



Complaints Handling Policy

Document Control Sheet

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This policy supersedes all previous issues.

Version Control - Table of Revisions

All changes to the document must be recorded within the 'Table of Revisions'.

Version number	Document section/ page number	Description of change and reason (e.g. initial review by author/ requested at approval group)	Author/ Reviewer	Date revised
01	All	Full rewrite to replace existing policy	Complaints Manager	01 July 2014
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04		Amended document with date of signatures		18/02/2016
05	All	Full rewrite to replace existing policy	Patient Experience Manager	18/04/2017

This page should not be longer than one single page.

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1. Introduction

In accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (also known as the NHS Complaints Procedure), the Trust is committed to providing an accessible, equitable and effective means for service users (and/or their representative) to express their views about the services it provides.

The Trust recognises that sometimes things do not happen in the way we would wish and there are occasions where our services either fall short of the required standards or do not meet the expectations of the service user (and/or their representative). When this happens we will apologise, investigate matters to understand why things went wrong and ensure that appropriate action is taken to reduce the risk of them being repeated.

In line with the findings of the Health Select Committee (January 2015), the Trust has a culture which welcomes complaints as a way of improving NHS services. The complaints we receive, rather than being an indicator of failure, are a significant opportunity to listen to, act upon and learn from the feedback, positive or not, from our service users to ensure that the care we provide constantly improves and meets with the expectations of the population we serve.

2. Purpose

KEY PRINCIPLES

The Trust has taken on board recommendations from Hard Truths – The Journey to Putting Patients First (October 2013), from the Clwyd review and of the vision developed by the Parliamentary and Health Service Ombudsman (PHSO) in relation to what constitutes “good complaint handling”, i.e.:

- The expectations of the patient and the service user lie at the heart of the NHS complaint handling system.
- Vulnerable people find the complaints system complicated and hard to navigate
- There is a low level of public awareness of the NHS Complaints Advocacy Service
- People are reluctant to complain and staff can be defensive and reluctant to listen to or address concerns
- Organisations do not always deliver their legislative responsibilities on complaints handling
- There is a need for quality, trained staff to deal with complaints effectively and appropriately.

In light of the above, the aim of the “NEAS Complaints Handling Policy” and the associated “Management of Complaints Received Procedure” is, therefore, to ensure that:

- The expectations of the patient and the service user lie at the heart of the NEAS complaint handling system;
- The complaints system is easily accessible to service users of all abilities and backgrounds;
- The Trust actively contributes to raising service user awareness of the NHS Complaints Advocacy Service;
- The importance of patient’s complaints is recognised by all Trust staff;
- A robust system of processing and investigating complaints is in place and managed by suitably trained staff in order to meet service user’s expectations and regulatory requirements;
- A culture of open and non-blame approach is fostered throughout the Trust in order to be able to deal with complaints effectively and learn important lessons from them;
- Service users are assured that the Trust as a whole takes their dissatisfaction seriously and that appropriate action will be taken to prevent recurrence of similar incidents and to improve service delivery through lessons learned;
- Service users are reassured that no aspect of the care afforded to them by the Trust will be compromised by making a complaint.
- Early resolution of complaints is achieved in line with the wishes of the service user and the requirements of regulatory bodies;
- A robust process of data collection, analysis and triangulation is in place to facilitate the timely and effective sharing of lessons identified to ultimately improve the level of care afforded to service users.
- An effective process for the identification of themes and trends from complaints and monitoring of relevant actions is in place aimed at preventing recurrence of incidents and improving patient care.
- The complaints handling process meets the requirements of the Accessible Information Standards

This policy should be read in conjunction with the Trust’s ‘Being Open and Duty of Candour Policy’ (POL-CCPS-Comp-3).

The NEAS “Management of Complaints Received Procedure” outlines the processes that the Trust has in place to ensure the successful achievement of the aims outlined in this Policy statement.

3. Scope

This policy applies to all members of staff and in particular those involved in the handling, reviewing and management of complaints.

4. Duties - Roles & Responsibilities

4.1 Trust Board

The Trust Board is responsible for ensuring that the Trust has a robust complaints provision in line with statutory requirements provisions as set out in legislation, regulation and guidance.

4.2 Chief Executive

The Chief Executive is accountable to the Board of Directors for the effective handling of all complaints. All response letters will be signed by the Chief Executive or, in their absence, by an Executive Director.

4.3 Director of Quality and Safety

The Director is the nominated signatory in the absence of the Chief Executive and has delegated authority from the Chief Executive to ensure compliance with this policy and relevant procedures.

4.4 Other Executive Directors

As well as ensuring that their managers adhere to this policy, the other Executive Directors have delegated authority to sign response letters in the absence of the Director of Quality and Safety.

4.5 Head of Risk

The Head of Risk in their strategic role supports the Patient Experience Manager in the delivery of the core function of the Patient Experience Team.

4.6 Patient Experience Manager

The Patient Experience Manager (PEM) is responsible for ensuring that the Patient Experience Team is effectively supported and managed to undertake their day to day workload in line with this policy and the relevant procedures and that relevant data is shared trust wide in order to improve patient experience.

4.7 Patient Experience Team

The Patient Experience Team manage and facilitate the complaints process from beginning to end, ensuring:

- The relevant senior management are involved within their sphere of competence

- The collation, analysis, triangulation and sharing of data relevant to lessons identified
- The monitoring of trends, themes, outcomes and actions resulting from complaints.

4.8 Patient Advice and Liaison Service (PALS)

The PALS is integral to the NEAS complaints handling system and provides support to service users on behalf of the Trust to ensure that the aims of this policy are achieved.

4.9 Investigating Officer

The Investigating Officer can be any member of Trust staff who has undergone investigating officer training. They will be responsible for ensuring the complaint is fully investigated, lessons identified and, where appropriate, actions put in place to address them, thus mitigating the risk of similar incidents repeating. The Investigating Officer will inform the Line Manager of the member of staff at the centre of the complaint being investigated and will liaise with the Line Manager to ensure a speedy, accurate and supportive investigation.

4.10 Line Managers

Line managers of the staff at the centre of a complaint will inform their member of staff of the complaint received and will support them throughout the investigation. The Investigating Officer will liaise with the line managers in order to ensure that their member of staff receives up-to-date information with regard to the progress of the investigation. On receipt of the investigation report, the line manager will share this with the member of staff at the centre of the complaint and will ensure that the member of staff has sight of the response letter that the Trust has sent to the complainant.

When the Investigating Officer proposes an action plan to ensure lessons are learned, the Line Manager will facilitate its implementation for their member of staff and will ensure that completion of this is communicated to the PET for filing.

4.11 All staff

All staff within North East Ambulance Service NHS Foundation Trust are responsible for ensuring that the principles outlined within this policy are universally applied.

5. Glossary of Terms

This policy uses the following terms:

Term	Description
NEAS	North East Ambulance Service NHS Foundation Trust
PEM	Patient Experience Manager

Term	Description
PET	Patient Experience Team
PALS	Patient Advice and Liaison Service
PHSO	Parliamentary and Health Service Ombudsman
ECLIPS	Experience, Complaints, Litigation, Incidents and PALS Group
IO	Investigating Officer
LRM	Local Resolution Meeting

6. Policy Content

The Trust's Complaints Policy adheres to legislation governing complaints management in the NHS; The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. In addition, the recommendations from Hard Truths – The Journey to Putting Patients First (October 2013), from the Clwyd review and of the vision developed by the Parliamentary and Health Service Ombudsman (PHSO) in relation to what constitutes “good complaint handling”, have also been incorporated into the Trust's policy and procedures for managing complaints.

In order to ensure that the key principles at the heart of this policy are adhered to, the Trust will:

- Manage each complaint on an individual basis by dedicating the appropriate and proportionate resources to its resolution.
- Respond to each complainant within the agreed timeframe
- Maintain an open channel of communication with the complainant according to their expressed wishes throughout the complaint handling process.
- Treat every complaint proportionately, without prejudice, fairly and compassionately
- Ensure that the expectations of the complainant are clearly understood and appropriately managed
- Acknowledge each complaint within the legislative timeframe of 3 working days after date of receipt
- Accept complaints from any individual who has a legal right to complain in line

with the relevant legislation

- Offer complainants a local resolution meeting (LRM) in cases where the response to the complaint has been rejected by the complainant and provide signposting details for the PHSO should the LRM prove inconclusive
- Ensure that lessons are identified and learned through investigation of complaints and shared trust-wide via the Service Lines in order to prevent recurrence

Details of how each of the above points will be implemented are in the appended Process Flowchart (Appendix A) and are detailed in full in the Management of Complaints Received procedure (SOP-CCPS-Comp-3)

7. Training Required for Compliance with this Policy

Investigating Officer training needs will be identified through the appraisal process and will be addressed with the Training Department.

Any training given will be recorded by the Workforce and Organisational Development Department on the staff member's individual training record.

8. Equality and Diversity

The Trust is committed to providing equality of opportunity for people from all diverse communities and making sure our services are accessible and inclusive of the people that use them. We want to ensure that we provide services and employment opportunities that consider and are tailored to peoples' specific needs.

This policy has been assessed to identify any potential for adverse or positive impact on specific groups of people protected by the Equality Act 2010 and does not discriminate either directly or indirectly.

The Trust values and respects the diversity of its employees and the communities it serves. In applying this policy we have considered eliminating unlawful discrimination, promoting equality of opportunity and, promoting good relations between people from diverse groups. Any issues highlighted in the assessment have been considered and incorporated into the policy and approved by the Head of Service/Director and relevant committee.

Further details of our aims and objectives are outlined in our Equality Strategy – One Service for All.

8.1 Accessibility Statement

We have a number of measures in place to support people with a wide range of information and communication support needs; including:

Non English speakers

Those who have English as a second language

Those who have needs relating to, or caused by a Disability, Impairment or Sensory Loss

Under our mandated responsibilities in relation to the 2016 The Accessible information Standard we are required to identify, flag, share and meet people's specific communication needs.

We have reviewed internal systems and procedures in line with the above responsibilities and routinely collect information on peoples communication needs when they contact the service and record these needs on our complaints system to ensure these needs can be met in future communications with patients.

We promote the ability to raise complaints through a variety of mechanisms including:

- Leaflets, also available in an Easy Read version.
- Our website –www.neas.nhs.uk which has an accessibility feature built in called 'Recite me' which allows users access to a range of accessibility options including text to speech, font size adjuster and selector, change background colours, change languages and other features.
- At regional events and engagement activities we offer a range of mechanisms to contact the service and raise a compliment or complaint including telephone, face to face meeting, e-mail and an online form that can be made accessible via the 'Recite me' accessibility tool.

We ask complainants for information on their specific communication needs when they contact the service and record this in our computerised systems. This information is used to ensure that future communications meets people's specific communication needs. We have a number of accessible communication options available including: Large Print, Braille, Audio (DVD/CD/MP3), British Sign Language Interpreter, Deaf/Blind Interpreter, Lip Speaker, Easy Read Information, Interpreters in a wide range of languages and access to language line facilities. We aim to meet any communication needs not listed above on request.

9. Monitoring Compliance with and Effectiveness of this Policy

9.1 Compliance and Effectiveness Monitoring

Arrangements for the monitoring of compliance with this policy and of the effectiveness of the policy are detailed below.

10. Consultation and Review of this Policy

This policy has been reviewed in consultation with Proud@NEAS and Together@NEAS group chairs, ECLIPS Group and Quality Committee.

11. Implementation of this Policy

Once ratified, this policy will be added to the QPulse system for access and an article will be placed in the Summary to inform all staff groups.

Once ratified, this policy will be added to the Document Quality Control System.

12. References

This document refers to the following guidance, including national and international standards:

- The Local Authority Social Services and NHS Complaints (England) Regulations (2009)

http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf

- Principles of Good Administration, Principles of Good Complaints Handling, Principles for remedy, PHSO:

<http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples>

- Francis Report: <http://www.midstaffspublicinquiry.com/report>

- Clywd Report:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

- Complaints and Raising Concerns Fourth Report of Session 2014–15:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

- Accessible Information Standard

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

13. Associated Documentation

This policy refers to the following Trust documents:

- SOP-CCPS-Comp-3: Management of Complaints Received Procedure
- POL-CCPS-Comp-3: Being Open and Duty of Candour Policy

14. Appendices

14.1 Appendix A Process Flowchart

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COMPLAINTS MANAGEMENT PROCESS



