



London Ambulance Service **NHS**
NHS Trust

Complaints and Feedback Policy

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14/05/10	1.1	Head of Patient Experiences	additional content added to monitoring

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Disciplinary Policy	
	Managing Patient Confidentiality when Dealing with the Media	
	Management Policy Statement on staff Responsibilities Regarding Communication	
	Whistle Blowing Policy	
TP034	Being Open Policy	
TP003	Policy Statement on Duties to Patients	
TP049	Risk Assessment and Risk register Procedure	
TP005	Risk Management Policy and Strategy	
HS012	Staff Safety Policy Statement	
HS018	Stress Management Policy	
TP/006	SUI Policy	
TP055	Learning from Untoward Incidents, PALS, Claims and Complaints Policy	
TP054	Investigation of Incidents, PALS, Complaints and Claims	
HS011	Incident Reporting Procedure	
TP/016	Habitual or Vexatious Complainants or Enquirers Policy	
TP/022	Freedom of Information Policy	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

In the White Paper, *Our Health, Our Care, Our Say*, the Government made a commitment to implement a single, comprehensive complaints process across health and social care, focussed on resolving complaints locally and with a more personal and comprehensive approach to handling complaints.

In June 2007, the Department of Health (DH) produced a consultation document - *Making Experiences Count* (MEC) - , which set out proposals for a new approach. The Trust participated in the resulting 'Early Adopter' programme to support the development of new arrangements for managing complaints across health and social care.

The *Local Authority Social Services & NHS Complaints (England) Regulations (2009)* established a single complaints system applicable to all health and adult social care services in England. The new arrangements encourage an approach that aims to resolve complaints more effectively and ensure that opportunities for services to learn and improve are not lost. These regulations cover only the fundamental requirements of good complaints handling, not the processes through which outcomes are to be delivered. This approach will allow local health and social care organisations to determine the mechanisms best suited for them to deliver effective complaints arrangements within their own organisations.

Whilst naturally observing the requirements of the regulations, the Trust has embraced the *Making Experiences Count* programme to take into account the differing mechanisms used by service-users and stakeholders to bring their experience to the fore, enabling the capture of the totality of patient experiences. The Trust has therefore established the Patient Experiences Department to manage all feedback it receives with a focus on the issues raised rather than the mechanism used to do this.

Whilst the following therefore specifically refers to complainants, the Trust is committed to treating all feedback it receives with the same degree of seriousness and will employ the same methodological and philosophical approach across the spectrum of patient experiences.

Accompanying Material

This document does not set out to replicate existing statutory regulations or best practice guidance of authoritative responsible bodies and should be considered as accompanying the following:

The Local Authority Social Services & NHS Complaints (England) Regulations (2009) Making Experiences Count, DoH

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_075652

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

http://www.ombudsman.org.uk/improving_services/principles/index.html

Listening, responding, improving: a guide to better customer care -

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095408

2. Scope

This policy applies to all employees of the Trust and those agencies that are contracted by the Trust. The management of complaints and concerns is applicable to all Trust employees and those acting on behalf of the Trust in any capacity.

2.1 Policy Statement

The Trust is committed to providing high quality patient care which is a core principle of the Trust's strategic objectives

The Trust is committed to using all feedback as a driver for change and improvement. The Trust will be open and transparent, foster a culture receptive to adopting new practices and learning and where appropriate offer an apology for any shortcomings in service delivery that are identified and take remedial action.

The Trust's approach is based on the key *Making Experiences Count* principles that patients and service users may express their views about the treatment and services they received with the expectation that their feedback will be acknowledged and acted upon, and by placing a focus on the issue raised rather than the mechanism used to raise it. This means that all complaints or concerns will be considered under this policy, regardless of the method by which they were raised.

The Trust will endeavor to resolve any issue and to keep the complainant informed as far as reasonably practical as to the progress of the investigation and provide a substantive response at the conclusion of that. We will also seek to be innovative in resolving matters according to the wishes of the service user.

3. Objectives

The effective management of complaints and service-user feedback will:

- Provide a consistent approach to the management and investigation of complaints;

- Ensure that the Trust meets its legal obligations;
- Set the responsibilities of staff in relation to complaints and feedback;
- Ensure the Trust delivers its strategic objectives;
- Ensure that the appropriate risk management systems are in place and that any risks are minimised;
- Apply a risk management approach to complaints/and feedback - this includes investigations, learning outcomes and root cause analysis;
- Ensure that significant issues arising from complaints and feedback are highlighted to the Learning from Experience Group, Clinical Quality Safety and Effectiveness Group, Quality Committee, and Risk Compliance and Assurance Group as appropriate;
- Ensure that there are effective systems of communications in place so that directors and senior managers are kept informed about significant issues and emerging themes that may have serious implications for the Trust;
- Provide opportunities for service users and stakeholders to offer feedback on the quality of service provided;
- Assist in identifying pressures on the Trust;
- Ensure complainants are taken seriously and their dissatisfaction is appropriately responded to;
- Act as a key tool in ensuring the good reputation of the Trust;
- Assist in promoting an open, honest and transparent organisational culture;
- Identify how services can be improved;
- Implement diversity monitoring to ensure that all service users are able to access and utilise the Trust's feedback mechanisms.

4. Responsibilities

4.1 Board Appointee

The Board will appoint a complaints 'champion(s)' who should be an executive or non-executive Board member. The role of the 'champion' is to ensure that action is taken as a result of complaints and to monitor the effectiveness of complaints handling arrangements across the Trust and compliance with NHS and other audit requirements. The board members with this responsibility are the Medical Director (executive) and the Chair of the Quality Committee (non-executive).

The action plans produced as a result of complaints will form the basis for monitoring service improvements by the Board's complaints 'Champions'.

4.2 Chief Executive

The Chief Executive Officer has overall responsibility for the management of complaints.

4.3 Head of Patient Experiences

The Head of Patient Experience is responsible for:

- Developing Trust-wide policies, procedures and strategies for the management and investigation of complaints, and developing outcome measures for improving patient care as evidence of lessons learnt and action taken to prevent recurrence;
- The overall management of complaints throughout the Trust;
- Performance management of Patient Experiences officers;
- Ensuring that Patient Experiences department officers adhere to best practice principles on complaints management;
- Ensuring that complaints are managed in a timely and effective manner, in accordance with legislation and Trust policy and procedures;
- Providing support and advice to officers managing and investigating the complaint;
- Ensuring arrangements are made to hold local resolution meetings with the complainant on behalf of the Trust and attending these in person where appropriate;
- Maintaining a database of all formal complaints and other feedback mechanisms;
- Producing information on outcomes and trends and making this accessible via the Trust website and other media;
- Ensuring that any person that requests complaints information in larger fonts, Braille or other languages etc. is assisted in every way possible;
- Ensuring that all relevant information and assistance is provided to the Health Service Ombudsman or the Information Commissioner as may be required;
- Liaising with other NHS Trusts in cases when a complaint involves more than one provider and to agree the most appropriate way to manage the complaint, ensuring the complainant is advised accordingly;
- Ensuring that Patient Experiences department officers receive training appropriate to their role;

- Ensuring reporting via the Trust's governance mechanisms;
- Producing reports on all aspects of complaints management to meet internal and external requirements on a quarterly and annual basis;
- Ensure that the LAS Risk Register is continuously updated and complete with up to date progress reports related to risks concerning complaints and issues raised by service user feedback;
- Ensure dissemination and close cooperation with external providers so that improvements and learning can be shared across health and social care economy.

4.4 Assistant Directors of Operations

All Assistant Directors of Operations are accountable for ensuring full and timely cooperation with investigations within their sectors. They are responsible for ensuring actions and learning outcomes are implemented and understood by all staff.

- Demonstrating case examples at local governance forums, including lessons learned and improvements made;
- Ensuring appropriate delegates are able to attending local resolution meetings;
- Supporting Patient Experiences department in applying a flexible approach to complaints management;
- Ensuring that any staff involved are informed and receive appropriate feedback and support;
- Ensuring that recommendations arising are implemented within an appropriate timeframe and reported using defined outcome reporting measures;
- Ensuring that the issues raised by individual cases or emerging themes are standard items for discussion at team meetings and area governance meetings;
- Provide feedback to staff;
- Ensuring that the Head of Patient Experience and departmental officers are provided with regular updates about the action taken within areas of responsibility;
- Ensure that any relevant matters brought to the attention of staff and management teams under their responsibility are reported to Patient Experiences department;

- Ensuring that any issues arising that may be considered as potential Serious Untoward Incidents are notified to the Head of Patient Experiences and other senior colleagues in accordance with the SUI policy and practice guidance

4.5 Patient Experience Officers

- Will manage complaints and service user feedback under the direction of Head of Patient Experiences;
- Be accountable to the Head of Patient Experiences via the department management team for performance;
- Liaise with the complainant/service user or their representative or advocate;
- Determine the need to access specialist advice e.g. from the Medical Directorate. In some cases the benefit of external specialist advice may also be considered in liaison with the head of department;
- Apply a Root Cause Analysis framework, where applicable;
- Ensure that each element of a complaint is addressed and that draft responses are clear, well written and comply with best practice guidance, regulations and procedures;
- Disseminate draft responses to local managers for comment;
- Work towards completing a complaint response within specified time-frames;
- Complete enquiries and investigations to a high standard;
- Report any instances where a delay in completing a substantive response is encountered or expected and ensure that the complainant is advised accordingly and agree an extension;
- Ensure that an outcome report is completed and recorded;
- Produce Action Plans when appropriate and ensure that any actions or recommendations arising from a complaint are implemented in conjunction with the department management team, area colleagues and governance mechanisms;
- Provide case examples and reports for publication as required by the department management team;
- Ensure appropriate case management files are maintained to a high standard;
- Ensure confidentiality requirements;

- Proactively identify advocacy requirements and offer assistance to complaints accordingly;
- Liaise with advocates and mediators;
- Ensure that any resultant change in practice or procedure resulting from a complaint is fed back to the complainant and others as appropriate. Feedback to others within the Trust will also be facilitated as a means of promoting consistency and best practice across the organisation;
- Ensure the Trust identifies and responds appropriately to incidents where there is a perception of racism, homophobia, sexism and/or victimisation of disabled people in accordance with the Trust's diversity policy and practice;
- Ensure ethnicity monitoring etc is facilitated.

4.6 Staff at the scene (management of complaints)

Staff at the scene should make every effort to resolve matters when they are made aware of a complaint, but should advise a service user of how to make complaint by contacting the Patient Experiences Department.

Staff should also note they are responsible for bringing the matter to the attention of the Patient Experiences Department so that each individual incident can be captured.

5. Definitions

This document combines the policy providing a high level statement of the principles and activities used in receiving investigations, resolving and reporting on complaints and other patient feedback, with the procedures for executing these activities

6. Process for listening and responding to concerns/complaints of patients, their relatives and carers

The reforms allow local organisations to determine the management of complaints on an individual basis. The responding body is required to investigate the complaint in a manner appropriate to *“resolve it speedily and efficiently and, during the investigation, keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation,”*

The Trust will therefore adopt a flexible approach accordingly.

6.1 Grading complaints

All complaints and service-user feedback will be graded to enable the degree of seriousness and the likely target response time for a response, in keeping with familiar practice. It is however possible that the category may change during the ensuing investigation as more information comes to light. The case will be weighted low, medium and high (green, yellow and red) according to the following matrix.

Seriousness	Description
LOW	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care
	OR
	Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation
MEDIUM	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation
RED	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse publicity.
	OR
	Serious issues that may cause long-term harm, such as grossly sub-standard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues.

6.2 Recording of an issue as a ‘complaint’

The Trust applies the regulations so that where an issue is raised orally but is unable to be resolved within the next working day, this must in each appropriate instance be recorded as a complaint. The Trust welcomes the *Making Experiences Count* principles that determine a focus on the issue raised, rather than the mechanism used to raise it; offering recourse in this manner both negates replication of process and affords the service-user greater opportunity for resolution.

The Trust defines an effective response to complaints to include the following actions:

- Publicise its complaints procedures;
- Acknowledge a complaint when it is received and keep the service-user informed when a response cannot be met within in the estimated target time;

- Help the person who is complaining to understand the complaints procedure and the advocacy services available;
- Offer to discuss the matter and to hold a meeting, where appropriate;
- Deal efficiently with complaints and investigate them proportionately and appropriately;
- Write to the person who complained explaining how matters have been investigated and what action has been taken, and reminding them of their right to take the matter to the Health Service Ombudsman or Local Government Ombudsman if they are still unhappy;
- Nominate a senior manager who is responsible for both the complaints policy and strategic learning from complaints. This responsibility lies with the Head of Patient Experiences;
- Produce an annual report about all the service-user and stakeholder feedback that has been received and outline what has been done to improve things as a result.

6.3 Responding in the right way every time

The Patient Experiences department formulates a planned approach in relation to every complaint or enquiry which sets out the methodology to be used. This includes:

- Using a recognised matrix tool as a guide to decide the degree of seriousness of the issues raised and estimate how long it will take to provide a substantive response;
- In the case of telephone approaches, providing the service user with a written summary of the complaint which they may amend to ensure we have captured the totality of concerns;
- Liaison with any other providers involved to agree which agency should act as the lead responder, the form of the response and the time frame involved;
- Liaison with Independent Complaints Advocacy Service (ICAS), authorised representatives or other advocacy services;
- Obtaining and examining all relevant records and data;
- Liaison with local management teams to obtain an account from any staff involved;
- Seeking expert advice from across the Trust, including clinical advice from the Medical Directorate;
- Seeking external expert advice, where appropriate;
- Liaison with local management teams and/or senior managers to agree the response and any actions to be taken;

- Coming to a conclusion and advising the service-user of the outcome including any actions to be taken;
- Providing information about recourse to the Health Service Ombudsman and the assistance available from ICAS, where this has not been previously utilised;
- Requesting the service-user complete an ethnicity monitoring form towards ensuing equality of access to the service;

A key consideration is however to make arrangements flexible, treating each case according to its individual nature and with a focus on satisfactory outcomes, organisational learning and that lessons learned should lead to service improvement. For example, in appropriate cases, an invitation may be extended to a service-user to visit the Trust in person to see how the service is managed.

6.4 Organisational Response

The complainant must be sent a written response signed by the ‘responsible person’ which describes how the complaint has been considered, what conclusions have been reached and what actions, if any, have or will be taken as a result.

The “responsible person” outlined in the regulations in the NHS is the Chief Executive, however, *“the functions of the responsible person may be performed by any person authorised by the responsible body to act on behalf of the responsible person.”* The Head of Patient Experiences has delegated authority to act as the responsible person.

6.5 Openness & Transparency

A fundamental tenet of the Trust’s approach is the commitment to openness and transparency and to foster a culture that is receptive to adopting new practices and learning.

The Trust’s approach is based on the key principle that patients and service users may express their views about the treatment and services they receive in the knowledge that:

- No discrimination will occur as a result;
- The complainant will be treated with courtesy and respect;
- The complainant will be taken seriously;
- An appropriate level of investigation will ensue;
- The cause of any shortcomings will be established;
- The complainant will wherever possible receive a response within defined time-frames;

- Where these time frames cannot be met, the complainant will be kept informed of progress;
- The response will address the complainant's concerns and advise of any action that is to be taken as well as their recourse opportunity and the assistance available from advocacy services;
- The complainant will receive an apology as appropriate;
- Any issues identified will inform learning and improvements in service delivery; issues of significance to patient care will be brought to the attention of the senior managers and the Trust Board using the Trust's governance mechanisms to drive change and improvement;
- The Trust will share learning with other health and social care providers, as appropriate.

6.6 Process for ensuring that patients, their relatives and carers are not treated differently as a result of raising a concern/complaint

The Trust requires all employees to follow the guidance set out in the Ombudsman Principles that requires every complainant to be treated fairly and not discriminated against because they have raised a concern/complaint.

A complainant has the right to approach the Chief Executive and/or the Trust Board at any point where they feel they are being discriminated against because they have raised a concern/complaint. A complainant may choose to raise the matter with the Health Service Ombudsman.

7. Timescales

The regulations will apply to all complaints except those verbal complaints resolved within one working day.

Complaints made verbally but not successfully resolved within one working day, and those made in writing or electronically, such as by email, will be acknowledged within 3 working days which may be accomplished either verbally or in writing.

The normal time limit whereby people can raise their complaint is 12 months although the Trust may exercise discretion to accept a complaint outside this time frame, depending on the circumstances

The Trust will aim to provide a substantive response within 25 working days, those cases deemed to be of significant complexity will be afforded a target of 45 working days and the most serious will have a target of 60 days.

8. Administration

The Patient Experiences Department uses a case management system to record all individual approaches. This similarly enables reporting of the totality of activity and issues raised by subject categorisation.

9. Patient Empowerment

The Trust will seek to publish anonymised case examples as indicators of learning on its website.

When appropriate service users may be invited to write an (anonymised) account of their experience for potential publication on the Trust's website, in-house magazine, Clinical Update or any other suitable medium, or to present this at a suitable forum.

The Trust will engage with the Patient Forum and then upon authorisation as an NHS Foundation Trust, with the Council of Governors, on service user feedback and lessons learnt.

10. Relationship to Disciplinary Procedures

The intention is that any investigation of a complaint or other service-user and stakeholder feedback will not involve disciplinary action against a member of staff as its primary focus. However, an allegation of serious misconduct will invoke action according to the Trust's *Disciplinary Procedure*.

Where a complaint gives rise to the use of the Trust's disciplinary procedure, a response to the complaint is still a requirement, taking into account confidentiality considerations.

Complaint handling arrangements will however remain separate and distinct to this. Once such a decision has been made, any investigation under the Disciplinary Procedure will not be conducted by the Patient Experiences Department. The Human Resources and Organisational Development Directorate and local management teams will however be obliged to offer full cooperation to complete a complaint response, including the likely timeframe in which any disciplinary hearing is to be held and the outcome of that.

11. Incidents reported locally

Whilst any member of staff should attempt to resolve any matter raised by patients, their relatives or members of the general public at the time, advice about contacting the Patient Experiences Department should always be offered.

Any complaint within the regulatory framework which is received locally, or via other Trust's departments, **must** be referred to Patient Experiences Department to coordinate the investigation and response.

12. Local Resolution

The regulations make it clear that all NHS Trusts should endeavour to resolve complaints through local resolution. The Patient Experiences Department are empowered to resolve issues and concerns at a local level whenever possible or appropriate.

Complainants will be offered the opportunity for a discussion at a mutually convenient time where appropriate or requested.

Appendix 6 contains the Flow Chart for Complaint Resolution.

13. Liaison with local management teams

Where the complaint or approach involves the service provided by a member of staff, the allocated Patient Experiences Officer will seek the involvement of the relevant local management team. Copies of the salient records will be made available together with an account and analysis of the issues raised as well as any clinical report from the Medical Directorate, where appropriate. The local management team will seek to obtain an account of the incident in question from the member(s) of staff concerned. The form of this will depend on the seriousness of the issues raised, indicated in part by the matrix grading and the analysis of the incident by the Patient Experiences Officer. In some instances, it will be helpful for the member of staff to provide a statement. The form of response in each case should be agreed by the designated local manager and the Patient Experiences Officer.

On the rare occasion that disciplinary action needs to be considered, the final decision on this will be made by the local designated manager, taking into account any recommendations by the Medical Directorate or equivalent senior manager who may need to be involved. Where disciplinary action is commenced, Patient Experiences department will not play any further role save in relation to the provision of information accumulated in the course of the complaint or approach

and in adherence of the regulatory requirements to facilitate a substantive response to the service-user.

Local designated managers will be expected to offer full and timely assistance once presented with an analysis of any issues that arise. They will not be expected to manage complaints or produce investigation reports.

Draft final responses will be shared with the designated local manager who will be expected to make this available to the staff involved prior to release wherever possible, and always where the complaint has been graded at [medium or high] or above.

Where local remedial actions are identified, these will be agreed with the designated local manager, who will ensure implementation. This will be recorded in the Outcome Report.

Where strategic remedial actions are indicated, this will be agreed with the relevant senior manager and recorded in the Outcome Report.

14. Financial redress and relationship with Legal Action

Financial redress can be made without recourse to legal action. The Ombudsman has made clear her 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.

Where financial recompense is made, this will not be considered as an admission of liability in relation to any legal action that may ensue. Where a complaint gives rise to legal action, a response to the complaint will still be made.

15. Process for joint handling of complaints between organisations

Health and social care organisations are required to work together to ensure coordinated handling and to provide the complainant with a single response that represents each organisation’s final response. Where a service user wishes to make a complaint about a healthcare related matter they have the choice of doing this either to the organisation providing the service or the Primary Care Trust (PCT) that commissions the service. The PCT may decide that it is best placed to handle the complaint itself, and in such cases, or where other providers are involved, the Trust will afford every cooperation, negotiating the time frame for a response accordingly.

16. Matters outwith jurisdiction

Complaints that are not required to be managed in accordance with the relevant procedures are detailed at s8 of the Regulations. This includes 'complaints' made by an employee about any matter relating to their employment. Such matters should be reported to the line manager or by using the appropriate Trust reporting mechanism.

17. Complaints from other health and social care professionals

In accordance with regulations, a complaint from a responsible body (a local authority, NHS body, primary care provider or independent provider) is outwith the NHS complaints procedure. The Trust will therefore encourage the use of the external incident reporting procedure to accommodate stakeholder feedback.

18. Recourse

The Health Service Ombudsman has exclusive responsibility for considering complaints against an NHS organisation, replacing the 'second tier' undertaken by the Healthcare Commission. For more information, please see:

http://www.ombudsman.org.uk/news/hot_topics/changes_nhs_complaints_system.html

19. Advocacy

We will aim to treat every complainant as an individual with differing needs thereby requiring a personalised approach to the management of the complaint. This may involve the use of patients' advocates and interpreters. Other ways to achieve an acceptable outcome, including mediation, will be considered.

We will work collaboratively with Independent Complaints Advocacy Service (ICAS) and value their contribution to the continuous improvement of our complaints procedure.

20. Habitual or Vexatious Complainants

Detailed guidance on the management of habitual and vexatious complainants is set out in TP / 016. The Trust will however only employ this policy as last resort.

21. Process by which the organisation aims to improve as a result of concerns/complaints being raised

Ref. TP004	Title: Complaints and Feedback Policy	Page 18 of 29
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21.1 Disseminating Lessons Learned

Learning may be held to take place on three distinct levels:

- Personal and peer learning
- Organisational learning
- Learning across the health and social care economy

21.1.1 Personal and peer learning

The Trust is committed to using reflective practice as a learning tool to foster enhanced professional development. In such instances, agreement will be reached with the local designated manager as to how this should be undertaken and the event recorded in the Outcome Report.

21.1.2 Organisational learning

Governance will be exercised through the mechanisms set out in TP/ Learning from Untoward Incidents, Claims and Complaints Policy at section 7 'Process for Communicating Reports Learning Point' (relevant individuals or groups) and section 8 'Process for Implementing Risk Reductions Measures'.

Local area governance groups will also be expected to evidence learning, to include case examples, themed reports and local initiatives.

21.1.3 Learning across the health and social care economy

The Patient Experiences Department will seek to ensure dissemination of issues and learning applicable to the wider economy, in particular where issues are raised in relation to integrated service provision, pre-hospital emergency care and clinical themes. This may involve the input of senior colleagues, for example the Medical Director, in using professional networks.

21.2 Governance Arrangements

The Trust will publish an annual report about the activity of the Patient Experiences Department, including the numbers of complaints received, the issues that these raise, the number of cases referred to the Ombudsman and the number of investigations undertaken by the Ombudsman and/or the Information Commissioner.

The Patient Experiences Department will make available regular activity reports to the Trust's area governance groups to support local learning and improvements; regular reports will similarly be made available to the Trust's commissioners, to monitor compliance with national standards and evidence the learning achieved.

The Patient Experiences Department will also publish information of the Trust's website about all the work streams the department is responsible for, including anonymised case examples and lessons learned.

The Patient Experiences Department will provide regular reports of activity and emerging trends to the following:

- Senior Managers Group
- Quality Committee
- Learning from Experience Group
- Trust Board

A representative from both the Independent Complaints Advocacy Service and the LAS Patient Forum are represented on our *Learning from Experience group* which has been established to complement the Trust's governance mechanisms. The Group has a specific remit to consider emerging themes and issues of significance arising from service-user, stakeholder and staff feedback, conduct an in-depth analysis of individual incidents of particular importance to patient care and the manner of service delivery, and ensure the implementation of recommendations arising from action plans in cases of particular importance to the Trust.

22. Monitoring Compliance

Element to be Monitored	Lead	Frequency/ Tool	Reporting Arrangements/ Acting on recommendations	Change in practice and lessons to be shared
Complaints Process	Head of Patient Experiences	Quarterly/ Enquiry and complaints record forms	Learning from Experience Group/ Follow up of deficiency by Director of Corporate Services	Changes to practice within a timescale via <ul style="list-style-type: none"> • Learning from experience bulletins on the internet • Area Governance Committees • ADO meetings • Staff conferences • Patient care news
Completion of outcome forms	ADO's	Bi-monthly (every 2 months)/ Appendix to complains policy	Learning from Experience Group/ Review by Director Assistant Director of Corporate Services	As above
Number of recommendations / Actions incomplete	Sector Lead (to be identified by ADO)	Quarterly/ Action plans recommendation from investigation report/ outcome reports	Learning from Experience Group RCAG/ Director Complaints Course	As above

Implementation Plan

IMPLEMENTATION PLAN	
Intended Audience	For all LAS staff
Dissemination	Available to all staff on the Trust intranet and website
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	Roll out of revised training for all staff on complaints management and investigation
Monitoring	<p>See section 22</p> <p>PED activity reports submitted on a quarterly basis to the Learning from Experience group and then onto the Quality Committee and Trust Board to provide and update on activity and identify emerging themes from service user feedback.</p> <p>Specific areas of interest will be reported to the governance mechanisms described in the policy</p> <p>An annual PED report will be published on the Trust website</p> <p>Audits completed by external auditors as per the agreed audit programme for the year.</p> <p>Liaison with Department of Health, Health Service Ombudsman and any other relevant agency as required.</p> <p>The ethnicity of complainants will be recorded and reported to Learning from Experiences group, including any trends.</p>

LA24 Patient Experiences Record Form

Appendix 1

LA24



London Ambulance Service
NHS Trust **NHS**

PALS REF:

CLOSED:

**PATIENT EXPERIENCES DEPARTMENT
ENQUIRY AND COMPLAINT RECORD FORM**

Date & time of call			PALS Officer	
Date & time of incident			CAD no	
Incident address			Area	
			Station	
			Crew no:	
			Hospital	

Enquirer		Patient	
Address		Address	
Tele: Home		Tele: Home	
Work		Work	
Mobile		Mobile	
E-mail		Age DOB Gender	/ / M / F
Fax		Relationship of caller	
GP & contact details			
PCT/Borough			

Type of enquiry	Request for Information/ Enquiry	Letter of Appreciation	Lost Property	Patient Tracking	Road Traffic Collision	Policy /Procedure	Frequent Caller	Other
Action	LA413 (information requested):			Consent sent:				

Ethnicity Monitoring Form



Patient Experiences Department Ref:

To meet the requirements of the Race Relations Amendment Act (2000) the London Ambulance Service (LAS) is collecting data on a voluntary basis about the ethnicity of users of our services. This is to make sure that all sectors of the community have equal access to the services we provide. This form relates to **USERS** of the Patient Experiences Department.

The classification is entirely voluntary and the level of service you can expect from the LAS will not be affected by your decision to complete this form. The information will be used in anonymised form for service planning and treated in the strictest confidence. The information will be used only by the National Health Service and will not be passed on to other agencies or used for any other purpose.

The 'Ethnic Group' categorisation describes how you see yourself and may be based on culture, religion, skin colour, language and the origins of yourself or your family. It is NOT the same as citizenship or nationality.

We should be grateful if you would complete the monitoring form below by ticking the category which most closely represents the ethnic group and age to which you feel you belong.

AGE GROUP

Under 18	18-30	31-45	46-60	61-75	Over 75
01 White					✓
02 White					
03 White					
04 Mixed					
05 Mixed					
06 Mixed					
07 Mixed					
08 Asian or Asian British					
09 Asian or Asian British					
10 Asian or Asian British					
11 Asian or Asian British					
12 Black or Black British					
13 Black or Black British					
14 Black or Black British					
15 Other ethnic groups					
16 Other ethnic groups					

**Outcome Report**

<i>Date of Incident</i>	
<i>Purpose of Report:</i>	<i>Area:</i>
	<i>Reference No:</i>
<i>Incident Summary</i>	
<i>Summary:</i>	
<i>Recommendations and or actions:</i>	
<i>Outcomes and record of implementation</i>	
<i>Date Recommendation(s) / Action(s) completed:</i>	
<i>Date report completed and supporting information available:</i>	

Completed By: _____ Signature: _____

Appendix 4

Protocol between Patient Experiences Department and Quality Assurance Unit

Purpose

The main themes of the evaluation are to assess whether the 999 call(s) was managed according to protocol and how the call handler approached the call in terms of language, tone etc.

Process

Requests for quality assurance reviews will be placed on the 'X' Drive in the Patient Experiences Department folder titled 'Quality Assurance Unit Reviews'.

Quality Assurance Unit will be notified by email that a request has been added to the folder. The allocated Quality Assurance Unit officer will acknowledge this so as to indicate responsibility for the evaluation.

The evaluation will be completed within 5 working days wherever possible unless extraordinary operational pressure applies, in which case the Quality Assurance Unit manager will notify the Head of Patient Experiences Department.

The report will be emailed to the Patient Experiences Department case officer.

The case officer will send a copy of the final written response to the Quality Assurance Unit officer. Where action is indicated, a copy will be sent to the Control Services Manager and/or Training Department.

Completed cases will be periodically deleted from the Patient Experiences Department 'X' Drive folder.

Materials

It is not necessary for Patient Experiences Department case officers to make available tape recordings as the Quality Assurance Unit can access recordings up to 3 months.

Scope

There is no necessity for an evaluation in the most simplistic cases indicated by the triage matrix used in the Patient Experiences Department assessment.

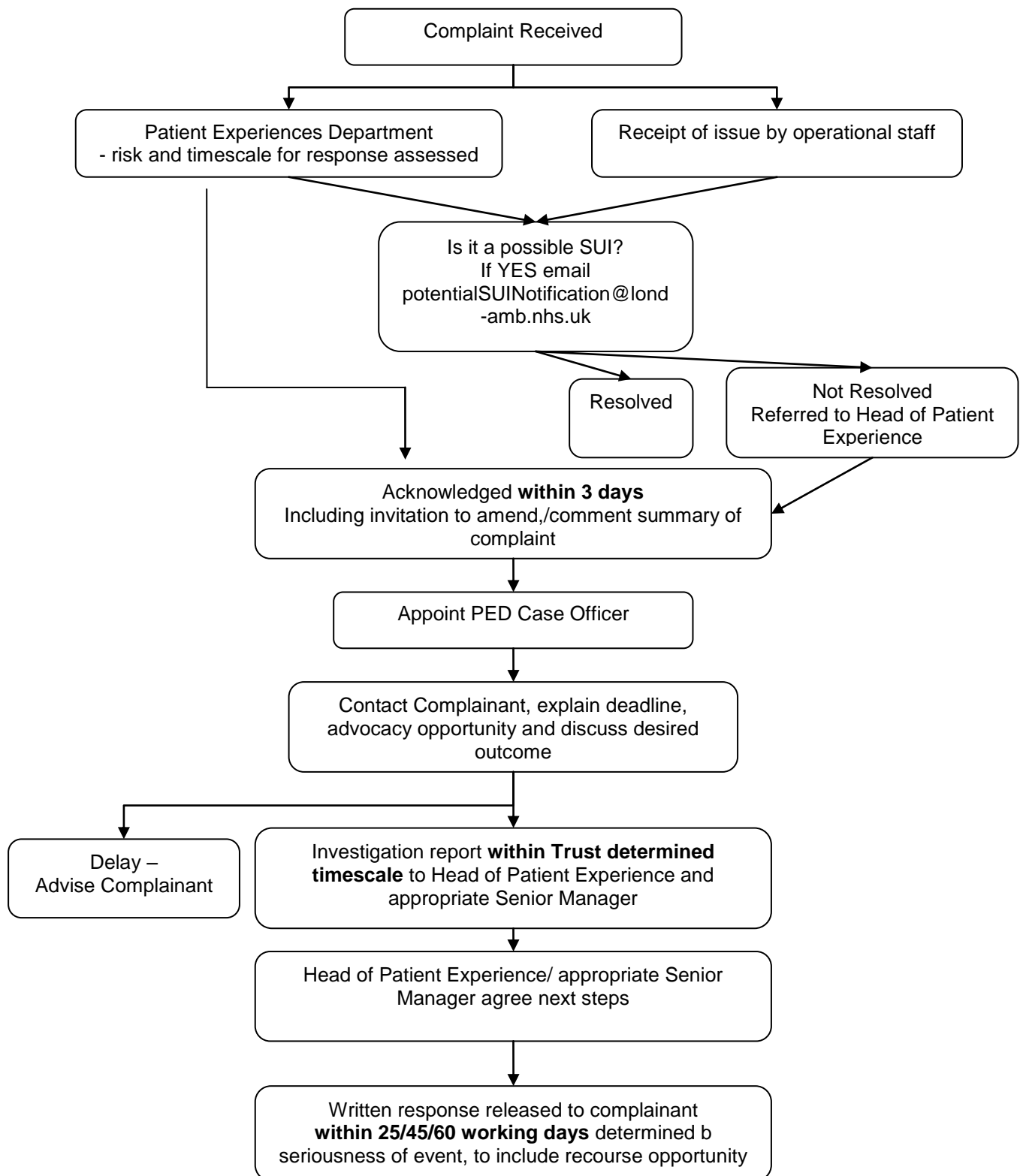
Clinical Telephone Advice

Clinical Telephone Advice evaluations will be undertaken by the Clinical Telephone Advice Quality Assurance Manager using the above process

Governance

Quarterly meetings will be held to monitor activity and ensure the process is operating effectively

Complaints Guidance Flow Chart



Flow Chart for Complaint Resolution

Complaint received in Complaints Department and Acknowledged within three working days

Complaint triaged by Complaints Team

RED

TRIAGE PROCESS
REISK = CONSEQUENCE X LIKELIHOOD

	Rare	Unlikely	Possible	Likely	Certain
Catastrophic	5	10	15	20	25
Major	4	8	12	16	20
Moderate	3	6	9	12	15
Minor	2	4	6	8	10
Non/ insignificant	1	2	3	4	5

CEO to formally acknowledge complaint timescale agreed

Investigation Protocol sent to borough

Formal investigation undertaken

Investigation report quality checked in

Complaints Team formulate response to complaint

CEO sign off

Complaint satisfied

Yes

No

Close

Consider follow up meeting or reinvestigation

Complaint satisfied

Yes

No

Close

Consider follow up meeting or reinvestigation

Yes

No

Take to Complex Complaints Group to agree way forward

Refer to ombudsman

AMBER

COMPLAINT PASSED TO Service Manager for investigation – timescale agreed

Complaint to be addressed via meeting or letter from service

Resolution and learning fed back to Complaints Department

Recommendations fed into local governance structures

Complaint satisfied

Yes

No

Close complaint

Reinvestigate or refer to RED procedure

GREEN

Pass to PALS or service for 'on the spot' resolution in person or by telephone

Complaint satisfied

Yes

No

Close

Reinvestigate or refer to AMBER procedure

