South Central Ambulance Service
NHS Foundation Trust

PATIENT EXPERIENCE POLICY

South Central Ambulance Service NHS Foundation Trust
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DOCUMENT INFORMATION

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1. INTRODUCTION

South Central Ambulance Service NHS Foundation Trust (SCAS) prides itself in delivering high quality services to all patients and service users. We recognise, however, that at times things can go wrong and we may not deliver the quality of care or level of service we and our patients expect. When this happens and a complaint is made, this policy will be implemented to ensure service users and those acting on their behalf (who may be affected by the action, omission or decision of the trust) are confident that their concerns and complaints are acknowledged, listened to and dealt with effectively, in a timely manner and that a proportionate investigation takes place. The outcome of any investigation, along with any resulting actions will be explained to the complainant by the Trust.

Service users can be reassured that the complaint will not affect their ongoing treatment - no complaint correspondence will be filed in their medical records - they will be treated fairly, and that their complaint will be managed in the strictest confidence. We would expect our service users to receive the standard of care we would like ourselves and our family members to receive. Registered staff also have a professional obligation to respond to complaints, as outlined by the Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC), and the General Medicine Council (GMC)

There are very clear requirements surrounding the management of complaints which are monitored through the Care Quality Commission (CQC). This policy sets out how we handle complaints and the standards we will follow. It follows the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations).The intention of this regulation is to ensure that anyone can make a complaint about any aspect of care and treatment provided, and to ensure that providers investigate complaints and take appropriate and timely action to rectify any failures identified by the complaint or investigation.

The Trust is committed to continually evaluating and improving services by acting on service users' feedback, including formal complaints, informal concerns, and Healthcare Professional Feedback (HCP). The Trust's Patient Experience Policy recognises the Parliamentary Health Service Ombudsman's (PHSO) Principles of Good Complaint Handling 2009 and upholds the values of their "my expectations" framework developed by the PHSO, Local Government Ombudsman and Healthwatch. It promotes the NHS constitution. It also supports the HCPC, NMC/Royal College of Nursing (RCN) and GMC codes of conduct when Trust staff are managing a concern or complaint. Both the RCN/NMC and GMC have published advice booklets on responding to complaints.

The Trust will operate openly and honestly in line with the Trust's *Being Open and Duty of Candour Policy* and welcomes feedback from patients and the public about the services we provide. We take a positive approach to complaints, blame culture is not conducive to learning from complaints and patient feedback. Staff are supported and given every

opportunity to respond to the issue being raised and are offered guidance and support with Patient Experience investigations.

For staff wishing to raise concerns please refer to the Trust Freedom to Speak Up (Whistleblowing) Policy.

The key issues taken into consideration when formulating this policy are that a complainant should:

- Know how to complain.
- Feel confident that their complaint will be dealt with seriously.
- Know the period in which the complaint response is likely to be sent and to be kept informed of progress and any delays.
- Understand that their concerns will be investigated, and they will be informed of the findings of that investigation.
- Trust that SCAS will learn from feedback, concerns, complaints and compliments, and apply those lessons whilst also learning from and sharing best practice.

2. PURPOSE

This policy should be read by all staff - permanent, temporary, voluntary or contractor acting on behalf of SCAS - so that they can assist service users when they raise a concern or complaint. The purpose of this policy is to outline how the Trust implements the statutory legal framework of the NHS Complaints Regulations 2009 and meets the requirements of the NHS Constitution as well as the Principles of Good Complaints Handling published by the Parliamentary and Health Service Ombudsman. The policy promotes the intention to learn from service users' experience by promoting an open culture in which anyone feels able to raise concerns, and, where they feel that they need to, by making them aware of their right to complain. This will include making information accessible about raising concerns and making complaints, and providing support to enable people to raise concerns and make complaints, by listening to them, resolving their issues quickly, improving the services the Trust provides and prevent recurrence. The policy clarifies the roles and responsibilities of Trust staff in acknowledging, investigating and responding to complaints, concerns and HCP feedback.

3. SCOPE

This procedure will ensure that all complaints, concerns and HCP feedbacks are recorded and investigated thoroughly and proportionately; that complainants receive a full, timely, honest and open response; and that actions will be taken as a result of any learning identified in order to improve the service provided.

4. EQUALITY STATEMENT

The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and

pregnancy/maternity, or any other basis not justified by law or relevant to the issues being raised.

The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all patients, advocates, and employees regardless of the aforementioned protected characteristics or any other irrelevant factor.

By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

Where there are barriers to understanding; for example, a patient, advocate or employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that each individual is not disadvantaged at any stage in the procedure.

Anyone exercising their rights and entitlements under these regulations will suffer no detriment as a result.

5. DEFINITIONS

Concerns and complaints are expressions of dissatisfaction, whether justified or not, made by a patient, a patient's representative or a member of the public, about a service provided by SCAS or the specific behaviour of a member of SCAS staff or volunteer in the course of their duties, to which a response is required.

It is sometimes difficult to clearly establish the difference between a concern and complaint.

For the purpose of this policy, the following definitions will apply:

Complaint:
A complaint is an expression of dissatisfaction, either verbal or written, about an act, omission, or decision of the Trust, or about the standard of service we have provided. Whether justified or not, it requires a response and/or redress**.**

Note: Complaints are subject to NHS Complaint Regulations 2009 and can be escalated to the Parliamentary and Health Service Ombudsman (PHSO) for review.

Complaints can be raised verbally or in writing. Most complainants will be very clear that they wish their complaint to be treated formally, and that they require a written response. People do not have to use the term 'complaint'. We will use the language chosen by the service user, or their representative, when they describe the issues they raise (for

example, ‘issue’, ‘concern’, ‘complaint’, ‘tell you about’). We will endeavor to speak to people to understand the issues they raise and how they would like us to consider them.

A complaint may be identified by anyone; either a patient, a patient’s representative, those affected by the actions of the Trust, a member of the public, an MP, or any other person who is dissatisfied with the actions of the Trust or with actions that any member of its staff has taken.

Complaints will be recorded and managed under the direction of the Head of Patient Experience (HoPE), acknowledged and responded to, the comments and any responses will be used in the monitoring and review process in order to influence the improvement and development of services the Trust provides where appropriate.

A complaint can be closed by a phone call to the complainant, but this MUST be agreed with the complainant, the conversation MUST be documented and the Patient Experience Team (PET) fully informed of the outcome, any learnings or actions identified and confirmation that the complainant has agreed to closing the matter with a phone call. It is recommended that this call is undertaken on a recorded line wherever possible for the protection of both parties. Following the telephone call, the PET will write to the complainant to inform them how they may raise additional questions with the Trust if needed and inform them of their PHSO escalation rights should they remain dissatisfied with the Trust’s response.

Concern:
A concern is an expression of dissatisfaction, issue or worry which has not been specified as a formal complaint.

A concern can be raised verbally or in writing. A concern may be identified by anyone, either a patient, a patient’s representative, those affected by the actions of the Trust, a member of the public, an MP, or any other person, who has concerns about the actions the Trust or any member of its staff has taken. Although these issues may not have been specified as a formal complaint, they will be taken as seriously and investigated in the same way to ensure a fair and effective resolution.

Concerns will be recorded and managed under the direction of the HoPE, acknowledged and responded to, the comments and any responses will be used in the monitoring and review process in order to influence the improvement and development of services the Trust provides where appropriate.

A concern can be closed by a phone call to the complainant, but this conversation MUST be documented and the PET fully informed of the outcome, any learnings or actions identified and whether the complainant is happy to close with a phone call and therefore no written response is required. It is recommended that this call is undertaken on a recorded line wherever possible for the protection of both parties. There are no Parliamentary and Health Service Ombudsman escalation rights applicable to concerns. However, if a resolution has not been reached, a concern can be escalated to become a formal complaint and will then become subject to PHSO escalation rights.

Healthcare Professional Feedback (HCP):
HCP feedbacks are sometimes referred to as Clinical Concerns.

Healthcare Professionals working within the NHS are not permitted to raise a formal complaint about an NHS service. They can raise questions or concerns via an HCP feedback. HCP Feedbacks can still be serious and complex issues requiring full investigation. HCP feedbacks can be closed by a face to face conversation, a phone call or by an email, but this conversation MUST be documented and the PET fully informed of the outcome, any learnings or actions identified and confirmation that the HCP is happy to close with a phone call and therefore no written response is required. There are no Parliamentary and Health Service Ombudsman escalation rights applicable.

Feedback:
People may want to provide feedback instead of making a complaint. People can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.

Complainant:
A complainant is an individual who raises a complaint or concern.

Investigating Officer (IO):
The member of staff appointed by the Trust to fully investigate and report their findings in regard to the issues raised.

6. RESPONSIBILITIES

All Trust staff – All Trust staff have an obligation to comply with this policy, and respond to any complaints, concerns or HCP feedback raised by service users with the aim of reaching an early resolution. Permanent staff should make temporary staff aware of this policy for resolving issues and managing complaints.

Everyone is expected to assist the complainant in addressing their concerns and escalating the issue where they are unable to resolve it themselves. The Trust expects all staff to be open, non-judgemental, and supportive of service users as people often feel uncomfortable raising issues. They should be met with a helpful response.

If Trust staff have been asked for information pertaining to an issue or complaint, whether it involves them or not, they must co-operate and provide all relevant information to any investigating officer when asked to do so. They must also forward any written notes, or the details of any verbal issues received by them to the PET or the HoPE as soon as possible. If required to be interviewed, either when on or off duty, in order to complete an investigation on time, staff are expected to give their full support as part of this Policy.

Although a member of staff may have left the Trust, they will be encouraged to respond to or participate in an investigation of a complaint if they were involved in the patient's care.

Board of Directors – The Trust Board takes the strategic overview. They receive assurance from the Patient Experience update included in the Quality & Safety bi-monthly board report, this monitors themes and compliance with this policy, including acknowledgement, response rates, referrals to the PHSO, breakdown by specialty and reason for the complaints received. It also evidences assurance around the compliance with the CQC fundamental standard for raising concerns and complaints.

Chief Executive (CEO) – is the Accountable Officer for all patient related contact with the Trust and will be responsible for ensuring that a specified executive director oversees the successful management of such issues. The CEO also ensures that management fulfils their responsibility to respond to and investigate complaints effectively and that any learning identified as a result of the complaints investigation is taken forward by the service manager. The CEO will consider all reports to Board and act appropriately on any recommendations made.

Director of Patient Care and Service Transformation - is the Board level lead responsible for overseeing the successful management of the Patient Experience Policy and procedures.

Directors of all Areas of the Trust - 999, 111, Clinical Coordination Centre (CCC), Non-Emergency Patient Transport Service (NEPTS) - are responsible for ensuring that the policy is implemented locally and that staff are aware of the Trust policy on managing complaints, concerns and HCP Feedback. They are responsible for ensuring that complaint investigations are completed in a timely and appropriate way within their service area. They should also ensure timely and thorough investigation, meeting the 15 day deadline for internal response within their Directorate or service area, and to support staff in providing open and honest responses to complaints and concerns, and to ensure they are used as an opportunity for reflection and learning. They will also support developing services where complaints highlight a shortfall and implement action plans where appropriate. They will sign off and respond to complainants on behalf of the Chief Executive where required.

Investigating Officer (IO) - The Investigating Officers are responsible for ensuring a response is provided to all of the issues raised, that the responses are proportionate to the complaint and are submitted to the PET by the specified deadline. They are responsible for informing the complainant and the PET of any delays in their investigation or if the response deadline is unlikely to be met. They are responsible for advising the PET of any extensions required to the investigation target response date. They ensure staff who are the subject of a complaint are supported and are required to work with the member of staff's line manager to develop action or training plans for individuals where the complaint, concern or feedback highlights a need to do so. They are responsible for taking any learning from complaints, concerns or feedback to their local Clinical Governance Lead and sharing the outcome with the Clinical Governance Lead to ensure Trust wide learning where appropriate. Further guidance is set out in the **Patient Experience Investigations Guidance Notes** document.

Head of Patient Experience (HoPE) – Has delegated responsibility from the Director of Patient Care and Service Transformation to implement and manage the complaints process and policy implementation. The HoPE will be supported by the Patient Experience Manager, Senior Patient Experience Officers, and Patient Experience Officers. The HoPE and the PET will support the Investigating Officers on the issues that cause concern, and which may need support to be resolved. The HoPE has responsibility for the collation and reporting of patient experience issues, producing formal reports and is therefore able to identify trends highlighted in patient surveys/feedback and complaints/concerns/HCP feedback. They will ensure data is able to be provided to commissioners as and when required to offer reassurance of the level of service being delivered.

All patient related contacts received by the Trust will be directed immediately to the PET, who will manage the process on behalf of the HoPE. Issues of particular seriousness or which could have a serious impact on either a patient or the Trust will be directed immediately to the HoPE. The matter will be managed throughout the process by the HoPE, Patient Experience Manager and Senior Patient Experience Officers – the direct contact for the management of these issues. They will provide guidance, support and where necessary direct assistance to other staff in respect of these matters.

The HoPE will develop awareness throughout the Trust, keeping accurate records and statistics and monitoring performance targets, ensuring that any changes in national guidance are disseminated appropriately.

The HoPE will manage the PET to deliver an effective, caring, honest and timely service and to ensure this is managed effectively, the role will have access to all relevant Trust records, Trust Board Directors, managers and staff.

The HoPE is responsible for ensuring that the Trust is compliant with the regulations and with the external reporting requirements such as KO41a data returns.

The HoPE is responsible for managing the complaints that are referred to the Parliamentary Health Service Ombudsman (PHSO), to communicate with the PHSO on all matters and keep the Trusts reporting system – Datix - updated with the actions and outcomes. They are also responsible for liaising with the Head of Safeguarding, the Risk Management Team, Clinical Governance Leads and Legal Services Manager regarding those complaints that fall under and cross over with Patient Safety Incidents (PSIs), Duty of Candour (DoC) and cases that may implicate potential litigation.

Patient Experience Team (PET) – Are responsible for day to day managing and implementation of the Trust policy, applying the PHSO good complaints handling principles. They are responsible for applying this policy to the patient experience issues they manage, to meet the specified deadline or discuss with the HoPE when it is apparent a deadline will be missed. They provide training, advice and guidance to Investigating Officers as and when required on good complaint handling practices. They highlight changes in practice and record these as required; they develop a rapport with the Investigating Officer and the complainant to ensure the complainant is reassured that their complaint has been taken seriously and is being managed appropriately.

7. LISTENING TO AND RESPONDING TO CONCERNS AND COMPLAINTS

All concerns, comments, complaints, and HCP feedback are considered to be a valuable source of feedback enabling us to improve the services we deliver. The Trust actively seeks the opinions of service users in a variety of ways from external forums and stakeholders such as local Healthwatch, Foundation Trust Governors, NHS choices and social media. Where required, support is given to make a complaint, for example those for whom English may not be their first language, and those with special needs. Advocacy service support provided by the Independent Complaints Advocacy Services can be arranged for complainants where required. These details are outlined in the Trust's acknowledgement of a complaint letter. Where requested, the complainant's own advocates will be accommodated.

If we consider that a complaint (or any part of it) does not fall under this procedure we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant signposting information.

We may receive an **anonymous or a general complaint** that would not meet the criteria for who can complain. In this case we would normally take a closer look into the matter to identify if there is any learning for our organisation unless there is a reason not to do so.

7.1 Early Local Resolution

Local resolution is encouraged when the outcome can still be influenced, and a remedy provided; generally, these will be verbal or frontline complaints. Our staff speak to people who use our service every day. This can often raise issues that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to quickly sort out the issue to their satisfaction and without the need for them to make a complaint, and once a concern is received, every effort should be made to resolve the issue at local level. At local level, a proportionate and thorough investigation allowing for a speedy and effective outcome for the complainant should be provided.

It is a requirement of this policy that the PET will be fully updated regarding the issue and the resolution reached with the complainant such that the matter may be accurately recorded on Datix (the Trust's reporting system).

Guidance for staff when dealing with a complaint can be found in **Patient Experience Investigations Guidance Notes** this provides guidance on how to investigate and respond to dissatisfaction received.

Staff should ensure they:

- Take advice from senior members of staff (e.g. Team Leader, Shift Manager) where required.
- Once the issue has been investigated, if there are concerns of recurrence, they should escalate to the relevant manager who can take an overview and decide on any changes to practice.

- If local resolution is not possible, the complainant should be referred to the PET.
- The Trust will enable complainants to raise issues easily, without unnecessary barriers. It is not a requirement that a complaint must be made in writing. If the person complaining expresses a wish to raise a concern or a formal complaint, full details can and should be taken by telephone or in person if Trust staff are asked to do so by the complainant. Seek support from senior members of staff or the PET if required.

7.2 Verbal Enquiries or Complaints

All verbal contacts will be treated with the same respect and seriousness as those made in writing.

- All verbal contacts made by telephone into any Headquarters, Clinical Coordination Centre or Trust location, should be referred to the PET, who will log the issue on Datix, acknowledge the issue to the complainant within three working days of receipt, and forward to the relevant service area for investigation. **It is important that the name and contact details of the enquirer are captured accurately.**

- If a verbal complaint is received outside normal office hours for PET (0900 – 1700 hours, Monday – Friday) then full details will be captured by the person receiving it and passed to the PET at the earliest opportunity by the fastest means (i.e. email), advising the enquirer/complainant of the course of action, unless it is possible to provide a satisfactory resolution immediately. Otherwise, information should be passed with accurate name and contact details.

- The individual and/or team receiving the complaint is encouraged to resolve issues raised at the first point of contact where appropriate to do so with relevant notes made on applicable service reporting system. If it has not been possible to resolve immediately, then the PET will initiate an investigation as previously described.

- As much information as possible must be passed to the PET.

- We will be polite, sensitive to the severity of the matter, and understanding of the distress it may be causing. It is OK to say ‘sorry’ that the enquirer feels that way they do – it is not an admission of guilt or liability to apologise for distress caused.

WE WILL KEEP OUR PROMISES AND DO WHAT WE HAVE SAID WE WILL DO – i.e. PASSING ON THE INFORMATION, ASKING SOMEONE TO CALL BACK – ALL WITHIN THE TIMESCALES AGREED WITH THE COMPLAINANT.

7.3 Written Enquiries by Letter or Email

Any enquiry or complaint received by letter or email should be immediately forwarded to PET, ideally having been date stamped with the date of receipt by the Trust. If by letter, no action need be taken as the PET will acknowledge. If contact is received by email, an immediate email acknowledgement should be made confirming that the matter is being

addressed and has been forwarded to the PET for action and providing PET contact details.

7.4 Written Complaints Addressed to Trust Staff

If a written complaint is received within the Trust addressed to someone other than the Chief Executive, it may still be possible to provide local resolution. Staff should not respond directly to a complaint which is addressed to the Chief Executive without prior discussion with the PET. If the written complaint is not addressed to the Chief Executive, the individual should consider the following:

- A telephone call to apologise or to offer an explanation. An initial response may satisfy the complainant and be a more favourable option. You must agree a timescale to respond fully and advise of the actions you will be taking in investigating the complaint.
- A copy of the complaint letter and response are to be forwarded to the PET for information and logging. Should a written complaint to the Chief Executive be received at a later date the initial letter and response will inform the Chief Executive's investigation.
- In cases where a complainant expresses their intention to contact the media, the HoPE and the Communications Team must be informed, and they will take appropriate action in managing the media.
- To minimise delays with HCP investigations, we require all HCP's to send us at least the minimum information we need to record and investigate an HCP feedback. A template has been distributed to HCP colleagues who are asked to fill in the form and return it, or, send us the HCP request in their own format, so long as we receive this minimum data set to enable us to record and investigate the issue. If we receive insufficient details to commence our investigation, we will chase for additional details a maximum of three times, following which we will close the record due to lack of information.

7.5 Financial / Goodwill Remedy

The Trust aims to act fairly and take responsibility, acknowledging errors and apologising for them, making amends, and using the opportunity to improve our services. There is a range of appropriate responses to a complaint that has been upheld which includes both financial and non-financial remedies. Not all poor experience results in injustice or hardship, but where appropriate, the Trust will aim to ensure that the complainant's position is restored to what it would have been if their poor experience with our services had not occurred. If that is not possible, the Trust will consider awarding an appropriate financial or goodwill remedy payment in line with PHSO guidance "Our Guidance on financial Remedy" 2018. Financial remedy will not be appropriate in every case. There is often a balance between responding appropriately to people's complaints and acting proportionately within available resources. However, finite resources will not be used as an excuse for not providing a fair remedy. Remedies offered will be fair and proportionate to the complainant's injustice or hardship and will take account of people's individual circumstances. Financial remedies, where appropriate, will be considered by the relevant Head of Department, approved by the Legal Service Manager, and authorised by the Director of Finance or delegated representatives.

If a complainant remains dissatisfied with the resolution of their complaint, the PHSO escalation rights will apply.

8. CONSENT

Consent will be obtained from the patient where the complainant is not the patient (or person legally responsible for the patient) or where the Trust will need to contact a third-party organisation to complete the investigation. This is necessary to obtain permission to access health records for the purpose of the investigation and/or to release personal or sensitive details in the Trust response. Consent will be requested at acknowledgement stage by the PET. Consent can be requested as required at any point during the investigation and prior to the response being issued. PET will provide support and advice on consent issues.

If the patient does not provide the Trust with their consent to release personal or sensitive information to the third party either during the investigation or within the complaint response, a full and comprehensive response will not be issued by the Trust to anyone other than directly to the patient themselves. If consent is not received by the Trust, it may be possible to issue a shorter redacted response with the patient's personal or sensitive information removed, this will be agreed at the discretion of the HoPE and/or Executive Director of Patient Care and Service Transformation.

In relation to deceased patients or when there is a question around capacity to consent, it will be necessary for the complainant to evidence that they are next of kin or have sufficient interest in the patient and are suitable to represent them.

Information will only be disclosed to those with a demonstrable need to know and/or legal right under consent to access the records under the General Data Protection Regulations (GDPR) and Data Protection Act 2018. Please refer to **Corporate Policy & Procedure No.10 Data Protection Policy** (latest version). The Trust will process information in line with the Caldicott Principles. For information on clinical consent please refer to the **Consent to Examination And Treatment Policy & Procedure (CSPP No.21)** (latest version).

9. POTENTIAL PATIENT SAFETY INCIDENT / SAFEGUARDING CONCERN / LEGAL ISSUE

If the member of staff considers the subject of the complaint, concern or feedback constitutes a Patient Safety Incident, this must be reported immediately to the Executive Director of Patient Care & Service Transformation. Please refer to the latest version of the Trust's **Adverse Incident Reporting and Investigation Policy** document.

If a complaint highlights a Patient Safety Incident that requires investigation, the complaints process will incorporate the **Duty of Candour Policy** (DOC). PET will liaise with the Trust's **Patient Safety Incident Review Group** who will appoint an Investigating Officer for the Patient Safety Incident investigation to ensure the complaint response responds to all issues raised including the incident, and fulfils the obligations of the DOC

policy. This will include an open account of what happened, an apology, and the acknowledgment of the level of harm caused as a result of the incident. Where indicated following the Patient Safety Incident investigation, further support will be offered to the patient and/or patient's representative.

9.1 Concern or Complaint Involving a Vulnerable Adult or Child Protection

The Trust has produced a Patient Safety Incident - Patient Experience & Investigations Safeguarding Guidance Note (13/05/2021), which is issued to Investigating Officers (IO) with every new Patient Experience Investigation, to reinforce the understanding that IO's are required to include consideration in their primary review of the investigation as to whether the thresholds for safeguarding concerns have been exceeded.

For those complaints which highlight a safeguarding issue please refer to the **Trust's Safeguarding Policy** (latest version).

9.2 Complaining on Behalf of a Child

In circumstances where a representative is making a complaint on behalf of a child, the complaint will be considered by the Trust if it is satisfied that there are reasonable grounds and sufficient interest in the child's welfare for the complaint to be made by the representative rather than the child. If the Trust is not satisfied, we will share our reasons with the representative in writing.

9.3 Complaints from Patients Detained Under the Mental Health Act 2007 (MHA)

As outlined by the Care Quality Commission, patients detained under the Mental Health Act 2007 have the right to complain as do all service users. An advocate should be offered if appropriate.

9.4 Complaints that may be Subject to Legal Proceedings/Negligence Claims

Where it is implied that legal proceedings may be underway, or are intended, and a complaint is received, the Trust will respond to the complaint in line with this policy other than exceptional reasons or when a formal request not to respond is made from a judge, coroner or the police. Where this is the case the complainant will be informed of the reason.

The Trust will endeavour to respond to all complaints despite the indication that legal action may be taken. However, where the Trust is notified of legal action being taken, the complaints procedure may stop if the two processes cause conflict with respective outcomes. The Trust will, where possible, signpost the complainant to a service that offer free legal advice. The Trust's Legal Service Manager will be informed at the earliest opportunity if legal action is indicated.

10. FORMAL WRITTEN COMPLAINTS POLICY PROTOCOL AND GUIDANCE

10.1 Time Limit for Making a Complaint

In line with NHS Complaint Regulations 2009, a complaint should be made within twelve months of the incident occurring that raises the issue, or twelve months from the date the complainant reasonably first became aware of the issue. The Trust can, at its discretion,

consider complaints raised outside of twelve months, if there are exceptional circumstances for the complainant not having brought the complaint to the Trust within the twelve-month timeframe. This will be considered on a case by case basis by the HoPE.

10.2 Complaints Investigation Timescale

Complaints will:

- Be acknowledged within three working days of receipt.
- The Trust will aim to provide a written response within 25 working days. If longer is required to ensure a full investigation can be completed, the extended timescale will be sought by agreement with the complainant.
- Upon receipt, all complaints will be logged onto the DATIX system and provisionally graded in line with the Trust's Categorisation and Complexity Risk Table for Patient Experience Investigations Grading Matrix (see Appendix 2). The grading however can be reassessed where the investigation concludes it is a lower risk or indeed a higher risk.
- Where it is felt the complaint raises an incident that should have been reported in line with the **Adverse Incident Reporting and Investigation Policy,** this should be bought to the attention of the relevant service manager.
- Complaints relating to individual incidents will be brought to the attention of the appropriate Trust's Clinical Governance Lead and, where required, the Head of Risk & Security. A seamless approach will be taken in investigating and sharing the outcome and response to the complaint if an investigation has been undertaken at incident stage.

10.3 Acknowledgement Letter

- Acknowledgement letters will be issued within three working days of receipt. The acknowledgement letter will offer a direct point of contact to the complainant by giving the name of a member of the PET. The PET is responsible for recording and assessing the complaint, and sending for investigation to the relevant managers and staff members who can best respond, with the outcome of their investigation, into the issues raised. It may still be possible that local resolution may be attempted but this would be agreed with the complainant and depends entirely on the issue being raised.
- The acknowledgment letter will include information about how to contact NHS Complaints Advocacy Services.
- The acknowledgement letter will invite the complainant to call the PET to discuss any further issues they may have.
- The acknowledgement letter will advise the complainant that the Trust will aim to respond within 25 days. It will advise that the Trust may seek a longer timescale in agreement with the complainant if the investigation is complex or the Investigating Officer requires more time to complete their enquiries.

10.4 Investigation of Complaint

Complaints will be thoroughly investigated in a manner appropriate to resolving the issues speedily, efficiently, and appropriately within the agreed timeframe. The PET will distribute

the complaints to the relevant senior managers within relevant service areas who are best placed to offer a response. Senior staff members will receive the complaint relevant to their area or care provided by staff members for which they are responsible.

- The Trust allows 15 days for the internal investigation to be completed and the outcome report/draft response returned to the PET.
- Staff should be made aware of any complaints that relate to care provided by them and discussion with their senior manager should form part of the investigation.
- Responses provided must be open, honest, and factual, referring where appropriate to best practice, Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance or Trust policy. Care should be taken to ensure the response answers all of the points raised in the complaint and offer the response using clear language, for example it may be necessary to use medical terminology but an explanation that can be understood should also be offered.
- If it is not possible to respond to an issue raised it must be explained why this is the case.
- It is both appropriate and possible to apologise without admitting liability. Further guidance is included in **Patient Experience Investigations Guidance Notes**.
- If it is clear that a longer timescale will be required to offer a more effective response or due to key respondents being unavailable, the PET must be informed immediately as the complainant must be kept updated and an extension of timescale sought.
- Guidelines for writing staff statements and reports is included in **Patient Experience Investigations Guidance Notes**.
- Advise the complainant of any changes to practice, development plans or training needs that have been identified following the complaint investigation.

The PHSO Principles for Good Complaint Handling are that we get the response right, it is focused on the service user, we are open and accurate, fair and proportionate in our response and that we put things right and seek continuous improvement.

10.5 The Trust's Response Letter

The PET will expect to receive a draft response from the Investigating Officer within 15 working days. This will allow time for all of the responses from each service area involved in the complaint to be coordinated into one response and prepared for approval by the relevant Director of Service. If it is clear that a longer timescale will be required to offer a more effective response or due to key respondents being unavailable the PET must be informed immediately. This enables an extension to be agreed with the complainant.

It is recommended that the Investigating Officer presents their findings and draft response letter to their line manager for review and approval prior to submitting it to the PET. This will enable the line manager to identify any omissions or raise further questions prior to the response being presented to the relevant Director of Service or Chief Executive for approval and sign off.

The responses and outcome of the investigation will be reviewed by the PET, and will conclude whether the complaint is upheld, partially upheld or not upheld. This will be recorded on Datix in line with the DOH Ko41a mandatory requirements.

10.6 Local Resolution Meetings

The PET, where appropriate, may arrange for the relevant member of staff, for example the Investigating Officer, Head of Operations or Director of Service, to meet with the complainant. Meetings will be minuted and/or recorded (by agreement and with consent of all parties) and a copy provided to the complainant (if required) and one retained on the Datix file.

10.7. Reopened Complaints

Complainants who are not satisfied with the Trust's response are asked to clarify the points they feel were not responded to appropriately. If the complainant raises further issues that were not previously raised, the complaint may be re-opened. The following should be considered:

- A re-opened complaint can attempt further local resolution by asking those who responded to the complaint to reconsider and offer further response to the complainant.
- A local resolution meeting should be offered as this may help to avoid protracted written correspondence. The complainant may request an independent review of their complaint via the Parliamentary Health Service Ombudsman.

10.8 Parliamentary & Health Service Ombudsman (PHSO)

- If the complainant remains dissatisfied with the Trust's response, they have the right to refer their complaint and its management to the PHSO for an independent review.
- The PHSO is independent of the NHS and the government. They will consider the review by assessing whether the Trust has applied the Ombudsman's Principles in managing and responding to the complaint.
- The Trust will consider offering a Remedy Payment, where appropriate, in line with the PHSO document "Our Guidance on Financial Remedy" issued July 2018.
- The PHSO may decide a formal review will be undertaken, they will ask for the complaint investigation file and usually the medical records relating to the patient. They will review the documentation and consider whether the Trust could provide further local resolution, whether the Trust has investigated sufficiently and could do anything more to resolve the complaint or take any further actions to prevent recurrence.
- The PHSO will assess whether the Trust has applied the Ombudsman's principles. There is no right to appeal to the Trust once the Ombudsman has reviewed a complaint.
- The PHSO shares complaints data recorded against individual Trusts, this can be shared to provide aggregated analysis to the Care Quality Commission, NHS Digital, and those organisations that have signed the joint working agreement.

11. HANDLING OF JOINT COMPLAINTS BETWEEN ORGANISATIONS

The two organisations that are the subject of the complaint must co-operate with each other in order to provide a seamless approach to resolution and responding. If the Trust is the receiving organisation, they will follow the process outlined below:

- Obtain consent to approach a third-party organisation. Obtaining consent should not hold up the Trust's own investigation from commencing.
- The PET will contact the third-party organisation and request to lead the investigation in order to maintain the relationship with the complainant and control the timescale of the response.
- If the third-party organisation concerned expresses a need to lead, the PET will ensure they are aware of the Trust timescales, and agree a date for response, including a request to review the third party response prior to completion to ensure accuracy on behalf of the Trust's input.
- If the third-party leads, the PET will then inform the complainant of the lead organisation and their contact details.
- If the complainant does not consent to the complaints being shared, the Trust will respond to the issue surrounding their Trust only and will direct the complainant to the other organisation for a response to matters outside of the Trust.

Complainants can lodge complaints with the Commissioners rather than the provider of the service. If a complaint is lodged with the provider and not resolved locally the complaint cannot then be referred to the Commissioners (unless new or additional issues are raised) although it can be referred to the PHSO.

12. CONCERNS AND COMPLAINTS EXCLUDED FROM THE SCOPE OF THIS POLICY

Some complaints will not be investigated formally as follows:

a) By an employee of a local authority or NHS body about any matter relating to that employment
b) A complaint, the subject matter of which is the same as that of a complaint that has previously been made and responded to.
c) A complaint by a member of the Trust's staff relating to their employment

The complainant should be notified in writing of the decision and the reason for not investigating it as soon as practical.

13. DEALING WITH UNREASONABLY PERSISTENT OR VEXATIOUS COMPLAINANTS

We are committed to dealing with all our complainants fairly and impartially and will make every effort to resolve a complaint. We will operate as an accessible service, however, we do not tolerate behaviour from complainants that is habitual in nature (the complainant raises the same or similar issues repeatedly, despite having received full responses to all the issues they have raised), vexatious, offensive or threatening and we will outline the Trust policy on this, in writing, to complainants that are deemed unreasonably persistent or demonstrate offensive or threatening behaviour towards Trust staff.

Deciding if a Complainant is Unreasonably Persistent

Firstly, the HoPE will ensure that:

- The complaint has been investigated proportionately and sufficiently
- It addresses fairly and, where possible, all of the issues raised
- The complainant is not providing anything new or significant that might affect a review of the case, for example by the PHSO.

When it is established that the complainant is unreasonably persistent, the Trust will firstly notify the complainant in writing of the reasons why the Trust believes that they are acting in a habitual or vexatious manner and will give the complainant an opportunity to reflect on this and resolve or alter this behaviour. The letter will state clearly which elements of their behaviour are not acceptable and the letter will be accompanied by a copy of this policy.

We will recommend the complainant seeks advice from and uses their local NHS complaints advocacy provider in presenting their complaint.

If the complainant declines this opportunity to change their behaviour, the Trust reserves the right to consider imposing restrictions. This will be considered on a case by case basis. The complainant may be managed, and restrictions may be imposed as outlined below:

- Specifying how and when we will accept contact from that individual, for example only in written form.
- Offer one point of contact within the Trust to maintain a record of behaviour. If face to face contact is agreed, a Trust witness will be present at all times and notes taken for the complaints record.
- Advise the complainant that we will not acknowledge any further contact or correspondence on the issue but will file these without acknowledgement or response.
- The complainant will be asked to agree to the restrictions in order to maintain their right to complain in future and to have an appropriate and full response when they do complain.
- NHS Advocacy Services may be required to assist in this process.

We will notify the complainant of our decision outlining why we need to impose these restrictions and how long the restriction will apply for (for example 6 months) or when circumstances change. They will have the right to challenge that decision but must outline in writing why they disagree.

If restrictions are imposed and are not adhered to, we will advise the complainant that all complaints are to be made through NHS Advocacy Services in future.

If the complainant threatens any individual or their personal safety, we will not offer notice but may report the matter to the Police.

When unreasonably persistent complainants make complaints about new issues these will be considered on their own merit, and a decision will be made on whether to apply the restrictions to the management of complaints or to waive them.

To appeal any decision the unreasonably persistent complainant must outline their appeal to the HoPE who will refer to the Executive Director of Patient Care & Service Transformation to consider the case and respond in writing with their decision.

The Chief Executive or Executive Director of Patient Care & Service Transformation, may, at their discretion, choose to omit one or two of the above stages.

Some examples of whom we might consider to be unreasonable and why are attached at Appendix 2.

It should be remembered that some complaints involve very emotive issues, possibly the patient or a relative may have passed away for example. Consideration will always be given to the complexity, nature, and significance of the complaint on the individual.

If the persistent or vexatious complainant has underlying medical needs / diagnosis and is a frequent caller to 999 / 111 or both services, then PET will work with the Demand Practitioners to ensure that the patient has adequate clinical support, navigation and assessment.

14. SUPPORTING STAFF

Staff who are subject to a complaint can be assured they will be supported whilst taking the opportunity to reflect on the issues raised in the complaint.

- Where identified, training plans may be developed to support the staff member ensuring they have all the relevant training and support to carry out their role whilst meeting the expected Trust standard.
- The staff member must be reassured their reference in the complaint will be confidential and all records stored appropriately.
- Complaints may be used for training purposes to ensure local learning, when this is the case, they will be anonymised in order to protect the identity of the members of staff.
- Complaints learning will also be discussed at relevant forums for example Patient Experience Review Group, Patient Safety Group, Clinical Review Group.

15. ENSURING COMPLAINANTS ARE NOT TREATED DIFFERENTLY AS A RESULT OF COMPLAINING

15.1 Ensuring Complainants are not Adversely Affected – The Trust welcomes complaints and comments and therefore expects that patients are not treated adversely or prejudiced as a result of making a complaint.

15.2 Confidentiality – It is paramount to respect patient confidentiality. Information about complaints and all those involved is strictly confidential, in accordance with Caldicott principles. Information is only disclosed to those with a demonstrable need to know and or legal rights under consent to access the records under the Data Protection Act 2018. Advice can be taken from the Information Governance team on individual cases.

15.3 Record Keeping – Complaints records are kept separate from health records and must not be filed in the medical records unless specifically requested by the patient, in order to ensure on-going care is unaffected.

The complaints file/record is retained for 10 years (from the date the complaint was closed) and managed in line with the Trust standards on Information Governance.

All complaints, concerns and HCP feedback are recorded on DATIX. This allows seamless management of the complaint as all contact and correspondence is logged. The system also allows data to be collated to inform reporting and highlight any areas of concern.

16. MONITORING POLICY AND MAKING IMPROVEMENTS AS A RESULT OF COMPLAINTS

16.1 Monitoring Policy - Assurance that this policy has been implemented is provided by the following:

- A bi-monthly Patient Experience Report is presented to the Trust Executive Board by the Executive Director of Patient Care & Service Transformation as part of the Quality & Safety Board Report.

- A quarterly Patient Experience Report is presented by the HoPE to the Patient Experience Review Group (PERG) which is chaired by the Chief Executive. This group reviews trends, monitoring of the implementation of this policy, and acknowledges changes to practice as a result of complaints. PERG provides an upward report to the Quality & Safety Committee.

- Key Performance Indicators are presented to Commissioners via Clinical Quality Review Meetings.

- Quarterly report to Department of Health KO41(a) return.

- Annual Patient Experience Report.

- Patient satisfaction surveys.

All actions identified from complaints will be monitored by the Clinical Governance Leads for each service area until agreed as complete with the responsible manager.

16.2 Learning from Complaints and Directorate Level Learning

The Trust aims to provide high quality, safe care throughout all the services it provides. To ensure that this aim is met we constantly strive to provide a healthy, open culture that supports the reporting of patient or service-related incidents and the transparent investigation of these. We acknowledge that improvements can only take place if the lessons learnt are shared and the recommendations and resulting actions are implemented across the organisation, as well as departmentally and individually.

The Trust deploys a number of strategies for learning from various sources of intelligence such as complaints, incidents, near misses, concerns, HCP feedback, claims, coroner's determinations, leadership walkarounds, safeguarding referrals, CQC compliance actions, partnership working/feedback, long waits reviews, audits; we recognise that this is a continuous learning process and one that is being embedded into the Trust's safety and learning culture. We are constantly looking for new and innovative ways to share learning.

All formal complaints are copied to and responses signed by the relevant Director of Service. This is to ensure they are provided with an overview of the complaints received for their areas. Complaints are also analysed and discussed at several internal forums as noted above and shared externally where required.

- Changes in practice and improvements to practice are monitored by Clinical Governance Leads for each service area and are an ongoing agenda item at the Clinical Governance Review Meetings. Responsible managers are asked to agree sign off and complete implementation and a record of sign off retained within the Datix system by the Clinical Governance Lead for each service area.
- Clinical Governance Leads at Clinical Governance Meetings will discuss and review changes to practice and improvements in practice, reporting issues or concerns to the relevant Director of Service.
- The PET will provide local training sessions as required or requested by local managers. These sessions can be adapted to cover the complaints relevant to that service area. The HoPE can provide support for Governors if requested.
- The Trust, under the Commissioner's contracts, has an obligation to provide assurance of the level of patient experience which includes providing Patient Experience updates and Key Performance Indicators including complaints data to Commissioners Clinical Quality Review Meetings.
- In order to maximise learning we utilise a variety of methods to improve practice after receiving intelligence or investigating incidents. Our learning strategies include: Face to face training, E-learning modules, individual performance reviews and 1to1's, reflective practice, policy review, email reminders, Clinical Directives, Clinical memos, SCAScade learning tool to all staff, Staff Matters articles – Staff Matters is our internal staff online weekly update.
- Actions and learning by the Trust are reported quarterly in the Trust Aggregated Learning Report.

16.3 Complaints Reports / Data Requests to Internal Forums

Sufficient (minimum 3 days) notice must be given to draw complaints data for internal forums, attendance from the PET is not required. The reports and complaints can be tabled and minuted accordingly with focus on learning following discussion at internal forums and plans agreed to disseminate the learning.

17. REGULATORY BODIES (E.G. HCPC/NMC)

Where the regulatory body requests details of complaints received in respect of individual members of staff the Trust is obliged to share this information.

18. PRIVATE PROVIDER COMPLAINTS

Complaints relating to patients attended by a private provider who was acting on behalf of the Trust will be acknowledged and managed by the Trust's PET. Upon receipt of the complaint an acknowledgement will be provided within 3 days. The complaint will be sent for investigation to the Trust's Private Provider Contract Manager and Clinical Governance Lead, who will forward to the relevant Senior Manager at the Private Provider, ensuring they are made fully aware of the Trust's timescales for the investigation and return of their report. A full investigation should be undertaken by the Private Provider with their report prepared and submitted to the Trust's Private Provider Contract Manager and Clinical Governance Lead within agreed timescales.

The Trust's Private Provider Contract Manager and / or Clinical Governance Lead will review the Private Provider report to ensure it has covered all points raised and for clinical assurance and will prepare and submit a draft response to the complaint which should be provided to the PET within agreed timescales.

The PET will prepare the response for approval and sign off by the relevant Director of Service.

19. COMMENDATIONS / COMPLIMENTS (THANKS AND PRAISE)

All compliments/commendations received by the Chief Executive and the PET will be logged on to the Compliments Record held by the PET. Those received locally must be copied and sent to the PET for logging to ensure the Trust has clear oversight of all thanks and praise received. All compliments/commendations will be cascaded to the appropriate manager for sharing with staff members. Numbers and themes from compliments/commendations will be reported via the Patient Experience update to the Trust Board and/or Commissioners as required.

20. MONITORING ACCESS TO COMPLAINTS, CONCERNS AND HCP FEEDBACK

The Trust has an obligation to monitor access to the Trust Complaints process, and to ensure the policy is implemented fairly and is representative of the Trust's overall patient demographic profile. This will be monitored via patient feedback and satisfaction surveys.

21. RELATED DOCUMENTS & REFERENCES

Related Documents

- Adverse Incident Reporting and Investigation Policy
- Safeguarding Policy
- Being Open and Duty of Candour policy
- Patient Experience Investigation Guidance Notes
- Data Protection Policy (CSPP No.10)
- Consent to Examination And Treatment Policy & Procedure (CSPP No.21)
- Claims Management Policy

References

- NHS Complaints Regulations 2009 (incl. 2004 & 2006)
- NHS Constitution DOH 2009
- Health and Social Care Act 2012
- Parliamentary Health Service Ombudsman Principles of Good Complaint Handling February 2009
- Parliamentary Health Service Ombudsman Guide on financial remedy
- Independent Complaints Advocacy Service
- Data Protection Act 2018
- Mental Health Act 2007
- Caldicott Review
- NHS Improvement Serious Incident Framework 2015

Appendix 1 – V5 Policy review overview

- Adoption of new policy template.
- Policy updated to reflect the proposed PHSO complaints standards framework
- Policy updated with change of wording from Serious Incidents (Requiring Investigation) (SIRIs) to Patient Safety Incidents (PSIs)
- Section 1: Introduction third paragraph updated with relevant complaint handling bodies and named internal SCAS policies
- Section 4: Equality statement updated in line with SCAS policies
- Section 5: Complaint definition updated with examples of language used by the individual raising the issue
- Section 5: Addition of 'It is recommended that this call is undertaken on a recorded line wherever possible for the protection of both parties." In paragraph 5 of the Concern definition
- Section 5: Insertion of Feedback definition
- Section 6: Responsibilities, job titles updated where appropriate
- Section 6: Responsibilities, Head of Patient Experience responsibilities updated to include support of Patient Experience Manager, and liaison with The Head of Safeguarding
- Section 7: Wording added in section introduction re: complaints not falling within the procedure
- Section 7.1 Early local resolution first paragraph updated in line with new PHSO complaints standards framework
- Section 7.5: Financial / Goodwill remedy payment section added
- Section 9.1: referenced "Patient Experience & Investigations Safeguarding Guidance Note" document date amendment
- Section 9.2: Addition of "If the Trust is not satisfied, we will share our reasons with the representative in writing."
- Section 10.1: change to "complainant reasonably first became aware of the issue" with word addition
- Section 10.2: Addition to final bullet point of Clinical Governance Lead
- Section 10.4: Third bullet amended from "Royal Colleges" to "Joint Royal Colleges Ambulance Liaison Committee (JRCALC)"
- Section 10.5: Insertion of "be reviewed by the PET, and will"
- Section 10.8: Removal of NHSLA within final bullet
- Section 17: NMC added to section title
- Section 21: Being Open and Duty of Candour policy added as a related document
- "Parliamentary Health Service Ombudsman Guide on financial remedy" added to reference list

Appendix 2 - EXAMPLES OF UNREASONABLE, VEXATIOUS OR PERSISTENT COMPLAINANTS

A person may be deemed as being an unreasonable persistent complainant when two or more of the items below are present in their behaviour towards complaints:

- Persist in pursuing a complaint where the Trust's Patient Experience Policy for investigating complaints has been fully and properly implemented and exhausted.
- Seeks to prolong contact by changing the substance of the complaint or continually raising new issues and questions whilst the complaint is being addressed. Care must be taken not to discard new issues to be investigated if they have substance.
- Are unwilling to accept audio or documented evidence as being authentic.
- Deny receipt of any adequate response or contact, despite evidence of such contact.
- Do not clearly identify the precise nature of the complaint, despite reasonable efforts by staff to help them specify their concerns.
- Continually raise the same issue which, having been investigated a number of times, is never found to be upheld, and/or adopts an excessively 'scattergun' approach, for instance, in pursuing a complaint with multiple organisations/individuals
- Have continually refused advocacy or the advocacy service have refused to deal with the complainant.
- Refuse to talk with the Trust to discuss or confirm the elements of their complaint, cutting off communication before issues have been clarified.
- Focus on a trivial matter out of all proportion to its significance and continue to focus on this point. It is recognised that determining what is a "trivial" matter can be subjective and careful judgement must be used in applying this criterion.
- Placing or requesting unreasonable demands on staff, including an excessive number of calls or correspondence, or request actions that are not compatible with the process.
- Display unreasonable demands on Managers in relation to discipline of staff or a requirement for redress that is either out of proportion to the incident or not in the remit of the Trust.
- Insisting on an unreasonable timeframe for the investigation of their complaint.
- Tries to prolong telephone conversations with staff.
- Becomes aggressive or harassing during telephone conversations with staff.
- Tries to access the service by different means and locations so as to confuse the handling of the complaint. Or provides different information to different members of staff dealing with the complaint and/or with those not dealing directly with the complaint.

Appendix 3- CATEGORISATION AND COMPLEXITY RISK TABLE FOR PATIENT EXPERIENCE INVESTIGATIONS

Category **Description**	**SERIOUS LEVEL 5** Serious mismanagement or delay of patient care leading to death/life threatening illness/permanent injury/long term incapacity or disability (including staff being affected). StEIS reportable criteria. Meets the criteria with the Patient Safety Incident. Framework Professional gross misconduct (refer to disciplinary policy).
On receipt, inform	Director of Patient Care & Service Transformation Director of relevant Service Assistant Director of Quality/Patient Care Head of relevant service delivery line Head of Risk & Safety Head of Patient Experience Medical Director Investigating Officer Legal Services Manager
Aspects to be considered	Consider StEIS Consider multiagency review Director of Patient Care & Service Transformation review of clinical aspects PSI Panel review of clinical aspects Duty of Candour policy Safeguarding
Level investigation approval	Report approved by: Director of Patient Care & Service Transformation and PSI Panel (if applicable). Written Complaint response (if applicable) approved and signed by Director of relevant Service or Director of Patient Care & Service Transformation.
Category **Description**	**MAJOR LEVEL 4** Serious mismanagement or delay of patient care leading to moderate injury/illness requiring hospitalisation and prolonged recovery period (including staff being affected). National Media Interest.

	Staff attitude/conduct/behaviour falling below the standard expected by the Trust and on initial assessment is likely to constitute gross misconduct (refer to disciplinary policy).
On receipt, inform	Director of relevant Service Assistant Director of Quality/Patient Care Head of relevant service delivery line Medical Director Investigating Officer Head of Patient Experience Head of Risk & Safety Legal Services Manager
Aspects to be considered	Consider StEIS. Consider multiagency review meeting. Assistant Director of Quality/Patient Care review of clinical aspects. PSI panel review of clinical aspects. Duty of Candour Policy. Safeguarding.
Level investigation approval	Report/complaint response reviewed and approved by Director of Patient Care & Service Transformation or delegated authority and signed by relevant Director of Service (relevant service delivery line).
Category **Description**	**MODERATE LEVEL 3** Mismanagement or delay of patient care leading to minor injury/illness requiring treatment and/or hospitalisation (including staff being affected). Alleged inappropriate non-conveyance of patient Complaints received from Members of Parliament (minimum risk score dependant but may be higher due nature of incident). Note: All responses to MPs must be approved and signed by the Chief Executive. Local Media Interest. Staff attitude/conduct/behaviour falling below the standard expected by the Trust and on initial assessment is likely to constitute general misconduct, e.g. inappropriate language, inappropriate manual handling.
On receipt, inform	Director of relevant Service Head of relevant service delivery line Head of Patient Experience

	Investigating Officer
Aspects to be considered	Duty of Candour policy Safeguarding
Level investigation approval	Report/complaint response approved and signed by relevant Director of Service or nominated deputy except for: Complaint responses to MP's are to be approved and signed by Chief Executive. Investigation proportionate and appropriate to resolve complaint speedily and efficiently. Written response must be provided to include Ombudsman (PHSO) escalation rights.
Category	**MINOR LEVEL 2**
Description	Mismanagement or delay of patient care / incorrect advice with no consequences (including staff being affected). Late or non-arrival of transport causing distress and/or loss of appointment. Staff attitude/behaviour falling below the standard expected by the Trust but on initial assessment is unlikely to constitute general misconduct, e.g. inappropriate use of personal mobile phone, inappropriate tone of voice used.
On receipt, inform	Head of relevant service delivery line Patient Experience Team Investigating Officer
Aspects to be considered	Safeguarding
Level investigation approval	Investigation proportionate and appropriate to resolve complaint speedily and efficiently. If written Complaint response is required, it will be signed by a Senior Patient Experience Officer. Complaint response can be communicated by phone/email by the IO and Datix record fully updated (formal written response is not required unless requested).
Category	**MINIMUM LEVEL 1**
Description	Late transport causing minimal disruption. Use of lights and sirens / driving standards with no consequences. Referral to incorrect service provider / pathway with no consequences.

On receipt, inform	Head of relevant service delivery line Patient Experience Team Investigating Officer
Aspects to be considered	Safeguarding
Level investigation approval	Investigation proportionate and appropriate to resolve complaint speedily and efficiently. Complaint response can be communicated by telephone/email by the IO and Datix record fully updated (formal written response is not required unless requested).

SUGGESTED SENIORITY OF INVESTIGATOR TO BE APPOINTED:

Minimum 1	Shift officer, Team Leader, Operations Manager, Hospital Liaison Officer
Minor 2	Shift officer, Team Leader, Operations Manager, Hospital Liaison Officer
Moderate 3	Team Leader, Clinical Shift Manager, NEPTS Customer Care Manager
Major 4	Clinical Operations Manager (COM), Clinical Shift Manager (CSM), Clinical Governance Lead, PTS Contact Centre Manager, PTS Patient Experience Manager
Serious 5	SCAS Investigation Manager, Head of Operations (HOO), Clinical Governance Lead