



Policy for Complaints and Compliments

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9.2	14 January 2025	Submitted to CRG

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10.0	27 January 2025	Approved by CRG
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Directorate	<ul style="list-style-type: none"> • [Health and Social Care Act 2009 (Regulated activities) Regulations 2010; Regulation 19 • Health and Social Care Act 2008 (Duty of Candour) Regulations 2010; Regulation 20 • NHSLA Risk Management Standard 2.3 • Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report) – February 2013 • NHS Complaints Review Report (Clwyd/Hart Review) – November 2013 • Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report (Keogh Report) – July 2013 • Improving the safety of patients in England (Berwick Report) – August 2013 • General Data Protection Regulations 2018 • NHS Complaints Standards Framework PHSO March 2021 <p>Directorate: Clinical Quality</p>
Recommended at Date	<p>[name of Recommending Specialist Working Group]</p> <p>[Date of Recommendation for Approval]</p>
Approved at Date	<p>[name of Approving Committee / Group]</p> <p>[Date of Approval]</p>
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Equality Analysis	<p>Completed 13/12/2024</p>
Linked procedural documents	<ul style="list-style-type: none"> • Risk Management Strategy and Policy • Management of Incidents • Patient Safety Incident Response Policy • Duty of Candour Policy • Freedom to Speak Up Policy • Investigation Guidance Document • Claims Policy • Freedom of Information Policy

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Dissemination requirements	All Trust staff and members of the Public via publication on the Trust website
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Statement

The East of England Ambulance Service NHS Trust (hereafter referred to as the Trust) provides a wide range of services to the public such as Emergency and Urgent Care, Patient Transport Services, and Commercial Call Handling Services. The Trust serves the counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk which covers an area of 7,500 square miles and a population of more than 5.9 million people. It is the Trust's aim to provide quality care every hour of every day. The Trust recognises that there are occasions when things don't go to plan or when people are unhappy with the care and service provided. The Trust will learn from these occasions and respond to people to address the matters they have raised with a transparent and honest approach.

1.1. Purpose

The purpose of this policy is to ensure that all those involved in the complaints and compliments process have a clear understanding of the Trust's expectations and requirements. The policy is based on legislation, best practice and guidance from national bodies and helps ensure that:

- Complaints are dealt with efficiently and to a high standard
- That Data Protection Legislation is complied with in communicating with patients (i.e. consent)
- Complaints are investigated thoroughly
- Complainants are treated with respect and courtesy
- Complainants are provided with
 - advice to help them understand the complaints procedure
 - advice on where assistance may be obtained
- Complainants are responded to in a timely and appropriate manner as agreed with the complainant during the complaints process
- Complainants are told of the outcome of the investigation and lessons learned
- The recurrence of mistakes through learning lessons is minimised
- Action is taken as necessary in light of the outcome of a complaint
- Staff are appropriately supported through the complaints process.

This policy should be read in conjunction with the Complaints Procedure which sets out the detail of how complaints and concerns are managed. This policy and associated procedure are based on the model of the NHS

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Complaints Regulations 2009 and Principles of Good Complaint Handling
released by the Parliamentary and Health Service Ombudsman (PHSO).

This document ensures that the way in which complaints will be handled by the Trust is clear to all Trust staff.

The PHSO's Principles of Good Complaint Handling will be used by the Trust as the standards to be observed in the handling of all complaints; they are summarised as follows and can be found in detail at www.ombudsman.org.uk

- Getting it right
- Being patient focused
- Being open, honest and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

The Trust recognises that patients and their representatives have a fundamental right to raise concerns about the services they receive. It is expected that staff will not treat patients, their relatives, or representatives unfairly as a result of any complaint or concern raised by them. Any complaints of unfair treatment as a result of having made a complaint will be investigated seriously and Trust HR processes will be followed as appropriate.

2. Responsibilities within the Trust

2.1 Chief Executive

The Chief Executive is the 'accountable officer' and has overall responsibility for the implementation of the Trust's Complaints Policy, ensuring that lessons are learnt from complaints and, where appropriate, remedial action taken. This function may be performed by any person authorised by the 'responsible body' to act on his/her behalf and periodically may be devolved to other Board Directors.

2.2 The Board

The Board is responsible for receiving and reviewing reports on the effectiveness of the Trust's Complaints Policy and to ensure that action is taken to address complaints and any adverse incidents and trends. The Board will also monitor the effectiveness of complaints handling and compliance with the NHS Regulations through the Quality Governance Committee.

2.3 Quality Governance Committee (QGC)

QGC will report to the Board on the operation of the Trust's Complaints Policy. The Committee will receive appropriate information and monitor compliance with the NHS Complaints (England) Regulations 2009, and this policy, and make recommendations to the Board as appropriate

2.4 Compliance and Risk Group

The Compliance and Risk Group is directly accountable to the Executive Leadership Team and is responsible for reviewing and monitoring trends in relation to complaints and concerns recorded on the Trust's compliance and risk management system as part of the risk management process. They must ensure that appropriate follow up action is taken, learning is disseminated and make recommendations for changes to policy or activity.

2.5 Patient Experience Department

The Patient Experience Department is responsible for the day-to-day coordination of all feedback to the Trust. The team are required to work with the local reviewing managers to support the completion of a timely investigation and keep the complainant updated with the progress.

The Patient Experience Department will ensure that:

- All complainants are treated with respect and dignity.
- No discrimination including age, gender, disability, ethnicity, religion, sexual orientation will occur as a result of making a complaint.
- The complainant will receive a letter of response from the Chief Executive or their deputy addressing concerns raised, with demonstrable lessons learnt, actions taken and an apology

The patient experience department are responsible for:

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- Managing first contact with complainants (usually via email or telephone but complaints will be accepted by letter, via the website, by survey response and in person dependant on the complainants preference), recording the complaint accurately and logging it on the Trust's incident record system (currently Datix).
- Triaging the complaint to the appropriate level and timescale
- Providing acknowledgement of the complaint to the complainant within 3 working days and communicating timescales and expectations.
- Raising questions for the complainant to the local management team
- Coordinating investigation findings with the local management team
- Monitoring quality and progress of investigations and escalating delays in reviewing or responding.
- Being a point of contact for the complainant and keep the complainant up to date with the progress of the review and complaint response.
- Drafting, coordinating and sending all correspondence

The Patient Experience Department will also maintain responsibility for producing reports and statistical information to the Board,(including sub committees and other governance level groups) and internal and external stakeholders (including ICB's) to support and inform decision making, learning and facilitate improvement.

2.6 Heads of Operations, Local Area Managers and Heads of Departments

Heads of Operations, Local Area Managers and Heads of Departments have a responsibility to assist the complaints process to the satisfactory conclusion of the complainant by:

- Ensuring that all complaints are allocated to an appropriate investigating manager.
- Ensuring that the complaint is investigated in a timely manner as determined by the Policy.
- Ensuring that all aspects of the complaint have been fully investigated and any recommendations are followed up and actioned.
- Communicating any barriers or challenges to the complaint review with the patient experience team in a prompt and timely way.
- Ensuring that all actions have been completed.

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- Monitor complaint numbers and timeframes through the use of their dashboard on the Trust's complaints management system.
- Supporting members of staff involved in or investigating a complaint.
- Supporting a positive culture of welcoming complaints as a learning opportunity, with a focus on systemic and individual learning rather than blame.
- Disseminating learning from complaints and compliments within their teams and departments.

2.7 Reviewer

The local reviewer (referred to as Investigator in Datix) is responsible for:

- Making contact with the complainant within 5 working days of being allocated the complaint to establish a rapport and to gather any further facts.
- Ensure that the complaint is reviewed within the timescale allocated and where this is not possible maintain timely and appropriate communication with the Patient Experience Department as to the challenges, barriers and anticipated resolutions.
- Ensure that the review completed is thorough, factual, non-judgemental and transparent.
- Submit their review to the Trust's complaints management system, ensuring all areas of the complaint have been addressed and all the complainants questions have been answered, in language appropriate for use in the final response letter.
- Feedback investigation outcome and any lessons learned to the appropriate line manager and staff involved in the complaint.
- If appropriate, disseminate any identified learning across the Trust.

2.8 Managers and Staff

All Trust staff have a responsibility to ensure that they are familiar with this policy. Individual members of staff have a responsibility to acknowledge and respond to patients' and carers' concerns and comments, ensuring that any necessary remedial action is taken. All staff involved in a complaint will be treated fairly, openly and with dignity throughout the investigation process. Staff who have been named in the complaint will receive feedback from the local reviewer on how the complaint was handled and resolved, with

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associated learning where appropriate. The Trust has empowered staff to resolve complaints and concerns at a local level whenever possible. Details of all complaint themes, areas and lessons learned shared with the wider Trust on a monthly basis to ensure appropriate monitoring.

2.9 Peer Review Panel

A Peer Review Panel process has been developed to ensure that the Trust is receiving on-going objective feedback about the feedback process from members of the Community Engagement Group. The Panel's role will be to analyse a number of files per year and comment on the current process and make recommendations to improve this process.

3.0 Definitions

3.1 Complaint

A complaint can be defined as an expression of dissatisfaction from a patient or a member of the public and can be raised verbally or in writing. Complaints will be reported and managed in line with the NHS Complaints Regulations 2009, the NHS Complaint Standards 2022 and the Public Health Service Ombudsman Complaint Framework Guidance. Complaints are likely to be varied in nature and can range from the clinical treatment provided, loss of dignity, attitude of staff, the driving skills of the member of staff or corporate matters, such as a breach of the Data Protection Act 2018.

Complaints will be triaged as Level One or Level Two Complaints as per the (Appendix 3) Risk Grading and the two-tier complexity framework (Appendix 2). The Trust understands that each and every patient contact is individual to the person reporting feedback. The Patient Experience Coordinators will maintain continuous communication at a frequency agreed with the complainant to ensure they are kept up to date with progress. During this triage process, the file will also be reviewed as:

- Potential Serious Incident and forwarded to the Patient Safety Team,
- Data, confidentiality breach or subject access request and forwarded to the Information Governance Team,
- Potential Claim and forwarded to the Claims Team,
- Potential RIDDOR forwarded to the Health and Safety Team,

- Safeguarding concern and forwarded to the Safeguarding Team with a Single Point of Contact (SPOC) Safeguarding referral made where appropriate.

3.2 Level One:

A Level One complaint can be described as negative feedback but which is of low severity and/or complexity. Level One complaints are likely to involve only one part of the Trust and not feature any patient safety concerns. Level One complaints may include frequently received complaints whereby there is an established issue with service delivery and the Trust already has a plan in place to improve. All Level One complaints are logged on the Trust system and require a local review, any lessons learned and an apology.

3.3 Level Two:

Level Two complaints will be of a greater degree of severity or complexity, they will include (but not be limited to) any complaints where there is a potential patient safety concern, or where multiple areas of the Trust or wider NHS are involved. Most complainants whose complaints are triaged as Level Two will be very clear that they wish their complaint to be treated formally and that they require a written response which explains what happened, why it happened, what we have learnt and what action is being taken to ensure it does not happen again. Any re-opened complaint will automatically be dealt with as a Level Two complaint.

3.4 Comment

At times the Trust will receive comments, ask a question or seek advice or signposting within the wider NHS or social care network. These comments will be logged and responded to as appropriate or sent onto the relevant department if it is information only.

3.5 Compliments

A compliment can be defined as an expression of appreciation or thanks for a service received. It is important that these compliments are treated with the same importance as a concern or complaint. All letters/emails/telephone calls of appreciation are logged and sent directly to the appropriate member of staff with acknowledgement to their line manager who will ensure that the staff involved receives appropriate recognition and that a record is made on their personnel file. A selection of compliments are reported to the executive

team and to other groups as a part of their metric reports. This supports the Trust to learn from excellent practice.

3.6 Duty of Candour

The Trust investigate complaints with an open and transparent response to complainants, this includes an honest reflection of where failings have been found or errors made in managing the care and treatment of a patient. When a failing or error has occurred, complainants can expect a detailed explanation of the mistake, a clear apology and information relating to lessons learned from this incident. Regulation 20 of the Health and Social Care Act 2008

Requests to trace property can be made via the PALS team either by telephone/letter/e-mail or via a dedicated Lost Property Request Form on the Trust's website. All requests to trace property are passed to the local administrators for each service line to make the appropriate enquiries to trace the item(s) and feedback to the PALS team to respond to the request.

3.7 Patient Advice and Liaison Service

The Patient Advice and Liaison Service (PALS) is an informal mechanism for patients, their relatives or carers to comment on services provided by the Trust. The Trust's PALS function is managed by the Patient Experience Department. It also forms part of the data gathering by the Patient Advice & Liaison Service to identify trends, gaps in service and share good practice.

- The Trust will aim to deal with all comments received via PALS with similar standards of responsiveness and thoroughness as employed for complaints.
- The Patient Experience team will be the first point of contact for all PALS contacts in office hours. Out-of-hours the Trust has a voicemail service and calls to this are reviewed as soon as the office re-opens.

4.0 Access to PALS

PALS is accessed by the public via a free phone number, e-mail address, in writing and also via the link on the Trust Website. Information on the Trust website is provided with accessibility including audio of English and other spoken languages. The telephone line is staffed during office hours, when a PALS representative is not available patients, their carers or professionals can leave a message on the voicemail service.

5.0 Patient and Public Safety

5.1 Safeguarding

Where feedback relates to an allegation against members of staff, consideration is given at the point of triage by the Patient Experience Coordinator to notify the Safeguarding Team for review.

5.2 Patient Safety Incident Review Framework

Some patient feedback may trigger the criteria for a Patient Safety Incident Review. The Patient Experience team assess this by following the Trust's Patient Safety Incident Review Framework (PSIRF). Where it has been recognised through the triage process that the complaint involves potential harm it will be discussed with the Patient Safety Team to decide whether the case should be presented at the Incident Review Panel.

Where complaints are discussed with the Patient Safety Team and/or discussed at Incident Review Panel and agreed that the Trust has contributed to no or low harm, the case shall remain with the complaints process and the discussion with the Patient Safety Team, outcome and rationale will form part of the complaint response letter. Where it is agreed that the Trust has contributed to moderate harm or above, it will be agreed with the Patient Safety Team whether it is appropriate for the review to continue as per the complaints process or whether a Patient Safety Incident review would be more appropriate. To increase transparency, and for ease of understanding and communication for complainants, it will not usually be appropriate for a complaint to be reviewed under both processes.

Where it is agreed that complaints will be reviewed by the Patient Safety Team under the Patient Safety Incident Review process, the complainant shall be notified in writing (and in addition verbally where appropriate) that their case is being taken over by the patient safety team, the rationale for this and who their new point of contact will be.

6.0 Making a complaint

6.1 Who can contact the Trust:

A complaint or concern can be raised by:

- A patient or their representative (including a healthcare professional)

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- Any person affected or likely to be affected by the action, omission, or decision of the Trust during care by a member of Trust staff.

- a person acting on behalf of another person where that person:

- has died

- is a child or minor.

- is unable by reason of physical or mental capacity to make the complaint themselves

- has requested the representative to act on their behalf

6.2 Timescales for contacting the Trust

A complaint must be made no later than 12 months after:-

- the date on which the matter which is the subject of the complaint occurred; or

- The date on which the matter which is the subject of the complaint came to the notice of the complainant.

This time limit will not apply if the Trust can be reasonably satisfied that:

- the complainant had good reasons for not making the complaint within that time limit; and

- not withstanding the delay, it is still possible to investigate the complaint effectively and fairly.

The decision to investigate complaints made outside the 12 month timeframe is the responsibility of the Executive Director who currently holds oversight of complaints.

6.3 Issues that cannot be dealt with as a Complaint

There are some instances where the Trust is unable to investigate a complaint or is not required to investigate a complaint:

- Verbal complaint resolved within 24 hours (not dealt with as a complaint but through this policy as a concern/PALS).

- A comment

- Those arising from a Freedom of Information request

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- From an employee in relation to their employment, past or present
- Previously investigated by the Trust or the Parliamentary and Health Service Ombudsman
- From an NHS or Local Authority Social Services Body
- During any Police investigation of a criminal matter
- Exceeding the time limit of 12 months for raising a complaint.
- Staff making complaints about other staff.

Whilst the above list is not reportable this does not mean that the issues raised should not be considered as a learning opportunity or dealt with through other policies.

6.4 What can the complainant expect

A complainant will receive an acknowledgement of the matter raised confirming the details of the issues. They will also be kept informed throughout the complaints process and updated where a delay in the investigation has occurred. The complainant shall receive a final response by whatever means has been agreed with them. This is outlined within Appendix 1 Management of Feedback, Appendix 2 complexity grading and Appendix 5 Summary of Timescales.

The response will include:

- an apology, where appropriate
- how the complaint was considered
- details of the open and transparent investigation process that has taken place
- the conclusions and outcomes reached
- details of remedial action taken or planned, and lessons learnt
- confirmation that the action will address the issues raised
 - Reference to the Parliamentary and Health Service Ombudsman
- Information to be provided in an accessible way for complainants with additional needs or sensory impairment.

6.5 Multi organisational complaints

In cases where a complaint is received which also concerns services provided by another organisation, agency or provider, the Patient Experience Team will seek consent to forward any correspondence / information received to the other relevant organisation(s). The Patient Experience Team will be responsible for facilitating an appropriate response to this type of complaint. The Directorate team responsible for handling the complaint will work to:

- Agree a lead organisation.
- Agree who will answer which parts of the complaint
- Agree who will be the central contact point for the complainant

Data must be shared via secure means, every effort should be made to resolve the complaint in a cooperative manner, with a coordinated response sent to the complainant unless specifically requested otherwise. Time limits for responding to multi-agency complaints will be in line with the timescale requirements of this policy. Where other organisations leading on a multi-agency complaint stipulate an alternative timeframe to that set out in this policy, every effort will be made to support that organisation to ensure a timely response for the complainant. Trust staff have a duty to cooperate.

6.6 Triaging and Grading Complaints

Level Guide	Level One	Level Two
Severity and Complexity	Negative Feedback Only features one part of the Trust No patient or public safety concerns May include established Trust issues where there is already an improvement plan in place	Patient or Public Safety Concerns Multiple areas of Trust involved More than one incident referenced Involves other NHS or Health and social care organisations MP complaints Re-opened complaints

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Timescale Guide	Within 55 working days	Within 65 working days
Complexity	Single area involved Small number of simple questions	Multiple EEAST crews or including another organisation (e.g. Private Ambulance Service, hospital etc). Large number of questions or multiple incidents raised by complainant Complex questions raised (may include very sensitive information) Potential patient or public safety concerns

The Trust understands that each and every patient contact is individual to the person reporting feedback. The Patient Experience Coordinators will maintain communication at a frequency agreed with the complainant to ensure they are kept up to date with progress. During this triage process, the file will also be reviewed as:

- Potential Serious Incident and forwarded to the Patient Safety Team,
- Data or confidentiality breach or subject access request and forwarded to the Information Governance Team,
- Potential Claim and forwarded to the Claims Team,
- Potential RIDDOR forwarded to the Health and Safety Team,
- Safeguarding concern and forwarded to the Safeguarding Team with a Single Point of Contact (SPOC) Safeguarding referral made where appropriate.

7.0 Consent

The principle adopted by this policy is to work in accordance within the current data protection regulations, GDPR and the Caldicott Principles. Consent is required from the patient, their parent/legal guardian or person holding Lasting Power of Attorney, for the outcome of any investigation to be

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released to a third person (see appendix 8 consent flowchart). If it is not possible to gain formal consent, for instance the patient's condition is such it would be inappropriate to seek it, this will be agreed by the Caldicott Guardian. If consent is not received, the Trust has the right to not start the investigation process and will not open the complaint or concern.

The Trust has the right to decide to continue with an investigation where there is a potential Patient Safety Incident, Safeguarding concern or RIDDOR identified or where lessons may be learned. Where the Trust can provide limited information without breaching any confidentiality, this may be shared with the complainant at the discretion of the Caldicott Guardian.

In instances where the complaint is being managed under the Trusts Management of Incidents Policy and Duty of Candour is applied, consent may be taken verbally.

Where a complaint be made via a Member of Parliament (MP) on behalf of a constituent and a letter from the constituent is enclosed then consent is implied. Where there is no letter from the constituent or the complaint is raised by a third person, consent must be obtained.

Where a representative makes a complaint on behalf of a child (under 16 years), the Trust must not consider the complaint unless it is satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child. If the Trust is not satisfied, the Trust must notify the representative in writing, stating the reason for its decision.

Consent may be a sensitive issue and the Trust wishes to avoid giving complainants the impression that it is trying to avoid investigating their legitimate concerns. Where consent is requested and is not provided within 25 working days, the complaint or concern shall be considered closed.

8.0 Confidentiality

All recorded information will be treated as confidential and in accordance with the current data protections regulations, the Caldicott Guardian principles and the Access to Health Records Act 1990.

9.0 Reopened Complaints

The Trust has a duty to re-open a complaint once, following an initial investigation where further questions are raised. Following a review of the initial investigation and a second response being sent to the complainant, the complainant should raise their concerns with the Public Health Service Ombudsman (PHSO) for an independent review.

10.0 Legal Action or Criminal Proceedings

All letters which state that legal action is being taken, or that include a claim for compensation, shall be forwarded immediately to the Legal Services Manager. This must not delay the statutory obligation to acknowledge the complaint within 3 working days. The Patient Experience Team will where necessary work with the Legal Services Manager and the Trust's solicitors regarding any further action required. The complaint will still be investigated and resolved as per this Policy. All correspondence and actions must be passed to the Patient Experience Manager and Head of Patient Experience for advice and action.

Where criminal proceedings are likely and the police are conducting an investigation into the complaint, the Patient Experience Manager or Head of Patient Experience will seek guidance from the Trust solicitors in conjunction with the Legal Services Manager in order to determine whether progressing with the complaint might prejudice any criminal proceedings. In this instance it is the right of the Trust to pause the complaints process until deemed appropriate to continue at which point the complaint will be reopened for investigation by the Trust.

11.0 Financial Redress

The Trust works in accordance with the Principles of the Parliamentary and Health Service Ombudsman (PHSO) and its established Principles for Remedy and Severity of Injustice Scale. The PHSO set clear expectation that there is an obligation to put the complainant back in the position they were in before they experienced the problems they encountered.

The Trust recognises that there is consequently an obligation to consider financial redress in each appropriate case and where compensation is requested, regardless of whether the consideration relates to any financial loss a person has suffered as a result of service failings, or whether the payment is in recognition of the non-financial impact of failings, financial redress can be made without recourse to legal action.

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 may still be made. This decision will be made by the executive director currently leading on complaints, in conjunction with the Head of Patient Experience.

12.0 Learning from Feedback

The Trust recognises the value of learning from feedback so that there is continuous learning to improve the quality of service provided to patients and the public. Where appropriate, action plans will be developed, and lessons learned disseminated based on recommendations as part of the investigation outcomes. These recommendations will highlight actions to be taken forwards such as service developments, training requirements, procurement, awareness raising and address arrangements for shared learning appropriate with the complaint or feedback (what is to be shared and with whom). Learning from feedback should also give consideration to the review of relevant policies and procedures where appropriate.

Action plans will detail who is responsible for implementing each action and the timescale in which they are to be implemented and be shared initially with the complainant.

13.0 Equality, Diversity and Human Rights

In handling and responding to complaints, complainants will be treated fairly with equal opportunities to make their view known. Fairness requires all those who complain to be treated as individuals, with dignity, respect and compassion. Where reasonable adjustments are appropriate to enable equitable access, these will be facilitated. Regardless of people's differences, everyone who complains has the right not to be discriminated against.

The Trust is committed to pro-diversity and anti-discriminatory practice. Information is available in accessible formats, including different languages on request that inform the public about our complaints process. The Patient Experience team will liaise on a regular basis with the Trusts Equality and Diversity team to ensure that the accessibility of the process is maintained and reasonable adjustments are made to facilitate the needs of those who might otherwise not be able to make a representation to the Trust. Examples of reasonable adjustments include translation services (for example, language line) or other formats if required.

14.0 Advocacy

The NHS Advocacy Service help individuals make a complaint and/or give advice to complainants during the process itself. The Trust has a duty to make complainants aware of this service and notifies them through the acknowledgement letter.

15.0 Habitual or Vexatious Complaints

During the complaints process Trust staff may have contact with a small number of complainants who require a disproportionate and unreasonable amount of NHS resources in dealing with their complaints. For guidance please refer to the procedure for handling habitual and vexatious complaints (appendix 6). This identifies situations where a complaint might be considered to be unreasonable in their behaviour (also referred to as vexatious), provide guidance on how to assess and manage such complaints and where to seek support in the management of such situations.

Complaints should only be termed unreasonable (vexatious) as a last resort and after all reasonable measures have been taken to try to resolve the complaint by local resolution. Judgment and discretion must be used in applying the criteria to identify potential vexatious complaints action taken should be on a case by case basis.

The procedure should be implemented following careful consideration by, and with the authorisation of the executive director who currently holds oversight of complaints.

16.0 Staff Support

All staff who are the subject of a complaint or shall be offered support throughout the process by their local managers (who are best placed to understand their needs and offer consistent support), and in conjunction with Occupational Health Services and Unison where appropriate. Staff will be required to contribute to any review by explaining their version of events either verbally or in writing. The purpose of the review is to understand what may have gone wrong, to clarify to the complainant what happened against what should have happened and give sincere apologies. Staff shall be notified by their line manager of any outcome from the complaint and feedback the learning that has been realised as a result of the review.

This is monitored by the Patient Experience Department through the Trust's complaint management system. An overview of this policy is incorporated into staff induction programmes. All staff shall have an understanding of the complaints process which can be accessed via the Trust's internet. Further advice and support will also be available from the Patient Experience Manager to help staff deal with complaints

17.0 Training

The Patient Experience Team will ensure provision of guidance and support for local reviewer, relevant managers and staff to enable them to carry out their duties and responsibilities relating to complaint and concern prevention and management. Awareness of the role of all staff in complaints management forms a part of the Trust's training programme and all staff are informed of their responsibilities through the Trust's Corporate Induction process. Managers can also request further support and on request the Patient Experience Team will develop and deliver training and workshops to assist staff in dealing with a customer-focused approach.

18.0 Monitoring Table

What	Who	How	Frequency	Evidence	Reporting Arrangements	Acting on Recommendations	Change in practice and lessons to be shared
Contact logged and acknowledged in 3 days	Patient Experience Manager/Head of Patient Experience	Datix data pull – shared via complaints dashboard	Monthly	Complaints data dashboard	Trust IPR PSEG CRG Quality Report ELT report QGC Metrics	Deputy Clinical Director	Reported to same groups and to operational leaders via dashboard and Trust IPR.
Local review completed within 35 days	Patient Experience Manager	Datix data pull. Outstanding and overdue cases shared with ops managers	Monthly	Open complaints by sector report	Emailed direct to Heads of Clinical Operations and PTS Leadership. Will form part of IPR narrative	Heads of Clinical Operations, PTS Leadership	Data to be used to improve sector performance

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Complaint response completed within timescale	Patient Experience Manager/Head of Patient Experience	Datix data pull – shared via complaints dashboard	Monthly	IPR data and narrative, Complaints dashboard	Trust IPR PSEG CRG Quality Report ELT report QGC Metrics	Deputy Clinical Director/Director of Quality	Reported to same groups and to operational leaders via dashboard and Trust IPR. Lessons and improvements to be identified and shared via appropriate channels (posters, safety matters, training, advice/guidance etc)
Ratio compliments to complaints	Patient Experience Manager/Head of Patient Experience	Datix data pull – complaints dashboard	Monthly	Complaints dashboard	Trust IPR PSEG CRG Quality Report ELT report QGC Metrics	Deputy Clinical Director	Reported to same groups and to operational leaders via dashboard and Trust IPR.

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							Content of compliments and themes to be shared directly with crews and front-line teams.
--	--	--	--	--	--	--	--

Appendix 1 – Management of Feedback

Local review process:

Phone the Complainant

If you speak to the enquirer, you are more likely to get a fuller understanding of the issues that they are raising, and it may help to resolve some of their queries or defuse the situation.

Request and Review Documentation

Review the CAD/Cleric, Patient Care record, Call Recordings and safeguarding referrals.

If you require any support with this please email feedback@eastamb.nhs.uk

Speak with the staff

Take written statements, email recollections or notes from a verbal conversation as soon as possible from the staff involved. Follow this up with specific questions to ensure all of the enquirer's concerns have been addressed. Give staff members time frames to respond by if requesting information.

Upload any statements or notes to datix

Update datix with your investigation

Fill out method of investigation field

Answers to complaint questions (please try to write this answer as you would like it to appear in the response letter)

Complete outcome code e.g. justified or not, reason for delay and date investigation completed fields

Complete the risk assessment for the Patient Experience

Make sure that all relevant documentation has been uploaded

Email the Patient Experience Team to advise that your review is completed

The screenshot shows the 'Datix Feedback Form (2022)' with various sections for recording a complaint. It includes fields for 'Investigation', 'Outcome', 'Risk assessment', and a table for 'Risk assessment' with columns for 'Risk level', 'Risk score', 'Risk level', 'Risk score', and 'Risk level'. The table contains a grid of colored cells (yellow, orange, red) representing different risk levels.

Lessons Learnt

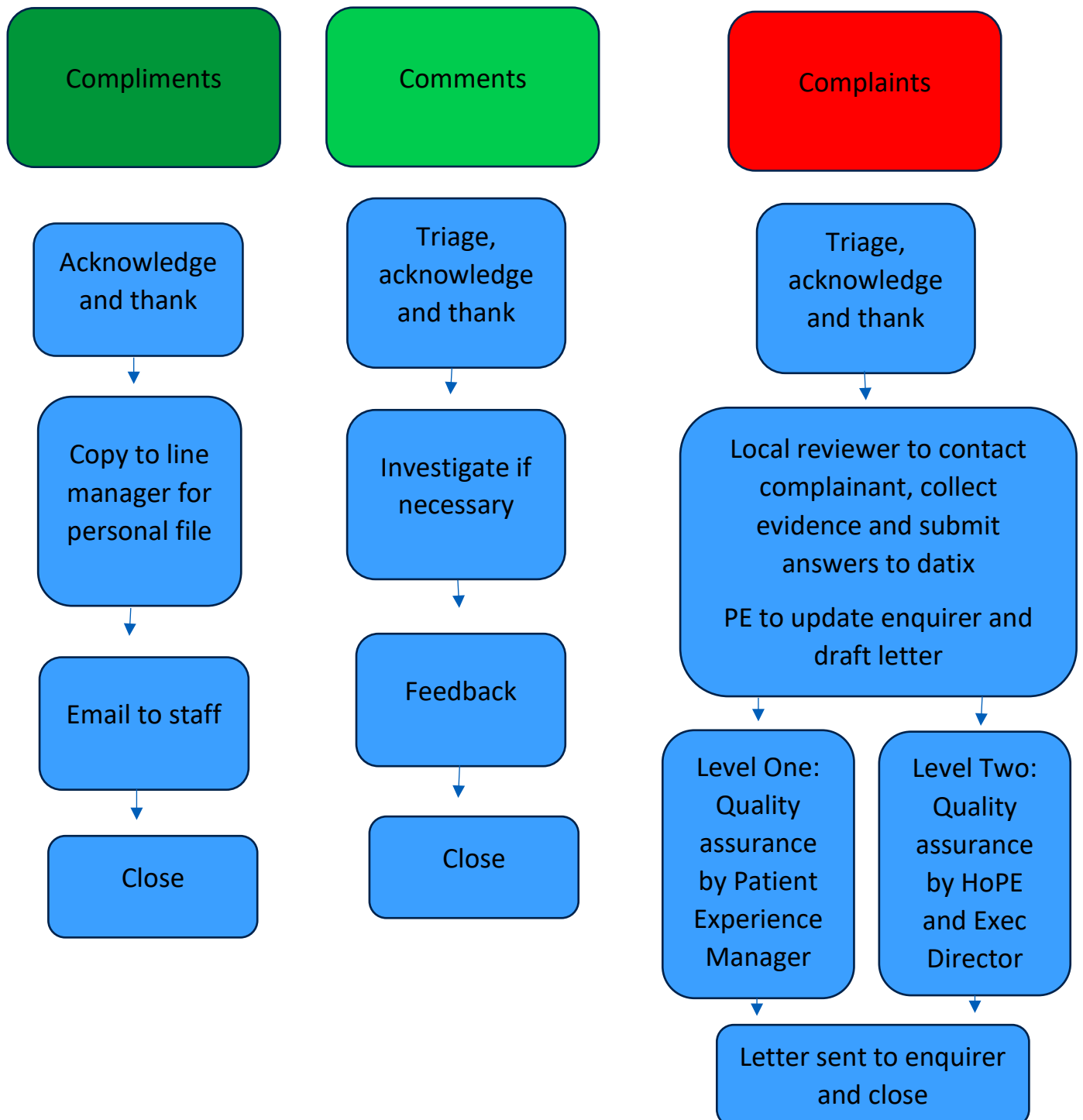
Complete the lessons learnt field in Datix and actions required. Set actions to remind yourself to complete actions. Please provide evidence of the actions that have been carried out.

Update Patient Experience Team

Keep your patient experience coordinator regularly updated of your progress

They won't chase if they are kept informed!

Contact Management Flowchart



Appendix 2 - Complexity Grading for Complaints

On receipt of any negative patient feedback, the Patient Experience Department will grade the complexity of the incidents raised, questions and statements received by the complainant. We understand that each and every complaint is individual to the person and that as a Trust we want to ensure that a thorough investigation has taken place.

On grading the complexity of a complaint, Patient Experience Coordinators will consider the following:

- The incident/scenario described by the complainant.
- The complainants wishes and intentions (to raise a comment/concern/complaint).
- If there are potential Safeguarding concerns requiring onward referral to SPOC.
- If there is potential harm to the patient.
- If this is a potential claim.
- Is this a potential RIDDOR.
- The number of questions raised for investigation
- The number of dates/incidents raised by the complainant
- The complexity of the questions raised for investigation.
- The number of teams and organisations involved.

Level Guide	Level One	Level Two
Severity and Complexity	Negative Feedback Only features one part of the Trust No patient or public safety concerns May include established Trust issues where there is already an improvement plan in place	Patient or Public Safety Concerns Multiple areas of Trust involved More than one incident referenced Involves other NHS or Health and social care organisations MP complaints Re-opened complaints

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Timescale Guide	Within 55 working days	Within 65 working days
Complexity	Single area involved Small number of simple questions	Multiple EEAST crews or including another organisation (e.g. Private Ambulance Service, hospital etc). Large number of questions or multiple incidents raised by complainant Complex questions raised (may include very sensitive information) Potential patient or public safety concerns

All concerns will receive an acknowledgement letter within 3 working days. This will identify their Patient Experience Coordinator, explaining the process and expected timescales. All complaints must be resolved in line with NHS complaint handling regulations within six months of receipt.

All complaints should be reviewed and responded to as soon as possible and within the timeframes that have been agreed. Throughout this process the complainant can expect to be treated as an individual, with respect, honesty and transparency. There must be no impact on the complainant's care as a result of raising a complaint against the Trust.

The Patient Experience Coordinator will maintain regular contact with the complainant to explain any progress and next steps. Complainants can contact Patient Advice and Liaison Services at any point during their complaint process to raise queries or ask for an update.

It is recognised as good practice for the Investigating Officer to make contact with the complainant to introduce themselves and explain the investigation process that they will be taking on the complainants' behalf although the Trust recognises that this may not be possible in all cases.

Appendix 3 – Risk grading of complaints

The grading criteria are outlined in the table below and grading is based on the issues raised in the case prior to the review. Complaints should be risk graded based on 'best fit' for the case in the below categories and potential for reoccurrence. The risk grading must be added to DATIX by the local reviewer.

Complaint	Severity Score (impact levels) and examples of descriptors				
Domains	Negligible	Minor	Moderate	Major	Catastrophic
General principles and adverse publicity	No impact or risk to provision of care. Un-satisfactory patient experience, not directly related to patient care.	Un-satisfactory patient experience related to care. Usually single resolvable issue. No real risk of litigation.	Patient outcome or experience is below reasonable expectation in single or multiple areas but not causing lasting detriment. Patient safety implications if findings are not acted upon. Slight potential for litigation or independent review.	Significant issues of standards, quality of care of denial of rights. Clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Possibility of litigation and adverse local media publicity.	Catastrophic issues regarding serious adverse events, long-term damage, grossly substandard care, professional misconduct or death that require investigation. Serious safety issues. Probability of litigation high or strong possibility of adverse national media publicity.
Standards and Values (Trust, Specialist and National)	Potential failure to meet standards or values.	Single failure to meet standards or values.	Repeated failure to meet standards, reduced performance rating if unresolved.	Non compliance with national standards with significant risk to patients if unresolved.	Failure to meet standards with potential patient harm as a result.
Staff Behaviour		Unhelpful or poor attitude	Rude or offensive behaviour	Racist and/or homophobic unprofessional conduct or harassment	Physical, threatening or other abuse. Allegation of significant fraud.
Breach of confidentiality		Letter or email sent to wrong	Information about medical	Multiple (potential) breaches or	Loss of documents in a public place (or in

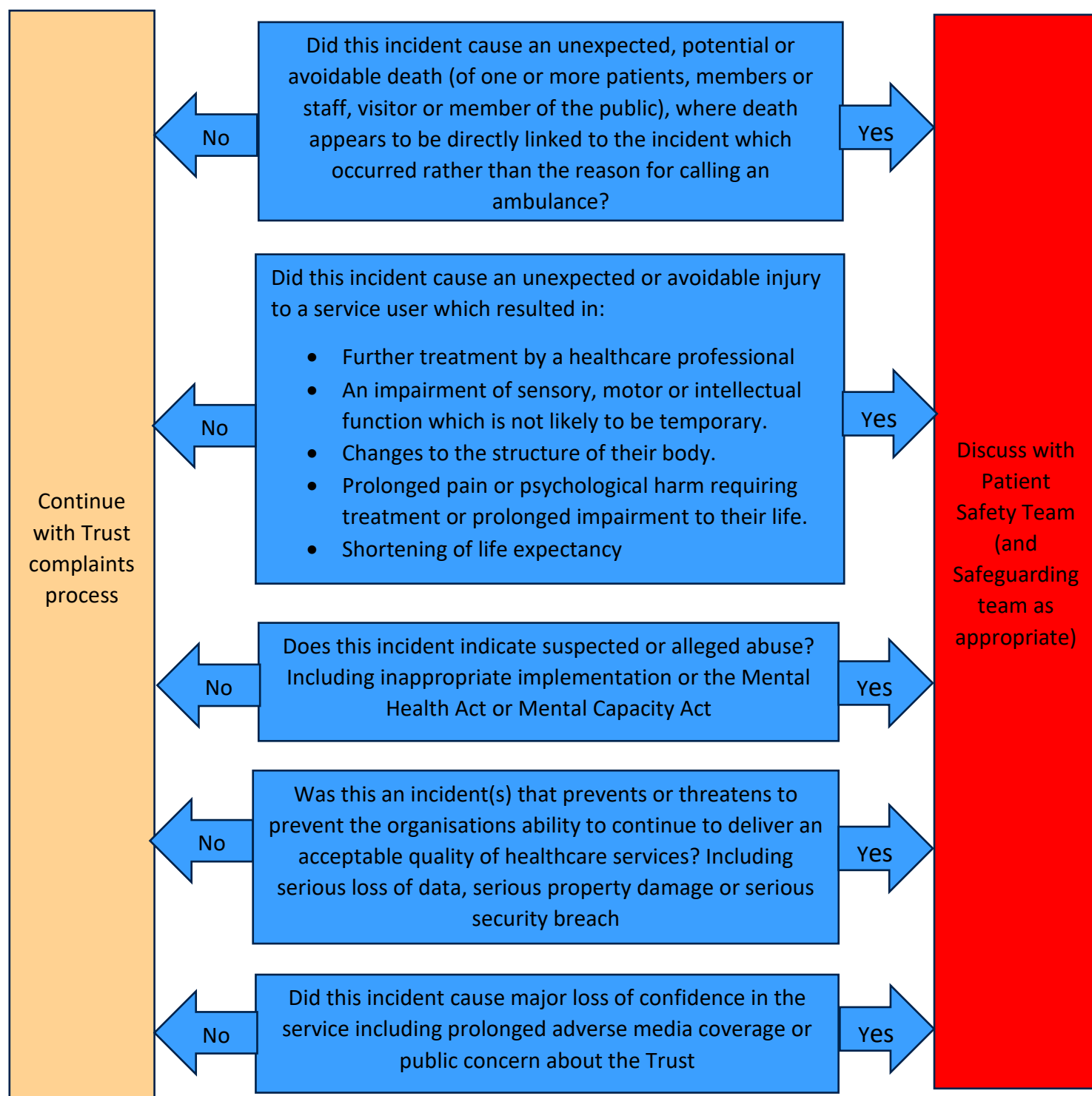
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		patient, no medical details and letter destroyed.	condition sent to incorrect patient.	material of highly sensitive nature.	the public domain). ICO action likely
Delays	Slight delay in appointment, procedure or conveyance with no harm	Delay of conveyance of 1-3 hours including cancellation or surgery or appointment with no impact on condition.	Delay in conveyance leading to deterioration of condition. Impact is unnecessary or prolonged hospital stay.	Delay or non-conveyance with impact causing lasting detriment to patients physical condition. Increased hospital stay of >3 weeks, missed or delayed diagnosis or access to appropriate treatment.	Lengthy delay or incorrect categorisation on non-conveyance with a potential impact of loss of life.
Financial Impact			Theft or fraud <£1000	Theft or fraud >£1000	Litigation >£1000 or Theft >£2000
Risk	No harm	No harm	Low harm	Moderate harm	Severe or Fatal Harm

Appendix 4 - Potential Harm SOP

Patient Experience Team: Potential Harm identification process

Use the criteria below to determine whether the content of feedback received by the Trust may constitute potential harm



Appendix 5 – Summary of Timescales

Event	Time Allowed
Original Complaint	Should be made within 12 months of event, or within 12 months of becoming aware of a cause for complaint – subject to discretion to extend. (Regulation Standard)
Non-Reportable Complaint or enquiry	Dealt with on the spot or resolved by the next working day to the satisfaction of the enquirer. Apology given if appropriate. Where the complainant does not wish to proceed under the complaints process and this is resolved within the next working day timescale, this can be recorded via PALS
Triage and acknowledgement letter. (Complexity and timescale agreed and communicated to complainant and frequency of contact agreed with complainant)	Within 1-3 working days of receipt (Regulation Standard)
Full response from the Trust to be sent	At the earliest opportunity, when a full review has taken place and complaints questions can be meaningfully answered. Within the timescale agreed and in line with Complaints Complexity and Severity gradings. (EEAST and PHSO Standard)
Regulatory time limit for a complaint to receive a response	6 months from date of receipt of complaint (Regulation standard)
Complainant referring their case for Review to the Parliamentary and Health Service Ombudsman	Within a year of becoming aware of the problem and following receipt of a second response (Regulation Standard)

Appendix 6 – Procedure for handling habitual or vexatious complaints

1.0 Introduction

1.1 Habitual and/or vexatious complainants are becoming an increasing problem for NHS staff although this Trust does not experience this to any great extent. The difficulty in handling such complainants places a strain on time and resources and causes undue stress to staff that may need support in difficult situations. NHS staff are trained to respond with patience and empathy to the complainant's needs and feelings, but there are times when there is nothing further, which can reasonably be done to assist them or to rectify a real or perceived problem.

1.2 In determining arrangements for handling such complaints, the need to ensure an equitable approach is crucial. Staff are presented with two key considerations:

- To ensure that the complaints procedure has been correctly implemented as far as possible and that no genuine element of a complaint is overlooked or inadequately addressed. In doing so, it should be appreciated that habitual or vexatious complainants can have issues, which contain some genuine substance.
- To be able to identify the stage at which a complainant has become habitual or vexatious.

1.3 One approach is an approved procedure, which is incorporated into the complaints policy. Implementation of such a procedure would only happen in exceptional circumstances.

1.4 Information on the handling of habitual and vexatious complainants should also be made available to the public as part of the material on the complaints process as a whole.

2.0 Purpose of this Procedure

2.1 Complaints about services provided by the Trust are processed in accordance with the NHS complaints procedure. During this process staff inevitably have contact with a small number of complainants who absorb a disproportionate amount of NHS resources in dealing with their complaints. The aim of this procedure is to determine situations where the complainant might be considered to be habitual or vexatious and to suggest ways of responding to these situations.

2.2 It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try and resolve complaints following the NHS complaints procedure, for example, through local resolution,

conciliation, or involvement of the Independent Complaints Advocacy Service (ICAS).

2.3 Judgement and discretion must be used in applying the criteria to identify potential habitual or vexatious complainants and in deciding action to be taken in specific cases.

2.4 The procedure should only be implemented following careful consideration by, and with the authorisation of, the Director of Clinical Quality.

3.0 Definition of a Habitual or Vexatious Complainant

3.1 Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or vexatious complainants where previous or current contact with them shows that they follow two or more (or are in serious breach of one) of the following criteria:

3.1.1 Persist in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted.

3.1.2 Change the substance of a complaint, continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint has been addressed. Care must be taken not to discard new issues, which are significantly different from the original complaint. These may need to be addressed as separate complaints.

3.1.3 Unwilling to accept documented evidence of treatment given as being factual, e.g. patient report forms, treatment/travel disclaimer or Computer Aided Dispatch (CAD) print outs; or deny receipt of an adequate response in spite of correspondence specifically answering their concerns; or do not accept that facts can sometimes be difficult to verify if a long period of time has elapsed.

3.1.4 Do not clearly identify the precise issues which they wish to be investigated, despite the reasonable efforts of Trust and, where appropriate ICAS to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate.

3.1.5 Focus on a trivial matter to an extent, which is out of proportion to its significance, and continue to focus on this point. (It is recognised that determining what a 'trivial' matter is can be subjective and careful judgement must be used in applying this criteria).

3.1.6 Have threatened or used actual physical violence towards any member of staff. This will in itself cause personal contact with the complainant and/or their representative to be discontinued and the complaint will thereafter only be pursued through written communication.

3.1.7 Have in the course of addressing a formal complaint had an excessive number of contacts (or unreasonably made multiple complaints) with the Trust, placing unreasonable demands on staff. A contact may be in person or by telephone, letter, fax or e-mail. Discretion must be used in determining the precise number of 'excessive contacts' applicable under this section, using judgement based on the specific circumstances of each individual case.

3.1.8 Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint, or their families/associates. (It is recognised that complainants may sometimes act out of character at times of stress, anxiety or distress and, where appropriate, allowances should be made for this, provided it is not detrimental to the staff concerned.) All incidents of harassment or aggression should be documented, reported and investigated in accordance with the Trust's accident and incident reporting procedure.

3.1.9 Are known to have tape recorded meetings, or any conversations held either face to face or over the telephone without the prior knowledge and consent of the other parties involved. It may be necessary to explain to a complainant at the outset of any investigations into their complaint(s) that such behaviour is unacceptable and can, in some circumstances, be illegal.

3.1.10 Display unreasonable demands or expectations and fail to accept that these may be unreasonable once a clear explanation is provided to them as to what constitutes an unreasonable demand (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or recognised practice).

4.0 Options for Dealing with Habitual or Vexatious Complainants

4.1 Where complainants have been identified as habitual or vexatious in accordance with the above criteria, the Patient Experience Lead will determine what action to take. The Patient Experience Lead will implement such action and will notify complainants promptly in writing of the reasons why they have been classified as habitual or vexatious complainants and the actions to be taken.

4.2 This notification must be copied promptly for the information of others already involved in the complaint, such as operational managers, Independent Complaints Advocacy Service, MPs, etc. A record must be kept for future reference of the

reasons why a complainant has been classified as habitual or vexatious and the action taken.

4.3 The Head of Patient Experience may decide to deal with habitual or vexatious complainants in one or more of the following ways:

4.3.1 Try to resolve matters, before invoking this procedure, by drawing up a signed 'agreement' with the complainant (and if appropriate involving the relevant staff member in a two way agreement) which sets out a code of behaviour for the parties involved if the Trust is to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other action as indicated in this section.

4.3.2 Once it is clear that complainants meet any one of the criteria in (3), it may be appropriate to inform them in writing that they may be classified as habitual or vexatious complainants copy this procedure to them and advise them to take account of the criteria in any other dealings with the Trust. In some cases it may be appropriate, at this point, to copy this notification to others involved in the complaint and to suggest that the complainant seeks independent advice in taking their complaint further.

4.3.3 Decline further contact with the complainant apart from written correspondence or through a third party, for example ICAS. A suggested statement has been prepared for use if staff are to withdraw from a telephone conversation with a complainant. This is shown in 6.2 overleaf.

4.3.4 Notify the complainant in writing that the Trust has responded to the points raised and has tried to resolve the complaint, that there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that further communications on the current complaint will not be responded to.

4.3.5 Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance from the Lead Commissioning CCG or Trust Development Authority.

4.3.6 Inform the complainant that in extreme circumstances the Trust reserves the right to pass unreasonable or vexatious complaints to the Trust's solicitors and/or, if appropriate, the police.

4.3.7 In cases where the complaint is made against the Chair or Chief Executive of the Trust, then the decision about whether the complainant is deemed to be

habitual or vexatious will be taken by a Non-Executive Director of this Trust, together with a Non-Executive Director from another area.

5.0 Withdrawing Habitual or Vexatious Status

5.1 Once complainants have been determined as habitual or vexatious there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate.

5.2 Staff should previously have used discretion and careful judgement in recommending habitual or vexatious status at the outset and similar discretion and judgement should be used in recommending that this status be withdrawn.

5.3 Where this appears to be the case, a discussion will be held with the Head of Patient Experience and, subject to their approval, normal contact with the complainant and application of the NHS complaints procedures will be resumed.

6.0 Guidance for Staff Handling Habitual or Vexatious Complainants

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

6.2 Form of words

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

6.3 Follow up action

The incident should be reported through the completion of an accident/ incident report form. In respect of future means of communication with the complainant and any further action deemed necessary, advice should be sought from the Head of Patient Experience.

6.4 Continuing with Clinical Care

Where the complainant requires clinical treatment this should continue, unless the case falls within the Procedure for Withholding of Treatment. Where the complaint is against staff who are providing care to the complainant their care where possible should be transferred to a different clinician, following discussion with the relevant manager

Appendix 7 – Equality Impact Assessment

Equality Analysis																					
<p>What is the aim of the policy/procedure/practice/event</p> <p>The existing policy has been reviewed to take account of the changes made to the complaints process to bring it in line with the PHSO complaints framework guidance. This includes the removal of concerns and the move to reporting all expressions of dissatisfaction requiring a response as complaints.</p> <p>The policy has also been amended to reflect the Trusts move from the SI framework to the PSIRF.</p> <p>There have been policy revisions to make some roles and responsibilities clearer and to reflect changes in the management structure of the Trust.</p> <p>SOPs have been written and included to make the processes clearer.</p>																					
<p>Who does the policy/procedure/practice impact on? All Patient Experiences.</p> <table border="0"> <tbody> <tr> <td>Race</td> <td><input type="checkbox"/></td> <td>Religion/belief</td> <td><input type="checkbox"/></td> <td>Marriage/Civil Partnership</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender</td> <td><input type="checkbox"/></td> <td>Disability</td> <td><input type="checkbox"/></td> <td>Sexual Orientation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Age</td> <td><input type="checkbox"/></td> <td>Gender Reassignment</td> <td><input type="checkbox"/></td> <td>Pregnancy/Maternity</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Age	<input type="checkbox"/>	Gender Reassignment	<input type="checkbox"/>	Pregnancy/Maternity	<input type="checkbox"/>
Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>																
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Age	<input type="checkbox"/>	Gender Reassignment	<input type="checkbox"/>	Pregnancy/Maternity	<input type="checkbox"/>																
<p>Who is responsible for monitoring the policy/procedure/practice/event?</p> <p>Head of Patient Experience</p> <p>Deputy Clinical Director – Quality and Safety</p> <p>Patient Safety and Experience Group (PSEG)</p>																					
<p>What information is currently available on the impact of this policy/procedure/practice/event?</p> <p>This policy will support all complainants, ensuring that each person is treated as an individual with varying complexity. The Policy sets out how patients are protected during raising a complaint against the trust and that this will not impact the care or treatment that they receive. The Policy will support the team to ensure</p>																					

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that roles and procedures are clearly set out. The Policy will support the Trust in meeting NHS Complaints Standard Framework 2021.

Do you need more guidance before you can make an assessment about this policy/procedure/practice/event? **No**

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics?

Yes/No, If Yes please provide evidence/examples: All

Race <input type="checkbox"/>	Religion/belief <input type="checkbox"/>	Marriage/Civil Partnership <input type="checkbox"/>
Gender <input type="checkbox"/>	Disability <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>
Age <input type="checkbox"/>	Gender Reassignment <input type="checkbox"/>	Pregnancy/Maternity <input type="checkbox"/>

Please provide evidence:

The policy sets out clearly that information will be made accessible to anyone with a disability, sensory impairment or other language.

Wording within the policy has been simplified and made clearer to enable improved understanding of the policy. Roles within the policy have been clarified to improve understanding and expectations.

The policy clearly sets out the right to advocacy and to receive information in alternative formats.

No patient will be discriminated against due to any protected characteristic during the complaints process.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? **No**

Race <input type="checkbox"/>	Religion/belief <input type="checkbox"/>	Marriage/Civil Partnership <input type="checkbox"/>
Gender <input type="checkbox"/>	Disability <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>

Age	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Pregnancy/Maternity	<input type="checkbox"/>
Reassignment					
<p>Please provide evidence:</p> <p>The Policy sets out to improve all patient feedback and involvement, regardless of personal and protected characteristic. This document explains that all complaints will be able to access treatment during this process. This Policy gives clear guidance on how people's information is managed within the Trust when giving feedback.</p>					
<p>Action Plan/Plans – SMART</p> <p>NHS Complaint Standards Framework Maturity Matrix</p>					

Evaluation Monitoring Plan/how will this be monitored?
Who:

PSEG, CEG, QGC, ETL, ICBs

How:

Monthly complaints dashboard data (including compliments data) completed and disseminated to Ops teams and other relevant managers and Departments in the Trust

IPR data and narrative completed months including themes, trends, innovations, challenges and lessons learned.

Bi monthly report to PSEG, with escalations to CRG and QGC as required.

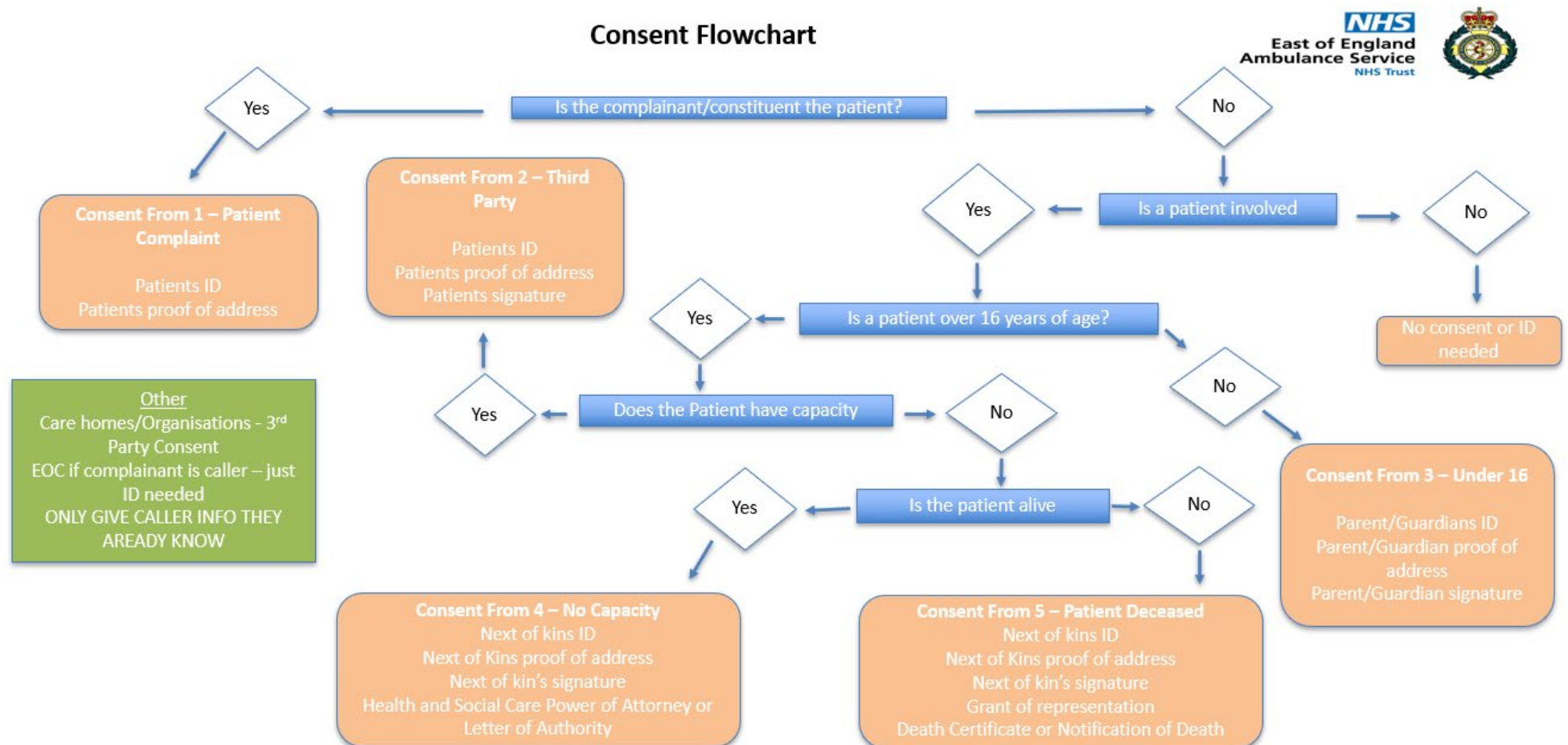
By:

Patient Experience Manager

Head of Patient Experience

Deputy Clinical Director – Quality

Appendix 8 – Consent Flowchart



Appendix 9 – Escalation process

The purpose of the escalation process is to ensure that reviews are completed as soon as all the information is available. This gives time for learning, checks, challenges, writing up and signing.

55 day complaints

Day	Day 1&2	Day 3-5	Day 10	Day 25	Day 35	Day 45	Day 50	Day 55
Stage	Complaint received	Reviewer assigned	Review ongoing		Review due	Response <u>write up</u> due	Sign off	Closed
Reviewer Tasks		Contact complainant to understand complaint and build rapport	Review evidence (including records and discuss with crews/witnesses as needed. Type findings and upload records into datix as contemporaneous record of review		Complete learning and ensure that this is shared and required actions are complete			
Patient Experience Team Tasks	Complaint logged and acknowledged/ Consent requested. Questions for review itemised by coordinator	Coordinator checks it has been allocated and then checks progress and any further support or documents needed. Coordinator to remain in touch with complainant providing them with status of review (every 20 working days throughout process unless agreed otherwise). Raise with patient safety team if likelihood of harm caused by EEAST			Using review findings and learning on datix, coordinator to draft the complaint response and upload. Maintain communication with complainant.		Response signed off by PE Manger/ <u>HoPE</u> and Director of Quality	Letters sent to <u>complainant</u> , complaint closed.
Escalation		Coordinator checks allocation and chases if not	Coordinator will offer help and will only chase if no evidence of review progressing		PE Manager will contact reviewer if not complete	<u>HoPE</u> to contact reviewer and LAM if not complete	<u>HoPE</u> to contact LAM and HOCO if not complete	<u>HoPE</u> to contact <u>DoQ</u> and <u>CoCO</u> if not complete

65 day complaints

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Day	Day 1&2	Day 3-5	Day 10	Day 30	Day 40	Day 50	Day 60	Day 65
Stage	Complaint received	Reviewer assigned	Review ongoing		Review due	Response <u>write up</u> due	Sign off	Closed
Reviewer Tasks		Contact complainant to understand complaint and build rapport	Review evidence (including records and discuss with crews/witnesses as needed. Type findings and upload records into datix as contemporaneous record of review		Complete learning and ensure that this is shared and required actions are complete			
Patient Experience Team Tasks	Complaint logged and acknowledged/ Consent requested. Questions for review itemised by coordinator	Coordinator checks it has been allocated and then checks progress and any further support or documents needed. Coordinator to remain in touch with complainant providing them with status of review (every 20 working days throughout process unless agreed otherwise). Raise with patient safety team if likelihood of harm caused by EEAST			Using review findings and learning on datix, coordinator to draft the complaint response and upload. Maintain communication with complainant.		Response signed off by PE Manger/ <u>HoPE</u> and Director of Quality	Letters sent to <u>complainant</u> , complaint closed.
Escalation		Coordinator checks allocation and chases if not	Coordinator will offer help and will only chase if no evidence of review progressing		PE Manager will contact reviewer if not complete	<u>HoPE</u> to contact reviewer and LAM if not complete	<u>HoPE</u> to contact LAM and HOCO if not complete	<u>HoPE</u> to contact <u>DoQ</u> and <u>CoCO</u> if not complete

