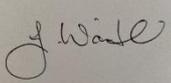




Management of Complaints Received Procedure

Document Control Sheet

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Target Audience	All staff

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1. Scope

This procedure serves to outline the management of all complaints highlighted to the Trust and should be read in conjunction with the Complaints Handling Policy (POL-CCPS-Comp-2).

It is intended as a guide to members of the Patient Experience Team (PET) who has been asked to manage a complaint, sets out where complaints come from, the areas responsible for managing them and the process to be followed when the complaint is managed by the PET.

Complaints will be managed in line with current legislation and recent guidelines and reports. This document does not set out to replicate existing statutory regulations or best practice guidance of authoritative responsible bodies and should be considered as accompanying the following:

The Local Authority Social Services & NHS Complaints (England) Regulations (2009):
http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_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.midstaffpublicinquiry.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):
<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/350/350.pdf>

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

2. Responsibility

2.1 It is the responsibility of the Patient Experience Manager (PEM) to ensure that this procedure is maintained.

2.2 It is the responsibility of all staff to comply with the procedure

3. PROCEDURE

3.1 How complaints are received:

In person, by telephone, in writing (including letter, email, complaints feedback forms) and via other organisations.

3.2 Who can make a complaint:

3.2.1 Patients and/or those acting as representatives of the patient or those who have received consent from the patient to act on their behalf. These may include family members, friends, carers, PALS, Healthwatch, other organisations (Health or Social Care); the list is not exhaustive.

3.2.2 Members of the public who have been affected by our services, or are likely to be affected by them, because of our actions or omissions.

3.2.3 Members of Parliament (MP) complaining about patient specific issues where the patient and or family member / carer has contacted the MP

3.3 Responsibilities for managing complaints:

3.3.1 All staff are responsible for addressing complaints in the most timely, professional and appropriate manner. All front line staff and those who also have direct contact with service users may, due to the very nature of their work, become aware of a patient's concerns in relation to the care provided or behaviour displayed by the staff; in such cases staff are encouraged to offer a prompt apology to the patient or their carer or family, which may avert a formal complaint.

3.3.2 Patient Experience Team (PET) – As well as providing support and advice in matters of complaints, the PET has overall management of complaints that are raised against the Trust.

3.3.3 Patient Advice and Liaison Service (PALS): The service provides advice and support to patients, their families and carers, information on NHS services, helps to address concerns quickly on NEAS' behalf. PALS will not take on any complaint which is of a complex or clinical nature and will report into the QGG for themes and trends identification and analysis.

3.3.4 Complaints not directly managed by PET:

1. Complaints received from MPs which are of a general nature are enquiries about service provision, or the person who approached the MP is not acting with the consent of the patient; the PET will log the issue on Ulysses and contact the relevant senior manager and executive/non-executive director to progress matters further.

The final response will be drafted by the Assistant Director of Communications & Engagement and signed by the Chief Executive.

2. Incidents raised by another NHS organisation via their incident reporting system (e.g. Datix), via email, letter, telephone, etc., 111 queries/Healthcare Professional Feedback Forms received by the contact centre are logged and managed by the patient safety team via the NEAS 07 incident reporting system.

3.4 Process for complaints managed by the Patient Experience Team:

3.4.1 On receipt of complaint (Verbal/written/electronic/in person):

A member of staff in the PET will contact the patient / complainant, wherever possible:

1. Within 3 working days from day of receipt the PET will acknowledge all complaints received.
2. Offer apologies and, where applicable, condolences.
3. To discuss their concerns
4. Attempt complaint resolution and if resolved log as 'comment' on Ulysses and close complaint. Note – if patient safety concern refer to Manager.
5. Establish any specific communication requirements
6. To agree preferred resolution method (verbal / written response)
7. To gain consent to access records
8. To discuss consent if the concern relates to a third party (i.e. the complainant is not the patient)
9. Where an element of the complaint relates to another organisation (health or social care) discuss multi-agency consent to share
10. Request demographic information from complainant, where appropriate.
11. Where it is identified that the complaint does not relate to the services provided by NEAS the PET will request consent to pass the complaint to the correct organisation, informing the complainant which organisation the complaint is being passed to.

3.4.2 Consent:

The Trust is committed to ensuring that patient specific information is only accessed by and released to those who are entitled to it.

- All third party complainants will be advised that consent of the patient is required for the Trust to respond to the third party with any case specific information.
- Should the complainant advise that the patient is unable to sign the form to provide their authority for the complainant to act on their behalf, because of ill health etc., the PET staff will accept the complainant's rationale.
- If no person responsible is identified, the PET in consultation with the Patient Experience Manager will review available information and make an informed decision on the basis of patient safety and information governance considerations.
- Where the third party has lasting power of attorney (LPA) for health and care decisions to act in the interests of the patient proof of this will be requested.
- Multi-agency complaints – In order for the Trust to respond to another NHS organisation or healthcare provider the nominated lead organisation for managing the complaint must provide a copy of the patient consent to share information and, where applicable, consent for a third party to act on the patient's behalf

3.4.3 Creation of complaint record:

A member of staff in the PET will:

1. Complete a Patient Experience Contact and Investigation form
2. Enter the patient and complainant details into Ulysses
3. Ensure all information is recorded in each 'tab' on the complaint record (this facilitates correct reporting). Initial information gathering to be included on the form and individually attach document to Ulysses complaint record unless awaiting consent. Documents to be clearly identifiable when saving to the complaint file.
4. If consent is required, send Consent Form directly to patient specifying 10 working days for returning the signed consent and a freepost envelope (or if email: patientexperienceteam@neas.nhs.uk) for return of completed forms.
5. Send for management review – Patient Experience Manager and Complaints Managers – only when consent is received if required or without consent if there is a potential Patient Safety issue.
6. Manager to assess complaint and identify complaint elements and assign to appropriate service area to investigate (where patient consent is in place). Manager will make decision as to whether NEAS07 is required and initial risk rating – if no patient consent then this will be for internal review via nEAS07 process only pending receipt of the required consent
7. Manager will return updated form to Patient Experience Officers and c.c patient safety team if NEAS07 required stating initial harm level.
8. Patient Experience Officer to update Ulysses and add actions to complaint record for relevant service areas identified to assign an Investigating Officer to provide a response timeframe within 24 hours of receipt of the action. The information

provided will include all information gathered by the Patient Experience Team relating to the complaint. If response to action is not received within 24 hours one 24-hour extension should be given. Note: cc Patient Experience Team on action. Note for the EOC timeframes have already been agreed with EOC management team and the request is for an Investigating Officer name only.

3.4.4 Agreed timeframe

Once the Investigating Officer(s) have provided a timeframe(s) the PET will:

1. Update action to 'Complaints Investigation' and enter responsible officer and input timeframe. The action will confirm level of investigation, preferred method of resolution and timeframe in which to provide either completed investigation report or verbal response.
2. Seek agreement from the complainant in relation to the proposed timeframe.
3. Establish if the complainant would like to be kept updated throughout the process and agree how and when for example when the investigation has been completed and returned to PET.
4. Send a letter to complainant confirming concerns to be responded to and timeframe agreed.

3.4.5 Investigation findings return to PET

Complaint – Verbal Response:

1. **Feedback given successfully:** PET to save documentation from IO to Ulysses complaint record and record any learning identified.
2. **Feedback not given:** Where the IO has made 3 separate unsuccessful attempts to contact the complainant to provide feedback:
 - IO to email PET with dates and times of attempted contacts no later than the working day prior to the agreed due date.
 - PET close complaint record and send letter to the complainant with contact details of the relevant IO. In exceptional circumstances, (e.g. potential for particularly abusive behaviour towards the IO on the part of the complainant) the IO contact details may be withheld, in which case contact details for PET will be provided instead.
 - IO to confirm with PET if / when contact has been made and verbal feedback given. PET to save to complaint record.

Complaint – Written Response:

1. PET will review investigation report to check ALL issues have been responded to and where learning identified this is recorded correctly on the report. Please Note - any incomplete or incorrectly completed investigation will be returned to the IO and cc, the line manager.
2. PET will save documentation to Ulysses complaint record, removing 'working copy' watermark once approved report is accepted and add 'Final Report' watermark along with service area i.e. 'Ops Final Report', Call Handling Final Report' .

3. Once all required reports are received and approved, PEO to compile one combined report and remove 'working copy' from report and add 'Final' to watermark.
4. The PET will record learning on Ulysses.
5. If learning not completed at the time of investigation an action for completion will be set up in Ulysses and sent to the responsible person identified by the IO.
6. On receipt of the learning evidence the PET will save to the complaint record and close out the action on Ulysses.
7. Add to the PET 'reports received' log.
8. Relevant manager to note on log, assigning response to them.
9. PET will draft response letter watermarked 'working copy' and save in relevant 'working copy' folder. Note – while working on a letter this must be saved in the relevant 'working copy folder' and not on individual desktops.
10. Send for review by Patient Experience Manager (or complaints manager in PEM's absence).
11. Once reviewed and signed off PET will remove watermark, note as 'final', move to the relevant final copy folder and send to CEO for signature (or nominated director).
12. Once signed PET will scan and save signed response to complaint record.

3.4.6 Satisfaction Questionnaire

- To assess the level of satisfaction of a complainant in respect of the way their complaint has been handled, after the complaint has been closed complainants will be asked to complete a satisfaction questionnaire. This does not apply to cross organisation complaints where NEAS is not the lead organisation, and the PET can apply discretion if they feel the complainant would be distressed by asking for feedback. The response letter to the complaint has details of how to access the survey

3.5 Cross Organisation Complaints

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 or separate responses from each agency.

1. Where a separate response is required, consent will be obtained to pass the details of the complaint to the relevant agency.
2. Where a joint response is required, it will be agreed which agency will act as lead investigator and the appropriate consent will be obtained so that the information can be shared.

3. PET will send a copy to the other agency's Patient Experience Team or equivalent within 3 working days of receipt of consent to share.
4. The investigation will be carried out in line with the NEAS complaints process and those adopted by the other organisation(s).
5. The agreed process, with appropriate timescales, should be clearly documented for all parties involved.
6. Where an organisation is not able to respond within the agreed timeframe, agreement should be sought by the lead organisation with the complainant as to whether to extend the timeframe for a joint response or, with agreement of the complainant, separate responses to be sent.
7. Agree the final response to the complainant.
8. Each organisation will be responsible for monitoring any actions identified that are relevant to their own activity.

3.6 Habitual or Vexatious Complaints

The Trust is committed to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint. The Trust endeavours to resolve all complaints to the complainant's satisfaction but realise that this will not always be possible. However, on occasions, staff may consider that a complaint is habitual in nature, i.e. the complainant raises the same or similar issues repeatedly, despite having received full responses to all the issues they have raised. Some examples of habitual or vexatious complainants might be cases where the complainant:

- Persists in pursuing a complaint when the procedures have been fully and properly implemented and exhausted.
- Does not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services could assist to help them specify their complaint.
- Continually makes unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice.
- Continues to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded.
- Changes the substance of a complaint or seek to prolong contact by continually raising further issues in relation to the original complaint. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately.
- Consumes a disproportionate amount of time and resources.

- Threatens or uses actual physical violence towards staff.
- Has harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails).
- Repeatedly focusses on conspiracy theories and/or will not accept documented evidence as being factual.
- Makes excessive telephone calls or send excessive numbers of emails or letters to staff.

A decision on how these complaints are managed will be made by the PEM and the complaints manager, with liaison with Special Patient Notes team, the Risk department, and any other necessary teams such as safeguarding. The decision and rationale will be communicated in writing to the complainant, following review and sign-off by the Chief Executive or nominated executive deputy. Prior to communicating to the complainant, the PET must be able to evidence the following actions have been taken:

- Ensuring the person's case is being, or has been dealt with appropriately, and that reasonable actions will follow, or have followed, the final response.
- Confidence that the person has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable or persistent.
- Checking that new or significant concerns are not being raised, that requires consideration as a separate case.
- Applying criteria with care, fairness and due consideration for the client's circumstances – bearing in mind that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant/sudden changes to the complainant's lifestyle, quality of life or life expectancy.
- Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff.
- Ensuring that the complainant has been advised of the existence of the policy and has been warned about, and given a chance to amend their behaviour.

Consideration should also be given as to whether any further action can be taken prior to designating the person's contact as unreasonable or persistent.

This might include:

- Raising the issue with a Director with no previous involvement, in order to give an independent view.
- Where no meeting with staff has been held, consider offering this at a local level as a means to dispel misunderstandings (only appropriate where risks have been assessed).
- Where multiple departments are being contacted by the complainant, consider a strategy to agree a cross-departmental approach.
- Consider whether the assistance of an advocate may be helpful.
- Consider the use of ground rules for continuing contact with the complainant.

Ground rules may include:

- Time limits on telephone conversations and contacts.
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
- Requiring contact to be made with a named member of staff and agreeing when this should be.
- Requiring contact via a third party e.g. advocate.
- Limiting the complainant to one mode of contact.
- Informing the complainant of a reasonable timescale to respond to correspondence.
- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged.
- Advising that the organisation does not deal with calls or correspondence that is abusive, threatening or contains allegations that lack substantive evidence. Request that the complainant provides an acceptable version of the correspondence or make contact with a third party to continue communication with the organisation.
- Ask the complainant to enter into an agreement about their conduct.
- Advise that irrelevant documentation will be returned in the first instance and (in extreme cases) in future may be destroyed.
- Adopting a 'zero tolerance' policy. This could include a standard communication line, for example: "The NHS operates a zero tolerance policy, and safety of staff is paramount at all times. Staff have a right to care for others without fear of being attacked either physically or verbally."

Where it is determined that all reasonable measures have been attempted and the habitual or vexatious contact continues, the complainant must be informed in writing that the correspondence is at an end and that further contact received will be logged within our records but not acknowledged or responded to. This letter should also include the following wherever possible:

- An overview of the measures already attempted to support the complainant;
- Any engagement with other teams or organisations to attempt to manage the complainant and/or their concerns;
- The volume of contacts with the Trust/the PET;
- An explanation of why the contact is considered to be unsustainable (for example, finite resources).
- Statement that new issues or concerns will still be considered and responded to as per NHS complaints requirements;

A statement that the management of the complaints does not impact on the provision of care – reassurance that care is not being withdrawn and assessment and care will continue as required via 111 or 999. Each new complaint will be considered and will be managed within the agreed plan for that particular complainant.

The letter informing the complainant of the decision and rationale will be signed by the Chief Executive or nominated executive deputy.

3.7 Staff Handling Aggressive or Abusive Complainants

The following form of words – or a very close approximation – should be used by any member of staff who intends to terminate a telephone conversation with a complainant. Grounds for doing so could be that the complainant has become unreasonably aggressive, abusive, insulting or threatening to the individual dealing with the call or in respect of other NHS personnel. It should not be used to avoid dealing with a complainant's legitimate questions/concerns, which can sometimes be expressed extremely strongly. Careful judgment

and discretion must be used in determining whether or not a complainant's approach has become unreasonable.

- Form of words

'I am afraid that we have reached an impasse and I have no alternative but to end this conversation. Your complaint(s) will still be recorded and dealt with by the Trust as appropriate, but I am now going to end this telephone conversation.'

- Follow up action:

The incident should be reported through the NEAS accident/ incident reporting system. In respect of future means of communication with the complainant and any further action deemed necessary, advice should be sought from the Patient Experience Manager.