



Complaints Policy

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Trust Policy Foreword¹

SWASFT has a number of specific corporate responsibilities relating to patient safety and staff wellbeing and all Trust policies need to appropriately include these.

Patient Experience – SWASFT will promote the values and behaviours within the Compassion in Practice model which provide an easily understood way to explain our values as professionals and care staff and to hold ourselves to account for the care and services that we provide. These values and behaviours reflect the Trust's commitment to developing an outstanding service through the conduct and actions of all staff (whether on the frontline or in support services). SWASFT will encourage staff to demonstrate how they apply the six core competencies of Care, Compassion, Competence, Communication, Courage, and Commitment to ensure our patients experience compassionate care.

Health and Safety - SWASFT will, so far as is reasonably practicable, act in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and associated legislation and approved codes of practice. It will provide and maintain, so far as is reasonable, a working environment for employees which is safe, without risks to health, with adequate facilities and arrangements for health at work. SWASFT employees are expected to observe Trust policy and support the maintenance of a safe and healthy workplace.

Risk Management - SWASFT will maintain good risk management arrangements by all managers and staff by encouraging the active identification of risks, and eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimized, and the continuing provision of high quality services to patients, stakeholders, employees and the public. SWASFT employees are expected to support the identification of risk by reporting adverse incidents or near misses through the Trust web-based incident reporting system.

Equality Act 2010 and the Public Sector Equality Duty - SWASFT will act in accordance with the Equality Act 2010, which bans unfair treatment and helps achieve equal opportunities in the workplace. The Equality Duty has three aims, requiring public bodies to have due regard to: eliminating unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and fostering good relations between people who share a protected characteristic and people who do not share it. SWASFT employees are expected to observe Trust policy and the maintenance of a fair and equitable workplace.

NHS Constitution - SWASFT will adhere to the principles within the NHS Constitution including: the rights to which patients, public and staff are entitled; the pledges which the NHS is committed to uphold; and the duties which public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. SWASFT employees are expected to uphold the duties set out in the Constitution.

Code of Conduct and Conflict of Interest Policy - The Trust Code of Conduct for Staff and its Conflict of Interest and Anti-Bribery policies set out the expectations of the Trust in respect of staff behaviour. SWASFT employees are expected to observe the principles of the Code of Conduct and these policies by declaring any gifts received or potential conflicts of interest in a timely manner, and upholding the Trust zero-tolerance to bribery.

Information Governance - SWASFT recognises that its records and information must be managed, handled and protected in accordance with the requirements of the Data Protection Act 1998 and other legislation, not only to serve its business needs, but also to support the provision of highest quality patient care and ensure individual's rights in respect of their personal data are observed. SWASFT employees are expected to respect their contact with personal or sensitive information and protect it in line with Trust policy.

¹ Updated 24/12/2013

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1 Introduction

- 1.1 The South Western Ambulance Service NHS Foundation Trust takes any form of complaint extremely seriously and is committed to deal with all expressions of concern responsively, efficiently and effectively to achieve swift local resolution.
- 1.2 The Trust also recognises that complaints, and other feedback, provide valuable information about service quality from the perspective of patients, their carers and the wider population. It acknowledges the importance of ensuring that learning outcomes are identified and new and improved practices are developed and implemented as a result.
- 1.3 The Trust's Patient Experience and Engagement Team and its policy on the management of complaints, support one of the fundamental elements of the Trust's approach to integrated governance and risk management: the development of an open, honest, fair and just culture that is receptive to adopting new practices and learning from complaints and incidents by involving patients, the public and staff.
- 1.4 The policy complies with the Local Authority Social Services and NHS Complaints (England) Regulations 2009 (the Regulations) and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- 1.5 The Trust recognises the need to learn from the significant experience about the management of complaints in the NHS. The Trust's approach to complaint management supports the principles set out by the Department of Health in 'Making Experiences Count: A new approach to responding to complaints' (2007) and those published by The Parliamentary and Health Service Ombudsman (2009) which include:
 1. Getting it right
 2. Being customer focused
 3. Being open and accountable
 4. Acting fairly and proportionately
 5. Putting things right
 6. Seeking continuous improvement
- 1.6 The Trust supports the overarching findings from recent reports, including The Mid Staffordshire NHS Foundation Trust Public Inquiry together with the further review, co-chaired by the Rt. Hon Ann Clwyd MP and Professor Tricia Hart, to view complaints positively, as an opportunity to learn; to be responsive to patients and treat them as individuals and to systematically review complaints to identify themes and issues which may be indicative of more systemic problems.
- 1.7 This policy is supported by the revised complaints process (Appendix A) which outlines the internal management processes and responsibilities.

2 Purpose

- 2.1 This policy establishes a procedural framework for the management of comments, concerns and complaints to ensure that:
 - a) All expressions of concern are responded to efficiently and effectively;
 - b) Remedial actions are recorded and acted upon; and
 - c) Themes and trends are identified and fed into service development
- 2.2 This policy ensures compliance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009 (the Regulations).
- 2.3 This policy also delivers against the fundamental standard regulations – Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which come into effect for all providers from 1st April 2015. The 11 new regulations set out the fundamental standards of quality and safety and specifically include: Regulation 16, Receiving and Acting on Complaints.

3 Scope

- 3.1 This policy applies to all complaints received from patients, carers and their families and representatives about services provided by the South Western Ambulance Service NHS Foundation Trust. This includes services provided by the A&E service line; the Urgent Care Service (including the MIU); and the Patient Transport Service.
- 3.2 Where a complaint relates to the activities of more than one organisation, the receiving organisation will liaise with the other(s) concerned to co-ordinate a response as requested by the complainant. This may include a joint response from the nominated 'lead' organisation, or direct contact from each organisation with the complainant to facilitate local resolution. The principles in this policy apply equally to multi agency and sole agency complaints.
- 3.3 This policy does not apply to staff complaining about Trust procedures. These are covered by the Trust's Grievance Policy.
- 3.4 Feedback about staff members which do not relate to their duties for SWASFT is excluded from this Policy. Feedback from or on behalf of existing staff about the recruitment process is also excluded. These matters are handled by the HR department.
- 3.5 The policy does not apply where one health or social care professional complains about another health or social care professional; internal or external to the Trust. This type of feedback is managed by the Trust's Patient Safety and Risk Team as an adverse incident (AI).

4 Definitions

Throughout this policy the following definitions will apply:-

4.1 Complaints

A complaint is defined as any expression of dis-satisfaction from a patient, or their duly authorised representative, or any person who is affected by, or likely to be affected by, the action, omission or decision of the Trust, whether justified or not. These have previously been referred to as Making Experience Counts and the 4Cs – comments, concerns and complaints (and compliments).

4.2 Patient Advice and Liaison Service (PALS)

Following the introduction of the 2009 Regulations, the Trust managed all comments, concerns and complaints under its Complaint Policy to avoid an artificial distinction between concerns classified as a 'PALS concern' versus those managed as a complaint. Therefore the Trust currently defines PALS as those queries which are more general in nature, not requiring an investigation, for example, providing a sequence of events and explaining the care afforded to a patient to help a family achieve closure and involving issues such as signposting services, access to general information (such as leaflets or services) and lost property.

4.3 Investigating Officer

The Investigating Officer is any person – other than the Patient Experience team themselves – allocated responsibility for looking into a complaint. For example, a Quality Lead, the senior investigating officer within their operational division; an Operational Officer (OO) in the case of a complaint about the A&E service line; the Head of Patient Transport Service in the case of a complaint about the PTS service; the Clinical Hub Investigations Manager in the case of a complaint about the Clinical Hub; a Quality Improvement Manager for a complaint about the 111 service etc.

4.4 Compliments

Any recognition by a member of the public, or other Health Care Professional, for the contribution of staff in delivering a high standard of service.

4.5 Adverse Incident

Any event or circumstance arising that could have, or did, lead to unintended or unexpected harm, loss or damage to any individual or the Trust. Adverse incidents may or may not be clinical and may involve actual or potential injury, mis-diagnosis or treatment, equipment failure, damage, loss, fire, theft, violence, abuse, accidents, ill health, near misses and hazards.

4.6 Moderate Harm Incidents

A patient safety incident that resulted in a moderate increase in treatment and that caused moderate, but not permanent, harm to one or more patients. A moderate increase in treatment is defined as a return to surgery, an unplanned readmission, a prolonged episode of care, extra time in hospital or as an outpatient, cancellation of treatment, or transfer to another area such as intensive care as a result of the incident.

4.7 Serious Incident

An adverse incident that could or did lead to serious injury, major permanent harm or unexpected death. This would be an incident that could cause significant public concern. A Serious Incident is also defined as an event that might seriously impact upon the delivery of objectives and which may attract adverse media attention and/or result in litigation or which may reflect a serious breach of standards for assuring the quality of Trust services. A serious incident may be identified through a number of different sources, including complaints.

4.8 Quality Development Forum

Quality Development Forum reports to the Quality Committee

The role of the Quality Development Forum is to drive the Quality Strategy within the Trust and to lead on service and quality improvement.

5 Principles of complaint management

- 5.1 The first stage of the NHS Complaints Procedure is called Local Resolution. The purpose of Local resolution is to deal with complaints quickly and informally. In some cases a verbal complaint can be presented to a member of staff within the organisation. This could be a member of the Patient Experience team, a Clinician on the road, a Clinician or Non-Clinician working in the Clinical Hubs or any other
- 5.2 Complaints are handled in a consistent manner across all areas of the Trust. The revised complaints process is appended to this policy as Appendix A.
- 5.3 Where a patient, or their representative, expresses a concern to any member of staff during the course of the staff's working day, the member of staff will proactively apologise and attempt to address the complainant's concerns at initial contact.
- 5.4 The ability for patients and their representatives to provide feedback on the service that they have received, both positive and negative, is widely publicised.
- 5.5 The Trust aims to ensure that the complaints process is accessible to anyone who wishes to raise a complaint and complaints can be raised through a variety of different mechanisms.
- 5.6 The Trust welcomes complaints that come to us via an intermediary such as Support, Empower, Advocate, Power (SEAP) or HealthWatch and we provide complainants with details of advocacy services within every Trust acknowledgment letter.
- 5.7 The process of making a complaint will be straightforward and easy to understand and avoid creating barriers for complainants.
- 5.8 The Trust takes all reasonable steps to ensure that patient specific information is only passed to those persons who have a right to that information.

- 5.9 All complaints will receive a proportionate investigation and complainants can expect an honest and open response.
- 5.10 The Investigating Officer is responsible for making early contact with the complainant to clarify their concerns and agree how often they will provide verbal updates. This is to ensure that the complainant is fully informed of the progress that the Trust is making in addressing their concerns. Records of all contacts must be recorded within the investigation template.
- 5.11 The level of investigation and harm to the patient is to be determined by the Investigating Officers who are best placed to identify risks, recognise potential unsafe practices and potential trends on their station/s.
- 5.12 The IO is responsible for ensuring they conduct a proportionate and an appropriate investigation addressing all issues identified by the complainant and additional concerns highlighted during the investigation.
- 5.13 The level of a complaint will remain under constant review and may be subject to change throughout the course of the investigation.
- 5.14 Complainants can choose how they receive feedback from the Trust as a result of their complaint – i.e. verbally or in writing.
- 5.15 Investigating Officers will be local subject matter experts to ensure that there is local ownership in complaint management and that lessons are learnt and considered at a local level.
- 5.16 Feedback to complainants will be provided by the identified Investigating Officer who has undertaken the investigation and is best placed to answer complainants' questions and has the necessary subject matter knowledge.
- 5.17 Investigating Officers are expected to attempt verbal feedback on a minimum of three occasions over a period of time and / or days. If the Investigating Officer is unable to make contact, these contacts should be recorded in the investigation report. The Patient Experience team will then write to the complainant requesting that they make contact to arrange an agreeable time to receive verbal feedback.
- 5.18 Investigating Officers may not share the specific complaint details with staff prior to requesting a statement as a simple recollection of events is often more suitable in assisting the required 'neutral' view point of an investigation. However, investigating officers are expected inform staff of the concerns raised. Once the statement is completed, the details of the complaint can then be reviewed (following the redaction of the complainant details) together with the Investigating Officer and any specific issues of concern addressed to help in the completion of the 'findings of the investigation' section of the template. This will be an informed decision of the Investigating Officer to ensure staff welfare.
- 5.19 It is the responsibility of the staff members line manager to ensure that appropriate support is provided. This should not be limited to during the investigation process but should also be considered post investigation.

- 5.20 Where it is identified during a complaint investigation that any employment policies may apply to the incident, guidance will be sought from the Clinical Development Managers / or Human Resources Business Partners.
- 5.21 Where a complaint involves two or more service lines / areas of the business, a lead Investigating Officer will be appointed to co-ordinate the various elements of the complaint and feedback the results of the entire investigation to the complainant.
- 5.22 Learning outcomes from individual complaints are identified and shared and any resulting recommendations and actions are implemented with a view to improving patient care.
- 5.23 Complaints are analysed to identify themes and trends to assist in identifying areas within the Trust policies and procedures that would benefit from review.
- 5.24 Complainants will be given the opportunity to provide feedback on the complaint management process.
- 5.25 Complainants can be confident that their future care and treatment provided by the Trust will not be adversely affected in any way because they have made their concerns known to us.
- 5.26 To demonstrate the Trust's commitment to the Ombudsman's principles of remedy, consideration is given, where appropriate, to provide complainants with ex-gratia payments.

6 Levels of complaint investigation

- 6.1 The scope of the investigation will not be limited to the issues of concern raised by the complainant. This will be proportionate to the complexities of the concern and findings of the Investigating Officer.
- 6.2 A guide to the level of complaint helps to consistently in approach (Appendix B – Complaints Investigation level Guide).
 - Level 1 – A simple complaint that can be dealt with by Patient Experience team members themselves, because they already hold the information necessary to respond to the complaint or can easily obtain it without sending the complaint to anyone else for investigation.
 - Level 2 – A complaint that appears to be straightforward, with no serious consequences for the patient/complainant, but which needs to be sent to a manager for the service area concerned to investigate.
 - Level 3 – A complaint deemed to be serious, having had a physical or distressing impact on the patient/complainant, will be of a very complex nature or where Trust's action or inaction could have resulted in service failings, reputational damage etc.

- Level 4 – A complaint which is later classified as a Serious Incident as defined by the NHS Commissioning Board’s Serious Incident Framework (March 2015). When a complaint is received that appears to be of a very serious nature, and which the Patient Experience Team feel may constitute a serious incident, the Patient Experience Manager will send the details of the complaint to the Patient Safety Manager for circulation to the Serious and Moderate Incident decision-making group to consider whether the issue should be reported under the Serious Incidents Procedure, which is explained in the Serious and Moderate Harm Incident Policy.

The level of investigation can be reviewed at any time during the complaint investigation, for example, if on further investigation the incident is had more serious consequences for the patient than first thought it could be escalated from a Level 2 to a Level 3 or from a Level 3 to an SI.

- 6.3 The level of investigation will be under constant review to ensure that it is appropriate. This is the responsibility of the Investigating Officer. For example, if during the course of an investigation, additional concerns are identified, they must form part of the complaint management.
- 6.4 If a Level 2 or 3 complaint is escalated to an SI, control of its management is taken from the Patient Experience team and is passed to the Patient Safety team to manage and conclude in accordance with the Trust’s Serious and Moderate Harm Incident Policy. The final closure letter will cite the Parliamentary and Health Service Ombudsman Service.
- 6.5 If a Level 2 or 3 complaint relates to an allegation, control of its management is taken from the Patient Experience team and is passed to the Trust’s Safeguarding team to manage and conclude in accordance with the Trust’s Allegations Policy. The final closure letter will cite the Parliamentary and Health Service Ombudsman Service.
- 6.6 The level of investigation does not influence the scope of the investigation and the Investigating Officer is accountable for ensuring that any identified remedial actions are addressed in a timely manner and evidence provided to the Patient Experience team.
- 6.7 For Level 2 complaints, the Patient Experience team will acknowledge the complaint to understand the complainant’s concerns. The assigned Investigating Officer will be responsible for investigating the complaint, the completion of an investigation template, feeding back the results of the complaint investigation and confirming to the Patient Experience team when this has been completed. Remedial actions from Level 2 complaints will be monitored centrally by the Patient Experience team.
- 6.8 For Level 3 complaints, the Patient Experience team will acknowledge the complaint. The Investigating Officer will be responsible for investigating the complaint and the completion of an investigation template. A Patient Experience Officer or Manager quality assures the complaint investigation. Investigating Officers are responsible for ensuring that any remedial actions are completed in a

timely manner. Remedial actions from Level 3 complaints, where the Investigating Officer has concluded that the Trust's actions caused a moderate level harm, will be monitored centrally by the Patient Experience team.

- 6.9 For Level 3 complaints, the scope of the investigation will cover the end to end patient experience to ensure that any additional areas of learning are captured.
- 6.10 For both Level 2 and Level 3 complaints where the patient has requested a formal response letter, this will be quality assured by the Patient Experience Officer or Manager and signed by the Chief Executive Officer. If, however, the complainant is satisfied with verbal feedback but has requested confirmation in writing, a bullet point summary will be sent to the complainant and the letter will be signed by a member of the Patient Experience team.

7 Consent and Verification of Identify

- 7.1 The Trust is committed to ensuring that patient specific information is only released to those who are entitled to receive it. In complying with the seventh principle of the Data Protection Act which states that:

“Appropriate technical and organisational measures shall be taken against the unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.”

The Trust must demonstrate that it has taken all reasonable steps to verify the identity of an individual before disclosing information to them.

- 7.2 All relevant parties will be asked to sign a consent and information sharing form if deemed appropriate.
- 7.3 Where there is concern about the validity of a signed consent form further steps may be taken to confirm the authenticity.
- 7.4 All third party complainants will be asked to provide the consent of the patient and verification of the patient's identify in order to manage a complaint on behalf of the patient. Where 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., this should be explained by the complainant. Where the third party has power of attorney, to act in the interests of the patient, proof of this will be requested along with the complainant's proof of identity.
- 7.5 Posthumous complaints – where the patient has died, we will require a copy of Grant of Probate or Letter of Administration (if there is no will) or a copy of the Death Certificate as well as the complainant's proof of identity.
- 7.6 Patients under 16 years of age – Where a complaint is being made on behalf of a child, who is under 16 years of age, proof of identify will be required from the complainant, where the complainant has parental responsibility a copy of the child's birth certificate will be required.

- 7.7 If consent is not received, the matters raised will still be investigated and any learning identified will be acted upon.
- 7.8 Multi-agency complaints – In order for the Trust to respond to another NHS organisation or healthcare provider we must have assurance from the organisation (normally the nominated lead organisation) that the patient/complainant is aware of the information being sought and that they have no objection to the Trust releasing it.
- 7.9 This Trust will seek confirmation from the lead organisation that they have taken reasonable steps to ensure that they only release personal identifiable information legitimately, i.e. being assured of the person's identity and the capacity in which they are applying for the information.
- 7.10 Members of Parliament (MP), acting on behalf of their constituents, are already considered to have obtained consent from the complainant. This is supported by the Data Protection Act 1998 – Processing of Sensitive Personal Data – Elective representatives Order 2002 SI2002 No 2905 (v2,0 May2006). Where a constituent approaches an MP on behalf of someone else, consent will be required to ensure the complainant is acting with the patient's authority.

8 Investigations

- 8.1 The relevant Operations Manager or equivalent is responsible for identifying and nominating a suitably experienced Investigating Officer.
- 8.2 The Investigating Officer should declare whether there may be potential for a conflict of interest. Such cases would include the Investigating Officer being related to a person involved in the complaint. Other examples are set out in the Trust's Conflict of Interest Policy.
- 8.3 Investigations should be conducted and reported in line with the Trust's Investigation Guide and any investigations training delivered by the Patient Experience, Patient Safety functions or Quality Leads.
- 8.4 The Patient Experience team will provide the Investigating Officer with the necessary correspondence, supporting evidence and appropriate investigation template (Appendices F and G) to carry out the complaint investigation.
- 8.5 The Investigating Officer will be responsible for managing the communication with the complainant, including making early contact to inform the complaint that they are the Investigating Officer in line with the Making Early Contact Guide (Appendix D) managing expectations around any unforeseen delays in line with the Verbal Update Guide (Appendix E), and providing feedback when the investigation is completed in line with the Verbal Feedback Guide (Appendix F).
- 8.6 The Investigating Officer will ~~also~~ ensure that members of staff involved in complaints are provided with the necessary support during and post investigation.

- 8.7 The Investigating Officer is also responsible for ensuring they provide members of staff involved in a complaint of its outcome. Evidence of this feedback must be provided to the Patient Experience team, this can be in a form of a record of conversation, email or by letter. This will be monitored centrally.

9. Coroners Inquests

- 9.1 A complaint that has been referred to the Coroner may need to be suspended or delayed. Where appropriate the Patient Experience team will liaise with the Claims team who will, in turn, liaise with the Coroner's Office and the complainant will be advised in writing with a clear explanation of the reason for suspension/delay if appropriate.

10. Where the complainant remains unhappy after their complaint has been investigated

- 10.1 All complainants will be advised, either in the written response to their complaint or in the telephone call to provide feedback, that should they have any concerns which have not been addressed, they should make these known to the Trust's Patient Experience team, who will attempt to resolve their remaining concerns.
- 10.2 In the case of a Level 2 complaint investigation, where the complainant is dissatisfied with the Trust's response, a written response will be sent to the complainant from the Chief Executive and / or a local resolution meeting offered. Details of the Parliamentary and Health Service Ombudsman (PHSO) will form part of the Trust's final response letter to the complainant.
- 10.3 In the case of a Level 3 complaint investigation, should the complainant remain unhappy following their preferred method of feedback, including a detailed response letter from the Chief Executive and an offer of a local resolution meeting, details for the PHSO will be provided.
- 10.4 The PHSO considers complaints made by or on behalf of people who believe there has been an injustice or hardship because an organisation has not acted properly or fairly or has given poor service and not put things right. This service is free for everyone.
- 10.5 Requests must be made within 12 months of the event. This time can be extended where good reason is shown. The Ombudsman can carry out independent investigations into complaints about poor treatment or service provided through the NHS in England. The PHSO contact details are as follows:

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

Complaints Helpline Tel: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk
Text: 07624 813 005
Website: www.ombudsman.org .uk

11. External Independent Investigations

- 11.1 The Trust recognises the need to have arrangements in place for a complaint to be investigated independently or for some level of independent scrutiny in order for a satisfactory resolution to be achieved.

This is not likely to be utilised frequently and would only ordinarily be exercised where a complainant's relationship with the Trust has deteriorated to the extent where the usual internal considerations are unlikely to be accepted by the complainant.

All complaints will be considered on a case by case basis and local arrangements will be made for the independent investigation or scrutiny of the complaint file.

12. Dealing with persistent and unreasonable complainants

- 12.1 This policy exists to ensure that complainants' concerns are dealt with effectively. However, the Parliamentary and Health Service Ombudsman's 'Principles of Good Complaint Handling' February 2009 Principle 4 Acting fairly and proportionately recognises that: 'A minority of complainant can be unreasonably persistent or behave unacceptably in pursuing their complaints. Public bodies should have arrangements for managing unacceptable behaviour.'
- 12.2 Handling such complainants can place a considerable strain on time and resources and cause unacceptable stress and anxiety for staff who made need support in difficult situations.
- 12.3 The Trust's key focus is to ensure that the Trust's complaints policy has been correctly implemented and that no aspect of a complaint, concern or comment has been inadequately addressed. However, the Trust has developed guidance (Appendix I) for helping staff to identify when a complainant's behaviour has become unreasonable and persistent and the steps for managing this.

13. Financial Redress

- 13.1 The Trust works in accordance with the Principles of the Parliamentary and Health Service Ombudsman (PHSO) and its established Principles for Remedy.
- 13.2 Where financial redress is made, this will not be considered as an admission of liability in relation to any legal action that may ensue. Where a complaint gives rise to legal action, a response to the complaint will still be made. This decision will be made by the Head of Patient Safety and Risk in conjunction with the Patient Experience team. Any such payment is approved by the Chief Executive Officer or nominated Deputy.

14. Analysis, Improvement and Shared Learning

- 14.1 The Trust is committed to learning from concerns and complaints in order to improve patient and staff safety and experience and to ensure that patients receive the service that they are entitled to expect.
- 14.2 Where necessary, remedial actions will be identified for each individual complaint. In the case of Level 2 complaints, the Investigating Officer is responsible for ensuring that these actions are completed in a timely manner.
- 14.3 In the case of Level 3 complaints, where the Investigating Officer has concluded that the Trust's actions caused a moderate level of harm, remedial actions will be added to the Complaint Remedial Action Plan. The Complaint Remedial Action Plan is reported on to the Trust's Directors' Group and monitored centrally by the Patient Experience team.
- 14.4 The Patient Experience team will liaise with Operations Manager or equivalent in ensuring the timely completion of actions on the Complaints Remedial Action Plan.
- 14.5 The Complaint Remedial Action Plan will be presented bi-monthly to the Directors' Group Meeting.
- 14.6 Investigation outcomes and data will be analysed by the Patient Experience team to identify any developing trends and required changes in practice. As a result, learning points will be determined and shared across the Trust and local health community, where appropriate, in order to effect service improvements.
- 14.7 Learning is currently shared in the following ways:
- Through the Patient Safety and Experience bi-monthly management report.
 - Through the Quality Development Forum whose purpose is to promote and share learning from Trust safety systems and staff and patient feedback.

15 Roles and Responsibilities

15.1 Board of Directors

The Board of Directors is responsible for:-

- a) Ensuring appropriate structures are in place to manage complaints;
- b) Monitoring the effectiveness of this policy.

15.2 Chief Executive

The Chief Executive has:

- a) Responsibility as the Accountable Officer for complaints and therefore has overall responsibility for overseeing this policy. The day to day responsibility is delegated to the Patient Experience Manager, or their nominated deputy.

15.3 Executive Director of Nursing and Governance

The Executive Director of Nursing and Governance has lead responsibility for implementing and monitoring the complaint process.

15.4 Directors and nominated Deputy Directors

Directors and their nominated Deputy Directors are responsible for:-

- a) Implementation of this policy, on behalf of the Chief Executive;
- b) Ensuring that managers and staff co-operate in applying this policy;
- d) Nominating managers to investigate complaints as required;
- e) Attending local resolution meetings as required.

15.5 The Head of Governance

The Head of Governance is responsible for:-

- a) The overall management of this policy;
- b) Ensuring the processes and procedures are correctly adhered to.

15.6 The Patient Experience Manager

The Patient Experience Manager is responsible for:-

- a) The day to day management of this policy and overseeing the complaints process;
- b) Reviewing complaints highlighted by the Patient Experience team to assess whether they are potential Serious Incidents;
- e) Providing support to the Patient Experience team.
- d) Identifying themes and trends as a result of complaints and flagging these to the Experiential Learning Forum; the Quality and Governance Committee; Clinical Effectiveness Group and its sub-committees as appropriate.
- e) Analysing complaint data in conjunction with other adverse incident data to identify what is important to patients.
- f) Attending, or arranging for a deputy to attend, Serious Incident Review Meetings where the serious incident relates to a complaint.
- g) Feeding into the production of the bi-monthly Patient Safety and Experience Report for presentation to the Quality Committee.

- h) Producing a bi annual report to the Board of Directors on the status of any complaints which have been referred to the Parliamentary and Health Service Ombudsman.
- i) Liaison with the South West Commissioning Service or Lead Clinical Commissioning Group (or other Commissioners as required) with regard to the status of complaints as required, and inputting into regular reporting for Commissioners.
- j) Taking the lead on PHSO referrals and managing the day to day relationship between the Trust and the PHSO
- k) Producing a monthly performance report which shows complaint closure and investigation performance across the Trust;
- l) Maintaining and monitoring the Level 3 complaint remedial action plan log;

15.8 The Patient Experience Officers / Administrators

The Patient Experience Officers / Administrators are responsible for supporting the administrative function of the Patient Experience Team including:

- a) Recording all complaints received on the Trust's integrated risk management database.
- b) Addressing and closing Level 1 complaints as appropriate.
- c) Acknowledging all complaints within 3 working days following day of receipt.
- d) Sourcing and providing Investigating Officers with appropriate supporting information in order that they can effectively investigate a complaint.
- e) Providing day to day support and advice to Investigating Officers in carrying out a thorough and proportionate complaint investigation.
- f) Advising on when a complaint should be managed through a multi-agency approach or where it should be referred to an external lead organisation.
- g) Providing updates to complainants on the status of their complaint, as required.
- h) Convening and attending local resolution meetings as appropriate.
- i) Quality assuring all complaint investigations and draft letters in conjunction with Investigating Officers and ensuring that complaint responses are formulated in a consistent and appropriate manner.
- j) Ensuring that remedial actions associated with Level 3 complaints are completed by Investigating Officers in a timely manner.

- k) Managing any complaints which have been referred to the Parliamentary and Health Service Ombudsman.

15.9 Line Managers

Line managers are required to:-

- a) Be aware of their responsibilities under this policy;
- b) Ensure their staff and professionals who work for, or who provide services to the Trust, are informed of this policy;
- c) Ensure support is provided to all staff involved during and post investigation;
- d) Nominate Investigating Officers, as required, and ensure that these Investigating Officers are given sufficient time to undertake the investigation;
- e) Act as an Investigating Officer if nominated;
- f) Facilitate the attendance of their staff as required at local resolution meetings through the rearrangement of working patterns.
- g) Responsible for ensuring that any remedial actions identified are acted upon and completed in a timely manner. Evidence should be sent to the Patient Experience team.

15.10 Quality Leads and Investigating Officers

Investigating Officers will be nominated by the relevant Operations Manager for:

- a) Initiating early contact with complainants to confirm that they will be responsible for investigating and addressing the complainant's concerns in line with the Making Early Contact Guide included in Appendix D.
- b) For Level 2 complaints:
 - Ensuring that Level 2 complaints are investigated in proportion to the issues raised in accordance with the Trust's Guide to Investigations;
 - Feedback is provided to the complainant, using their preferred resolution method, within 25 days of the complaint being received by the Trust.
 - This is a Trust deadline and, therefore, IO's are expected to return their investigations, supporting documentation and either confirmation that the complainant has accepted verbal feedback and / or a draft written response by the 20th working day.
 - Ensuring any remedial actions are identified and action upon in a timely manner.
- c) For Level 3 complaints:

- Ensuring that Level 3 complaints are investigated thoroughly in accordance with the Trust's Guide to Investigations;
 - A completed Level 3 investigation template is provided to the Patient Experience team within 35 working days.
 - The complaint investigation is quality assured in conjunction with the Patient Experience team,
 - Providing feedback to the complainant, using their preferred resolution method,
 - within 35 days of the complaint being received by the Trust. This is a Trust deadline and, therefore, IO's are expected to return their investigations, supporting documentation and either confirmation that the complainant has accepted verbal feedback and / or a draft written response by the 30th working day.
- d) Ensuring that complainants are kept up to date with investigations and that they are notified of any delays by the Investigating Officer in line with the Verbal Update Guide included in Appendix E;
- e) Producing a thorough complaint investigation report using the Investigation Template (Appendix G) which addresses each of the complainants areas of concern and includes details of:
- the investigation undertaken.
 - the findings and the learning outcomes
 - any recommendations and a timescale for their implementation.
- f) Ensuring staff receive the necessary support during and post investigation.
- g) Liaising with all parties involved in the investigation (including patients, patient representatives, external parties for example, the Police, Out of Hours GP Service, and employees), ensuring they are kept up to date on investigation progress;
- h) Feeding back the outcome of complaint investigations to complainants using their preferred feedback mechanism and with reference to the Patient Experience Verbal Feedback Guide (Appendix E).
- i) Feeding back the results of complaint investigations to staff involved and ensuring that they receive the necessary support.
- j) Ensuring that any remedial actions identified are communicated the staff and are completed in the timescales identified above and that, for Level 3 complaint remedial actions, evidence of the completed action is provided to the Patient Experience team.

15.11 All Employees

All employees:

- a) Have an obligation to attempt to apologise and address any patient concerns raised with them at first contact.
- b) Will take details of the patient's complaint and pass this through immediately to the Patient Experience team, where they are unable to resolve the complainant's concerns at initial contact.
- c) Have an obligation to co-operate with any complaint investigation.
- d) Must adhere to the Trust's Data Protection Policy, the NHS Confidentiality Code of Practice and the Data Protection Act when handling complaints.

16 Competence

- 16.1 The Trust's Mandatory Workbook includes a section on Patient Experience, explaining how complaints are managed and how feedback from patients is sought, and how this valuable feedback can benefit the Trust and its staff.
- 16.2 The Patient Experience and Safety teams have also developed a training package for use with Investigating Officers. The purpose of this package is to introduce Investigating Officers to the different types of investigation; give them the key tools and skills for undertaking effective investigations; and to provide guidance on investigation report writing and feeding back to complainants.
- 16.3 This training is supported by key policy documentation such as the Trust's Guide to Investigations.
- 16.4 Investigating Officers involved in the investigation of complaints may also seek guidance from any one of the Patient Experience team.
- 16.5 Training for the Patient Experience team includes, but is not restricted to:
 - Complaint software training – e.g. Datix courses
 - Root Cause Analysis investigation training
 - Managing conflict training
 - Third manning with double crewed ambulances and patient transport services
 - Introduction to Pathways session
 - Shadowing within the Clinical Hubs – A&E and Urgent Care Service
 - In-house presentations and briefings by other Directorates e.g. Patient Safety and Risk

17 Monitoring and Reporting

- 17.1 The effectiveness of this policy will be monitored by the Trust's Quality Committee who receive a PALS, Compliments and Complaints Report at each of its meetings which will include quantitative information about the number of complaints received and also qualitative information about the key trends and learnings.

- 17.2 A bi-monthly Patient Safety and Experience Report is presented at Board of Directors and published on the Trust's internet.
- 17.3 A sub-set of the information contained within the Patient Safety and Experience report is also provided to Trust Commissioners as part of contractually agreed reporting mechanisms.
- 17.4 A bi-annual report of the status of complaints which have been referred to the PHSO is provided to the Board of Directors.
- 17.7 The Complaint Remedial Action Plan (arising from Level 3 complaint investigations) will be received bi-monthly by the Trust's Directors Group.
- 17.8 Data and feedback from comments, concerns, complains and compliments, surveys feeds into themes reviewed by the Quality Development Forum.
- 17.9 The Trust's Annual Report will contain data and information from the Patient Experience report to include the number of compliments; comments, concerns and complaints received. It will also identify any trends and service changes that have been made in response to the issues raised by patients, relatives, carers and members of the public.
- 17.10 The management of the complaints function is also monitored through the Nursing and Governance Annual Accountability Agreement.
- 17.11 The Board may request the Trust's internal auditors to carry out an audit of the management of complaints from time to time, to seek further assurance that the policy is being followed.
- 17.12 The policy is to be reviewed by the Patient Experience Manager every three years or sooner if new legislation, codes of practice or national standards are introduced or existing standards amended.
- 17.13 The complaint satisfaction questionnaires will also be analysed on a regular basis and the results reported through the Patient Experience and Safety Report to give an indication of complainants' views of the complaint handling service received.

18 Equality Analysis

- 18.1 An Equality Analysis has been completed for the complaint policy and process and that a copy can be requested by emailing sam.fraser@swast.nhs.uk
- 18.2 Complainants can be confident that their future care and treatment provided by the Trust will not be adversely affected in any way because they have made their concerns known to us.

19 References

- 19.1 The following references informed the development of this policy:-

- Clwyd, A and Hart, T 'A Review of the NHS Hospitals Complaints System – Putting Patients Back in the Picture' (October 2013)
- Department of Health, 'An organisation with a memory' (2000)
- Department of Health, 'Making Experiences Count – A new approach to responding to complaints – a document for information and comment' (June 2007)
- Department of Health, 'Listening, Responding, Improving – a guide to better customer care' (2009)
- Department of Health, 'Hard Truths – The Journey to Putting Patients First' (January 2014) London: The Stationery Office
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Parliamentary and Health Service Ombudsman, 'Principles of Good Complaint Handling' (February 2009)
- The Health Service Ombudsman for England, 'Making things better? A report on reform of the NHS complaints procedure in England' (2005) London: The Stationery Office.
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- The Mid-Staffordshire NHS Foundation Trust Public Inquiry, 'Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry' (February 2013)

20 Associated Documentation

20.1 This policy links to:-

- Trust leaflet 'Getting in Touch' which describes how service users can make a complaint, compliment our staff or provide anonymous feedback
- Governance and Risk Strategy
- Patient Experience and Engagement Strategy
- Communication and Engagement Strategy
- Investigation Guide
- Incident Reporting Policy
- Serious and Moderate Harm Incident Policy
- Learning from Incidents Process
- Safeguarding Policy
- Allegations Policy
- Information Governance policies and associated guidelines
- Claims and Inquests Policy
- Conflict of Interest Policy
- Employment Policies
- Trust Health and Safety Policies
- Performance and Development Policy