne Hospitals NHS Foundation Trust
 - Northumbria Healthcare NHS Foundation Trust
 - Sunderland City NHS Foundation Trust
 - Gateshead Health NHS Trust
 - South Tyneside Foundation Trust

- NHS North of Tyne working on behalf of :
Newcastle Primary Care Trust
North Tyneside Primary Care Trust
Northumberland Care Trust
 - NHS South of Tyne and Wear working on behalf of
Sunderland PCT
Gateshead PCT
South Tyneside PCT
 - And all the independent healthcare providers who deliver services under contract to an NHS commissioning body
- 1.5. The objective of this protocol is to embody the agreement of the participant organisations about how to deal with complaints that affect more than one of the agencies involved and must be agreed by the appropriate Director, Sub-committee or Board of each organisation

2. General provisions:

- 2.1 Each of the participating agencies listed in the agreement must comply to the Regulations.
- 2.2. Each agency to appoint at least one central contact person to facilitate the agreement, see Appendix 1 template of list of contact details
- 2.3 Each agency to authorise the contact person to agree joint arrangements for the examination of complaints.
- 2.4. Each agency to support the contact person by direct liaison with a senior officer of sufficient authority to represent the agency's managing board and agree any cross-boundary costs as per paragraph 21, e.g. Head of Service or Director.
- 2.5 Each agency remains ultimately responsible for its actions when dealing with a complaint and for the outcomes directly relevant to its functions or authority.
- 2.6 However, a partnership approach is to be encouraged with the aim of agreeing shared responsibility for the success of complaint handling arrangements.
- 2.7. It is incumbent on the agencies involved to resolve any disputes in relation to responsibilities for particular issues within individual complaints. Any unresolved disputes between the nominated managers should be escalated within the organisations.
- 2.8. All agencies will provide such monitoring information as required by 'The Regulations'.

3. Operations:

- 3.1. The receiving agency will acknowledge receipt of complaint not later than three working days after the day on which it receives the complaint.
- 3.2. On receipt of any complaints the receiving agency will determine whether any other agencies are involved and, following receipt of satisfactory consent, contact the appropriate person within that agency.
- 3.3. Each agency will assess the complaint in line with their existing grading process.
- 3.4. All agencies will discuss and agree which agency will take the lead and how best to proceed including establishing a communications plan to ensure a single point of contact for the complainant. See Appendix 2 for a step by step guide to this process.
- 3.5. In some circumstances, commissioners will take the lead, co-ordinate and maintain an overview of the complaints process
- 3.6. Each agency will record the complaint in accordance with their own reporting and monitoring purposes indicating that it is a joint complaint and in accordance with 'The Regulations'.
- 3.7. On receipt of satisfactory consent, each authority will provide access to the agreed method of enquiry to personal files and other records necessary for the investigation. An example consent form is attached at Appendix 3.
- 3.8. Each agency shall provide and be provided with all documents and other information necessary for the effective operation of the agreement and examination of individual complaints.
- 3.9. All documentation produced in a complaint examination will be the joint property of each agency involved and shall not be shared or otherwise disclosed unless with the expressed permission of those agencies and the consent of the complainant.
- 3.10. Where 'internal' complaint examinations are envisaged, each authority will provide necessary resources and will bear their respective cost of that process. Where cross-boundary costs are envisaged, they will be identified, agreed and apportioned by the agencies involved following an assessment of the appropriateness and proportionality of those costs. Methods of payment, e.g. conventional invoicing, will be agreed between the organisations involved.
- 3.11. Each agency shall nominate a person to sign agreement with the outcome on the final decision letter of a complaint either expressly or by authorising such other agency to sign on their behalf, as agreed in the planning process.
- 3.12. Each agency will conduct its own risk and impact assessments in relation to each and every complaint. Each agency has the option to advise and consult their respective legal and risk specialists as they consider if necessary.

- 3.13. Each organisation will ensure that the responsible person or the person authorised to act on their behalf ensures that action is taken if necessary following a complaint and will agree with partner agencies how best to effect cross boundary actions.

4. Health and Safety

- 4.1. Each agency shall be responsible for the health, safety and welfare of their employees engaged in the examination of complaints under this protocol.

5. Data Protection

- 5.1. All complainants agreeing to the application of this agreement must be asked to authorise the sharing of personal data for the purposes of the complaint examination.
- 5.2. All data and information used in the examination of complaints within this protocol will be subject to the requirements of the Data Protection Act.

Schedule of Contacts HELD IN COMPLAINTS DEPARTMENT. PLEASE TELEPHONE 0191 4302152 / 0191 4302140 FOR INFORMATION IF REQUIRED.

NHS South of Tyne and Wear, c/o Sunderland TPCT HQ, Pemberton House, Colima Avenue, Sunderland SR5 3XB

Gateshead Health NHS Foundation Trust, Queen Elizabeth Hospital, Sheriff Hill, Gateshead NE9 6SX

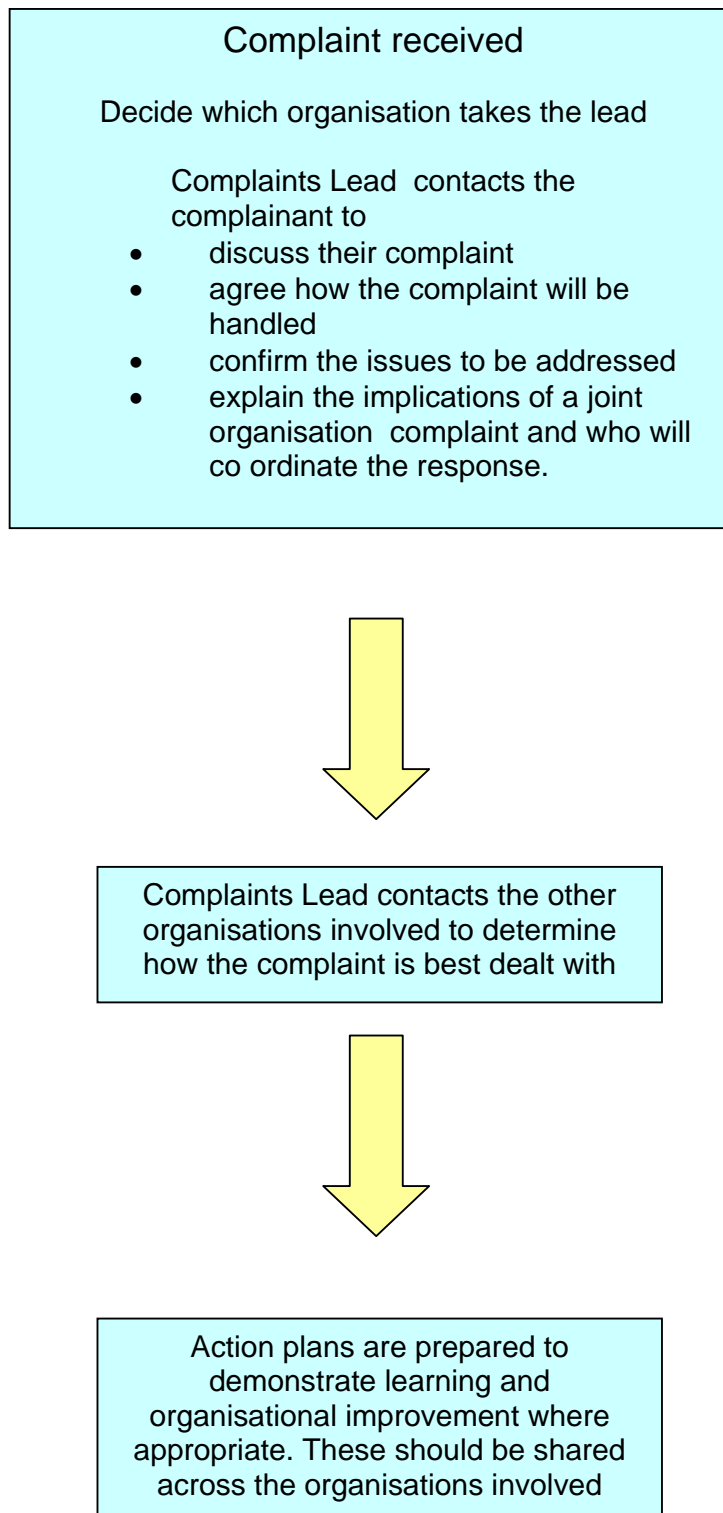
ICAS, Churchill House, 12 Mosley Street, Newcastle - Upon - Tyne NE1 1DE

Gateshead Council, BSS, Civic Centre, Gateshead NE8 1HH

North East Ambulance Service NHS Trust, Bernicia House, Goldcrest Way, Newburn Riverside, Newcastle-Upon-Tyne NE15 8NY

South Tyneside Council, Kelly House, Campbell Park Road, Hebburn NE31 2SW

Flow Chart



Planning - Things to do, having assessed a complaint.

1 Step 1

1. Agency receiving complaint to acknowledge receipt of complaint not later than three working days after the day on which it receives the complaint.
2. Obtain consent to share details of the complaint with other relevant agencies. (This may be verbal consent initially to prevent un-necessary delays but written consent to share information should be obtained. See Appendix 3 for example consent form)
3. Seek to resolve any immediate issues, e.g. urgent medical needs.

2 Step 2

1. Contact all relevant agency Complaint Leads.
2. Provide them with all details of complaint available so far.
3. Arrange how to seek their view, e.g. email, phone or meeting.
4. Record all views on how to proceed, i.e. intervention options.
5. Each agency compiles a risk or impact assessment.
6. Agree lead agency using suggested indicators:
 - Proportions of issues
 - To whom the complaint was addressed
 - Impact and or risk
 - Wishes of complainant
7. Agree role of lead e.g.
 - Manage and conduct all operations.
 - Single point of contact for all communication to/from complaint.
8. Clearly identify and agree:
 - Intervention model
 - Timelines.
 - Which issues relate to which agencies.
 - Which agency deals with which issues and how, ensure none are omitted. (Perhaps agree a Gantt chart.)
 - Whether each agency logs their respective elements or just the lead (default: each agency log own elements)
 - Agree communications plan.
 - Identify all necessary contacts.
 - Each agency receives draft outcomes for expressed approval.
 - Agree how and who to sign off response, e.g. one or all agencies (default: Director of lead agency on behalf of all).
 - Which agency is responsible for monitoring implementation of outcomes.
 - Write up the plan and share with all agencies.

Step 3

1. Advise complainant of the plan and seek their agreement in writing.
2. Key to successful examination will be obtaining agreement of the complainant to access files in different agencies and share information for the purposes of the complaint examination, i.e. in accordance with the Data Protection Act.
3. If a delay in the implementation of the plan arises, keep all parties informed.
4. Keep all parties regularly informed during plan.
5. If problem with plan arises, discuss with all agencies and complainant and revise the plan.
6. Failure to agree revisions should be escalated within the agencies.
7. Agency representatives meet to discuss what went well, not so well and any lessons for future case.

Appendix 5

If you remain dissatisfied at the end of local resolution, you can put your complaint to the Health Service Ombudsman. The Ombudsman can carry out independent investigations into complaints about poor treatment or service provided through the NHS in England. The Ombudsman's services are free.

If you have any questions about whether the Ombudsman may be able to help you, or about how to make a complaint, please contact their helpline on 0345 015 4033, email phso.enquiries@ombudsman.org.uk or fax 020 7217 4000. Further information about the Ombudsman is available at: www.ombudsman.org.uk. You can write to the Ombudsman at:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Should you require any direct help or advice making your complaint you can contact your local Independent Complaints Advocacy Service (ICAS) office by telephone on 0300 456 8348, or you can write to:

ICAS
The Executive Centre
City Road
All Saints
Newcastle Upon Tyne
NE1 2ET

ICAS
Evans Incubation Centre
Durham Way South
Aycliffe Business Park
Newton Aycliffe
Co Durham
DL5 6XP

Email: newcastleicas@carersfederation.co.uk

Email: aycliffeicas@careresfederation.co.uk

Fax 0191 230 8118

Fax 01325 328869

ICAS provides a free independent advocacy to people making complaints under the NHS complaints procedure.

Appendix 6 - Version Control Sheet

Version	Date	Author	Status	Comment
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