



London Ambulance Service **NHS**
NHS Trust

Complaints Procedure

DOCUMENT PROFILE and CONTROL.

Purpose of the document: to explain to all staff how to manage complaints according to the NHS complaints regulations which are the foundation of the LAS Complaints Policy.

Sponsor Department: Patients Advice and Liaison Service

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
TP/006	Serious Untoward Incidents Policy	
TP / 009	Access to Health Records: Disclosure of Patient information	
	Protection and Use of Patient Information	
TP / 016	Habitual (Vexatious) Complaints Policy	
TP / 022	Freedom of Information Act 2000 Policy	
	LAS Disciplinary Procedure	
	NHS Complaints Regulations (2004 / 2006) Managing Change in the NHS	

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1. Introduction

This procedure is intended to explain to all staff how to manage complaints according to the NHS complaints regulations which are the foundation of the LAS Complaints Policy. The intention is to achieve 'local resolution' in accordance with stage 1 of the above regulations which requires complaints to be satisfactorily resolved by the NHS Trust without the need for external reviews described in stage 2 and 3 of the regulations

2. Specific Responsibilities for Complaints Management

These responsibilities are defined in detail in section 4 of the Complaints Policy. Complaints will be graded when they are first received and all managers involved in dealing with the complaint are expected to regularly grade complaints, using the Risk Matrix in Appendix E, as more information becomes known. Guidance on the use of the matrix may be found in the Risk Reporting and Assessment procedure.

2.1 Board Appointee

2.1.1 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 oversee complaints handling performance in the LAS, ensuring that the Board is regularly updated.

2.1.2 The action plans produced as a result of complaints will form the basis for monitoring service improvements and will be overseen by the Board's complaints "champion".

2.2 Chief Executive Officer

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

2.2.2 The Chief Executive Officer or Deputy during absence will sign all final resolution letters.

2.3 Head of Patient Experience

2.3.1 Develops Trust wide policies, procedures and strategies for the management and investigation of complaints, and develops outcomes for improving patient care as evidence of lessons learnt and action taken to prevent a recurrence. The Head of Patient Experience is responsible for the day-to-day management of complaints and the PALS and Complaints team.

2.4 Assistant Director of Operations.

2.4.1 Responsible for the standard and timeliness of complaints handling within an operational area and is accountable to the Director of Operations.

2.5 Performance Improvement Managers.

2.5.1 Responsible to the Assistant Director of Operations for performance relating to complaints handling within an operational area.

2.6 Complaints Officers

2.6.1 Manage complaints by area, and work under the direction of the area Assistant Director Operations

3. Complaints Procedure

3.1 Local Resolution

3.1.1 Staff are encouraged, in conjunction with their line manager and, if appropriate, PALS, to deal with concerns and requests for information, including those covered by Freedom of Information regulations, to which they can provide an immediate response. If the matter remains unresolved, information about the LAS Complaints Procedure should be provided together with all possible help to access that procedure. Any formal complaint should be forwarded to the Head of Patient Experience immediately.

3.2 Who can make a complaint?

3.2.1 Complaints may be made by a patient or any other person who is affected or likely to be affected by the action, omission or decision of the LAS and any other person, including members of the public who witness a situation that causes concern.

3.3 Complaints may be made in writing (including by electronic means, e.g. email) or orally (in person or via telephone etc.).

- 3.4 A complaint may be made by a person acting on behalf of a person mentioned in section 3.2 in any case where that person;
- 3.4.1 has died,
 - 3.4.2 is a child below the age where consent can be given,
 - 3.4.3 is unable by reason of physical or mental incapacity to make the complaint themselves; or,
 - 3.4.4 is acting on behalf of any person mentioned in section 3.2 at their request – written consent to disclose information must be given by the person on whose behalf they are acting.
 - 3.4.5 In the case of a patient or person affected who has died or who lacks capacity (in the legal sense), the representative must be a relation or other person who, in the opinion of the Head of Patient Experience, had or has sufficient interest in his/her welfare and is a suitable person to act as representative.

4. Time Limits

4.1 Receipt of Original Complaint

- 4.1.1 A complaint should be received by the LAS within six months from the event or within six months of becoming aware of a cause for complaint.
- 4.1.2 Where a complaint is made after the expiry of the period the Head of Patient Experience may investigate it. If s/he is of the opinion that, having regard to all the circumstances, the complainant had good reasons for not making the complaint within that period and, notwithstanding the time that has elapsed, it is still possible to investigate the complaint effectively and efficiently despite the potential loss of information.

4.2 Acknowledgement of a Complaint

- 4.2.1 All complaints must be acknowledged in writing to the complainant within 2 working days of the date on which the complaint was made.
- 4.2.2 Where a complaint is made orally, the acknowledgement must be accompanied by a written record of the complaint (LA23) with a request to the complainant to sign and return it to confirm that the information has been correctly recorded.
- 4.2.3 In the event that the LA23 is not signed and returned, the complainant should be informed that it is assumed that the statement is an accurate representation of their complaint

- 4.2.4 A copy of the complaint and the acknowledgement must be sent to any member of staff identified as the subject of the complaint.
- 4.2.5 The acknowledgement sent to the complainant must include information about the right to assistance from the Independent Complaints Advocacy Service (ICAS).

4.3 Full Written Response to the Complainant

- 4.3.1 A final response to the complaint/s, in writing and signed by the Chief Executive Officer, should be sent within 25 working days of the receipt of the complaint.
- 4.3.2 If it is evident that the complaint cannot be resolved within 25 working days, due perhaps to holidays, sickness etc., a revised response date may be substituted providing that this new date is acceptable to the complainant. In this event, the revised date will be used to calculate compliance to the response target. It will therefore be necessary to comply with the revised response date as if it were the 25 day target. An extension to the 25 day response target should only be sought in exceptional circumstances
- 4.3.3 If the complainant is not the service user and consent has not been given, the response to the complainant should not include any personal details relating to the service user of which the complainant is not already aware.
- 4.3.4 The final response should offer the complainant the opportunity to meet with a senior member of the area management team to discuss the contents of the response in an effort to provide a satisfactory outcome but, in all cases, it must notify the complainant of their rights to refer the complaint to the Healthcare Commission (Stage 2) if they remain dissatisfied. Such meetings may also include attendance of the staff involved in the incident.
- 4.3.5 Copies of the response must be sent to the members of staff referred to in the complaint.

5. Next Stages

5.1 Second Stage – Independent Review

- 5.1.1 If the complainant is not satisfied with the outcome of the first stage of the complaints process or is dissatisfied with the way that their complaint has been handled they may appeal to the Healthcare Commission for a review. This is in accordance with the NHS complaints regulations, known as stage 2.

5.1.2 The second stage of the complaints procedure is handled by the Healthcare Commission. Contact details of the Healthcare Commission should be included in the final response letter to complainants at the end of Local Resolution.

5.2 Third Stage – Health Service Ombudsman

5.2.1 If the complainant does not accept the Healthcare Commission's decision they may appeal to the Health Service Ombudsman. Contact details of the Health Service Ombudsman should be included in the final response letter to complainants at the end of Local Resolution.

6 Habitual or Vexatious Complainants

6.1 Detailed guidance on the management of these complainants is set out in the Habitual or Vexatious Complaints policy - TP / 016.

6.2 Habitual or vexatious complainants are becoming an increasing problem for NHS staff. The difficulty in handling such complaints is placing a strain on time and resources and is causing undue stress for staff who may need support in difficult situations.

6.3 NHS staff are given guidance to respond with patience and sympathy to the needs of all complainants 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.

6.4 It is also recognised that a persistent complainant should receive a just and fair system that ensures that they receive a full response to all genuine grievances and are provided with details of independent advocacy (see separate guidance Habitual or Vexatious Complaints Policy - TP / 016).

7. Mediation/ Conciliation

7.1 The primary objective of Local Resolution is for the Trust to provide the fullest possible opportunity for investigation and resolution of the complaint, as quickly as possible, aiming to satisfy the complainant while being fair to staff.

7.2 Every effort should be made by the Complaints Officer to work with LAS staff in an effort to resolve the issue.

7.3 The process should encourage communication from all parties and the aim should be to resolve complaints at this stage.

7.4 The Head of Patient Experience may, in any case where he/she considers that it would be appropriate to do so and with the agreement of the complainant and staff complained against, arrange for conciliation,

mediation or other assistance for the purposes of resolving the complaint by properly trained and certified professionals.

7.5 The Head of Patient Experience will ensure that appropriate conciliation or mediation services are available and obtain expert advice on the choice between mediation and conciliation that takes into account the very significant differences within these services.

7.6 The mediator/conciliator must be, and be seen to be, impartial i.e. independent of the department/individual under investigation.

7.7 The mediator/conciliator will ensure that a balanced discussion takes place.

7.8 It is essential that parties involved in mediation or conciliation are reassured of and are able to rely on its absolute confidentiality. A record of the agreements reached at the outcome of the process will be recorded but not the discussion leading to these agreements.

7.9 Shuttle Mediation

7.9.1 A process where a mediator meets with the parties separately to understand their concerns, objectives etc relaying these to others, with the object of gaining agreement and understanding.

7.9.2 Shuttle mediation may need to be used when:

7.9.3 There is potential aggression

7.9.4 Parties live or work far from each other

7.9.5 There is a high level of distress

7.9.6 There are wide power differentials

7.9.7 It is the wish of the parties

7.9.8 Due to sickness or disability of any party

7.9.9 It may be possible, after initial discussions with the parties, to move to a face-to-face meeting, which will maximise the benefits of the use of a mediator, allowing immediacy, interaction and empathy. A face-to-face meeting will concentrate the negotiating process and minimise time involved.

7.10 Face to face meetings are:

7.10.1 Advisable only where discussion is possible within a structured environment

7.10.2 Necessary if the opportunity to state concerns in person to a party will give relief and the ability to move on from the events which constitute the concerns.

8 Rapid Resolution of Complaints by Operational Staff

- 8.1 Emphasis is placed on the prompt resolution of verbal complaints through an immediate response by the member/s of staff involved. All members of staff are encouraged to be responsive to concerns expressed by patients, their relatives, carers or members of the general public.
- 8.2 In the event that the member of staff is not able to answer the question or concern, assistance should be sought from the Patient Advice and Liaison Service (PALS) at an early stage. In many cases a PALS officer will be able to provide answers and explanations that will answer concerns and prevent the issue from progressing to the stage of a complaint.
- 8.3 If the complaint cannot be resolved immediately by the member of staff involved consideration should be given by the member of staff to contacting the manager/on call officer at the time of the complaint. It is recognised, however, that this may not be appropriate in all situations.
- 8.4 If a member of staff feels that any concerns expressed by patients, their relatives, carers or members of the general public have not been satisfied, these should be recorded on the appropriate documentation and their line manager informed. This provides the opportunity for these concerns to be promptly followed up with the individual and may prevent a complaint arising.
- 8.5 Although the LAS website and public information leaflet provides guidance for complainants on how to make a complaint or contact a member of staff in PALS and Complaints Department, oral/written complaints may also be received at any Station / Emergency Operations Centre / other departments.
- 8.6 If any oral complaints cannot be resolved immediately it is the responsibility of the member of staff to whom the complaint was made to contact an appropriate manager. If the complaint still cannot be resolved promptly and fully to the complete satisfaction of the complainant it must be formally registered with the PALS and Complaints Department.
- 8.7 When an oral complaint is fully resolved without the involvement of the Complaints Department, the basic details of the complaint and how it was resolved, both in the short and long term, should be recorded on the Complaints Form (LA23) and an investigation outcome report (LA248) must be completed. Both forms must be forwarded to the PALS and Complaints Department.
- 8.8 When an oral complaint is received directly by the Complaints Department, it will be recorded as an oral complaint and managed in

accordance with the principles of the NHS (Complaints) Regulations 2004

9 Complaints Involving the Death of A Patient

- 9.1 Staff may receive complaints from the bereaved at the time of the incident. In these situations staff should be allocated who have received the training necessary to deal with bereaved families in a compassionate and professional manner. Staff should also be confident that support will be provided for them, if required, through calling for the assistance in the first instance of their line manager/on call officer. Where appropriate a Family Liaison Officer will be nominated. The role of the Family Liaison Officer is explained in the Serious Untoward Incident Policy - TP / 006.
- 9.2 If a subsequent complaint is received from a bereaved family the complaints officer should always offer to visit the family. It is important that personal contact with the family should only be made on their terms.
- 9.3 Investigations into complaints concerning deaths that have been referred to HM Coroner must continue in parallel with the Coroner's own investigation.
- 9.4 Refer to the LAS Serious Untoward Incident Policy - TP / 006.

10 Multi – Agency Investigations

(Procedure for dealing with complaints which involve another sector of the NHS, Independent Provider and/or the Local Authority)

10.1 Single Sector Complaints

- 10.1.1 If a complaint is received which relates to another sector of the NHS, an independent provider, a Primary Care Service practitioner or the Local Authority, the following process should be followed.
- 10.1.2 In this context "receiving officer" relates to the officer receiving the complaint from the complainant, "appropriate officer" relates to the officer who is responsible for ensuring the complaint is investigated.

10.2 Written Complaints

- 10.2.1 The complaint should be acknowledge, in writing, within 2 working days of receipt.
- 10.2.2 The acknowledgement letter should include details of the individual to whom the complaint has been passed (name, title, organisation, address, telephone number etc)
- 10.2.3 If the complainant/patient's consent to refer to another agency has not been given, this should be sought before the complaint is forwarded.

- 10.2.4 The letter of complaint and copy of acknowledgement should be sent with a covering letter to the appropriate manager at the second agency within 2 working days of receipt/consent being received.
- 10.2.5 It may be considered good practice to make a telephone call to the manager to whom the complaint is being sent to ensure that absences due to sickness or holidays etc. may be taken into account.
- 10.2.6 Where the receiving officer has any doubts as to the identity of the appropriate investigating officer telephone enquiries should be made to ensure the matter is being referred correctly.

10.3 Oral Complaints

- 10.3.1 Where a complainant enquires how to lodge a complaint with another organisation, the receiving officer or member of staff should give either:
- a. details of the appropriate officer's name, organisation, address, telephone number or
 - b. offer to ask the appropriate officer to contact the complainant. In this case the complainant's full details, including telephone number, should be taken and passed to the appropriate officer within 1 working day.
- 10.3.2 Where the complainant makes a statement of complaint, the receiving officer or member of staff should offer to pass the details of the complaint to the appropriate officer, either:
- a. by telephone within 1 working day. This should then be confirmed in writing, or.
 - b. in writing, within 2 working days, setting out the basis for the complaint.
- 10.3.3 This letter should be copied to the complainant with a covering note confirming details of where the complaint has been sent and inviting them to sign the statement if this has not already been done.

10.3 Multi-Sector Complaints

(Complaints involving more than one health service provider)

- 10.4.1 Where a complaint spans more than one health service provider, discussions should take place between the relevant Head of Patient Experiences, in conjunction with the complainant, as to whether the issues should be handled separately or as part of a joint response. In

the case of a joint response, one officer should be nominated to co-ordinate the investigation and to be the main point of contact for the complainant during the investigation. The complainant should be provided with details of how the investigation will take place and that appropriate NHS timescales should apply.

10.4.2 Joint responses should generally be jointly signed by the respective Chief Executives.

10.4.3 Should the complaint involve a family health service practitioner, that practitioner will retain the right to act independently. It may be necessary to obtain advice from the Primary Care Trust responsible for General Practitioner contracts in that area.

10.5 Health and Local Authority Complaints

10.5.1 This section of the procedure covers complaints received by the London Ambulance Service NHS Trust and any other part of the NHS or Local Authority which relates to:

- a) a jointly managed service, or
- b) when a complaint concerns the services of both agencies.

10.5.2 The Procedure

10.5.3 When a multi-agency complaint is received by either an NHS agency or the Local Authority, the Head of Patient Experience of the receiving authority will:

- a. agree a written statement of complaint with the complainant if this is not already available.
- b. acknowledge the complaint in writing within 2 working days.
- c. send a copy to the other agency's complaints officer within 2 working days of receipt.

10.5.4 Within 5 working days of receipt of the complaint the Head of Patient Experiences should discuss the most effective way forward, ensuring that the complainant agrees with the approach used to investigate his or her complaint. The method of investigation will take into account the NHS complaints procedures and those adopted by the relevant department of the Local Authority.

Examples are:

- a. sharing a conciliator

- b. appointing a co-ordinator to oversee and collate all aspects of the complaint investigation
- c. using the “Independent investigator” approach in the case of a complaint linked with Social Services.

10.5.5 The agreed process, with time scales, should be clearly documented by all concerned.

10.5.6 One of the officers should be nominated to take the lead to ensure that the complainants issues have been fully and fairly investigated and be the main point of contact for the complainant during the investigation.

10.5.7 Once the findings of the investigation are known relevant senior staff from each organisation involved should:

- a. collectively decide on action as a result of the complaint. One of the main objectives of a complaints investigation is to highlight where services can be improved. Complaints relating to both health and local authority services are likely to identify areas of joint responsibility which need to be discussed and reviewed.
- b. agree how the actions arising from the complaint will be monitored.
- c. agree the response to accompany the report to the complainant and decide who will sign the letter. It is recommended that in most cases it will be a jointly signed response.

11 Staff Training

11.1 It is essential that all staff have the appropriate training to provide them with the skills to be able to confidently and professionally fulfil their role within this procedure.

11.2 Lessons learned from complaints and PALS issues should be used in Patient Focus training for staff as part of induction and other training events.

12 Concerns raised by staff

12.1 If staff wish to voice concerns about services they will be helped to raise these through appropriate channels, for example, with line managers or through the Whistle Blowing Procedure.

13 Support for Staff

13.1 Staff who are the subject of a complaint

13.1.1 The LAS is committed to developing a 'blame free culture'

13.1.2 The LAS will be tolerant of mistakes which are handled openly, reflectively and where lessons are learned.

13.1.3 Staff will be informed of the details of any complaint made against them, have the opportunity to answer the complaint, and be kept informed of the progress of the complaint and its outcome by their manager.

13.1.4 Staff working in services where public expectations are higher than actual resources may find that even with the most positive attitude; it is not easy to be on the receiving end of relentless complaints and remain motivated. The service will give full commitment to supporting such staff in any way possible.

13.1.5 The service does not expect staff to tolerate any form of abuse from service users or others during complaint management.

13.2 Staff investigating complaints

13.2.1 Staff investigating complaints will be provided with support and guidance by their line manager.

14 Disciplinary Procedures

14.1 The Complaints Procedure is only concerned with resolving complaints and not with investigating disciplinary matters. The two procedures are entirely separate.

14.2 However, an investigation into a complaints can occasionally reveal the need for investigation under the disciplinary procedure. In such an event the complaints staff will not be involved in any disciplinary investigation.

14.3 A final response to the complaint will be sent to the complainant within 25 working days that answers all issues that have been raised. The complainant should be advised that further investigations will take place under the LAS Disciplinary Procedure that may result in disciplinary action being taken. The complainant should also be advised that the LAS will write again to advise on the outcome of the disciplinary investigation and any action taken. The complainant should be advised in this final letter that they may refer their concerns for stage 2, independent review within six months of the date of the final letter.

- 14.4 It is important that the complaint is investigated and a final response sent and this may occur simultaneously with a disciplinary investigation.

15 Complaints and Litigation

- 15.1 In accordance with the NHS Complaints Regulations 2004, updated in 2006, the Complaints Procedure will no longer apply where a complainant explicitly indicates an intention to take legal action.

16 Access to Health Records

- 16.1 There may be occasions when the service will need to obtain copies of records held by another NHS body. The patient should be asked to sign a certificate of authorisation to enable the records to be accessed. To avoid delay, such a request should be made at an early stage of the investigation.

17 Complaints about Freedom of Information and the Data Protection Act

- 17.1 Complaints about Freedom of Information or those relating to the Data Protection Act are not dealt with through the NHS complaints procedure.
- 17.2 Any complaints of this nature will be forwarded to the appropriate manager for investigation through the relevant procedures.

18 Staff Safety

- 18.1 Staff are not expected to put themselves in situations where they feel they may be at risk when dealing with complaints.
- 18.2 Abuse, harassment or violence of any kind towards members of staff will not be tolerated. Personal contact will be withdrawn from any individual who acts in this way.
- 18.3 Staff will not be expected to undertake home visits or to meet people on their own if they feel themselves to be at risk. Alternative places to meet may be arranged and they may take a colleague with them.
- 18.4 Staff undertaking home visits will leave the address with a colleague. Details of their expected return to the office or time when they will contact the office should be left. If no contact is made another member of staff will be entitled to access the address and take appropriate action to ensure their colleague's safety.

19 Retention of Records

- 19.1 Complaints files relating to LAS complaints investigations will be securely retained by the Trust for a minimum of 10 years.

20 Meeting with Complainant Following Receipt of a Complaint.

- 20.1 Following receipt of a complaint, consideration should be given to meeting the complainant. This may assist in gaining an understanding of all aspects of the complaint and provide an opportunity to agree the most appropriate way to deal with the issues.
- 20.2 Meetings should be offered, not imposed, and should comply with the wishes of the complainant in respect of the time of the meeting, location and whether they require the presence of another person etc.
- 20.3 It is important that the complainant agrees to and fully understands the purpose of the meeting.
- 20.4 Where it is felt that a meeting will prove beneficial to the handling of the complaint this should take place at the earliest possible time.
- 20.5 The meeting should aim to confirm the exact nature of the complaint, listing all aspects of concern. It is recognised that new issues may be identified at such a meeting and others may be withdrawn. Any evidence that may be available should be collected to assist in the resolution of the complaint
- 20.6 Ensure that the complainant is aware of the stages of the complaints procedure and the help that is available to them and how they may access that help.
- 20.7 It is appropriate to provide information, if this is requested, that may serve to explain what went wrong. Do not become defensive or engage in conjecture – stick to the facts. It is important to remember that some complainants may be anxious or intimidated. All information provided to the complainant at the meeting must be followed up in writing within 48 hours and this should accurately reflect all the points discussed.
- 20.8 An apology does not constitute an admission and should be made with all sincerity. The complainant has perceived that the service they received fell below the standard that they expected in some way. An apology will often help in the process of resolving concerns.
- 20.9 The complainant should be encouraged to state their expectation for a satisfactory resolution of their concerns. You should be prepared to discuss expectations and attempt to negotiate a mutually acceptable outcome.

- 20.10 Complainants have a right to be involved in the decision on how their complaint will be dealt with. You should discuss all available options and seek to agree a mutually acceptable method.
- 20.11 The complainant should be asked to sign an authority to access their health records if the need to do so is apparent.
- 20.12 The complainant should be advised that the NHS Complaint Regulations normally require that a complaint is resolved within 25 working days. In the event that it appears that this time-frame cannot be achieved, discuss the possibility of an extended time-frame. It is important to be realistic but, if the complainant agrees to a longer period to resolve the complaint, this supersedes the normal time-frame.
- 20.13 Document all aspects of the meeting and summarise/agree the points that have been discussed and agreed. Ensure that the complainant fully understands the next steps in the process and has a clear picture of what to expect.

21 Root Cause Analysis

- 21.1 To ensure that lessons are learnt from complaints it is necessary to establish the underlying or root cause. Root Cause Analysis is a technique to facilitate analysis of problems in order to identify the causes of the problems. In some cases the cause of the complaint may become known through the process of investigation but in other cases it may be necessary to employ a recognised methodology to fully understand the true or underlying cause. In such cases it will be necessary to undertake a detailed analysis to establish the root cause.
- 21.2 Asking the questions “why” five times is one way to identify the ‘true’ or ‘root’ cause of a problem. It encourages thinking beyond the first obvious cause which arises. Using the technique can help to analyse the situation and involves a process flow or a ‘chain reaction’ in order to identify what is behind or at the root of the issue.
- 21.3 Observe the rules as follows:
 - 21.3.1 Only one potential major cause can be analysed at a time
 - 21.3.2 As with brainstorming, all ideas must be considered.
- 21.4 Write down the problem and the question “why” five times in sequence.
- 21.5 Write down what is considered as a potential cause of the problem. (If there are a number of potential causes, this process should be repeated for each one).
- 21.6 Consider what is contributing to the potential cause – write down one explanation.

- 21.7 Continue until the question “why” has been answered five times or until an explanation has been arrived at.
- 21.8 Example: Problem: Newly discharged patients are not being seen by the District Nurse within required time frames.
- 21.8.1 Why?: Cannot fit patient into the schedule.
- 21.8.2 Why?: Didn’t know about patient before other visits were arranged.
- 21.8.3 Why?: Hospital didn’t provide sufficient notice of patient’s needs and discharge data.
- 21.8.4 Why?: Hospital doesn’t realise the amount of notice required.
- 21.8.5 Why?: District Nursing hasn’t informed the hospital of time required to arrange schedule to accommodate new patient.
- 21.9 The Five Whys is an approach recommended in “Managing Change in the NHS – Making Informed Decisions on Change – key points for Health Care Managers and Professional”, published by the National Co-ordinating Centre for NHS Service Delivery and Organisation Research and Development (Appendix A).

IMPLEMENTATION PLAN	
Intended Audience	For all LAS staff who are responsible for creating or managing Health Records
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	Revised training for all PALS/ complaints staff in the light of MEC programme and changes to legislation due in April 2009. Trust wide communications strategy
Monitoring	Liaison with DH – the LAS are an early adopter under MEC programme Feedback and data collected from stakeholders during the management of complaints will be an intrinsic part of the Making Experiences Count programme. Themes and trends identified will be used to support learning and improvement plans for the organisation.

ROOT CAUSE ANALYSIS AIDE MEMOIRE

What is the Problem?

What are the causes of the problem?

Why?

Why?

Why?

Why?

Why?

Appendix B

Some services that can advise on complaints handling (internal and external) –
CONTACT LIST

Health Service Ombudsman

Millbank Tower
Millbank
London SW1P 4QP

The Healthcare Commission

FREEPOST NAT 18958
Complaints Investigation Team
Manchester M1 9XZ
Tel: 0845 601 3012
Fax: 020 7448 9180
E.mail: complaints@healthcarecommission.org.uk

Independent Complaints Advocacy Service

(ICAS)
Tel: 0845 120 3784

London Ambulance Service NHS Trust

Complaints Department
St Andrews House
St Andrews Way
London
E3 3PA
Tel: 020 7921 5277
Fax: 020 7921 5299
E.mail: PSU@lond-amb.nhs.uk

Patient Advice and Liaison Service (PALS) and Comaplnants

London Ambulance Service NHS Trust
St Andrews House
St Andrews Way
London
E3 3PA
Tel: 020 7887 6678
Fax: 020 7887 6655
E.mail: pals@lond-amb.nhs.uk

Patients Forum for the London Ambulance Service

Tel: 020 7619 0919
Email: PatientsForumLAS@aol.com

DATE OF INCIDENT Investigation Outcome Report
AREA/DEPARTMENT

INCIDENT SUMMARY:
(INCLUDE BRIEF BACKGROUND / WHAT IS THE MAIN ISSUE?)

SUMMARY:
(WHAT ARE THE MAIN DECISION POINTS AND OUTCOMES ARISING FROM YOUR RESPONSE TO THE INCIDENT?
REFER TO WHAT METHODOLOGY YOU HAVE USED (E.G. ROOT CAUSE ANALYSIS)

RECOMMENDATIONS AND/OR ACTIONS ARISING FROM THE INVESTIGATION:
(ARE THERE A SET OF ACTIONS READY TO BE IMPLEMENTED)

DATE RECOMMENDATIONS / ACTIONS IMPLEMENTED
(ATTACH ANY FORMAL RECORD OF MEETING WITH STAFF, E.G. A & G PROFORMA, TRAINING RECORDS, LETTER FROM DISCIPLINARY HEARING)

OUTCOMES:
(WHAT ARE THE OUTCOMES RESULTING FROM DEBRIEFING STAFF DIRECTLY INVOLVED IN THE INCIDENT?)

1 LEARNING POINTS FOR STAFF (IF APPROPRIATE)

2 LEARNING POINT TO BE SHARED TRUST - WIDE

DATE AND SIGNATURE OF PERSON WHO COMPLETED THE REPORT WITH SUPPORTING INFORMATION:

DATE: _____ **SIGNATURE:** _____

PRINTED NAME: _____

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DATE REPORT WAS APPROVED BY THE SENIOR MANAGER

DATE: _____ **SIGNATURE:** _____

PRINTED NAME: _____

Risk Grading Matrix

To score a risk, the Impact axis is used to determine the impact of the risk on the Trust. The likelihood of the risk occurring is determined using the horizontal axis. The coordinate box on the Matrix is where the two definitions meet and this multiplies in numerical value, which is the risk score. For example, if the risk is defined as having a major impact using the vertical axis, and the descriptor for the risk selected on the horizontal axis is possible, then the scoring of that risk is 12 (i.e. 4 is Major X 3 is possible = 12, this is your risk score.)

Banding of the risk is based on the chance of it happening again. This is described on the diagram as the Likelihood of Recurrence using four grading bands, low, moderate, significant and high. Therefore, 12 is a significant risk.

To monitor treatment of the risk, actions are implemented and their effect of measuring the risk is measured on using the matrix again.

LAS RISK GRADING MATRIX

		Risk Scoring				
Impact						
Catastrophic	5	10	15	20	25	
Major	4	8	12	16	20	
Moderate	3	6	9	12	15	
Minor	2	4	6	8	10	
None	1	2	3	4	5	
Descriptor	Rare	Unlikely	Possible	Likely	Certain	
Frequency/ Likelihood Descriptor	Will only occur in exceptional circumstances	Unlikely to occur more than once annually	Reasonable chance of occurring	Likely to occur	More likely to occur than not	
Grading Bands	1-3 = LOW	4-6 = MODERATE	8-12 = SIGNIFICANT	15-25 = HIGH		
		Likelihood of Recurrence				



Complaints Handling

Guidance Notes

For Managers

London Ambulance Service NHS Trust

A guide for dealing with complainants

A complaint is an expression of dissatisfaction, when expectations are not met. All users of our services have the right to complain.

Where possible, deal with a complaint immediately.

Take responsibility for it.

Complainant Satisfied

You may choose to write up a file note for future reference for improvements to the service, or in case the complainant comes back again, so that you can remember what happened, and it is documented. It is helpful if a copy is sent to the Complaints Department at Bow.

It is important that you document lessons learnt as a result of the complaint and that these are cascaded service-wide.

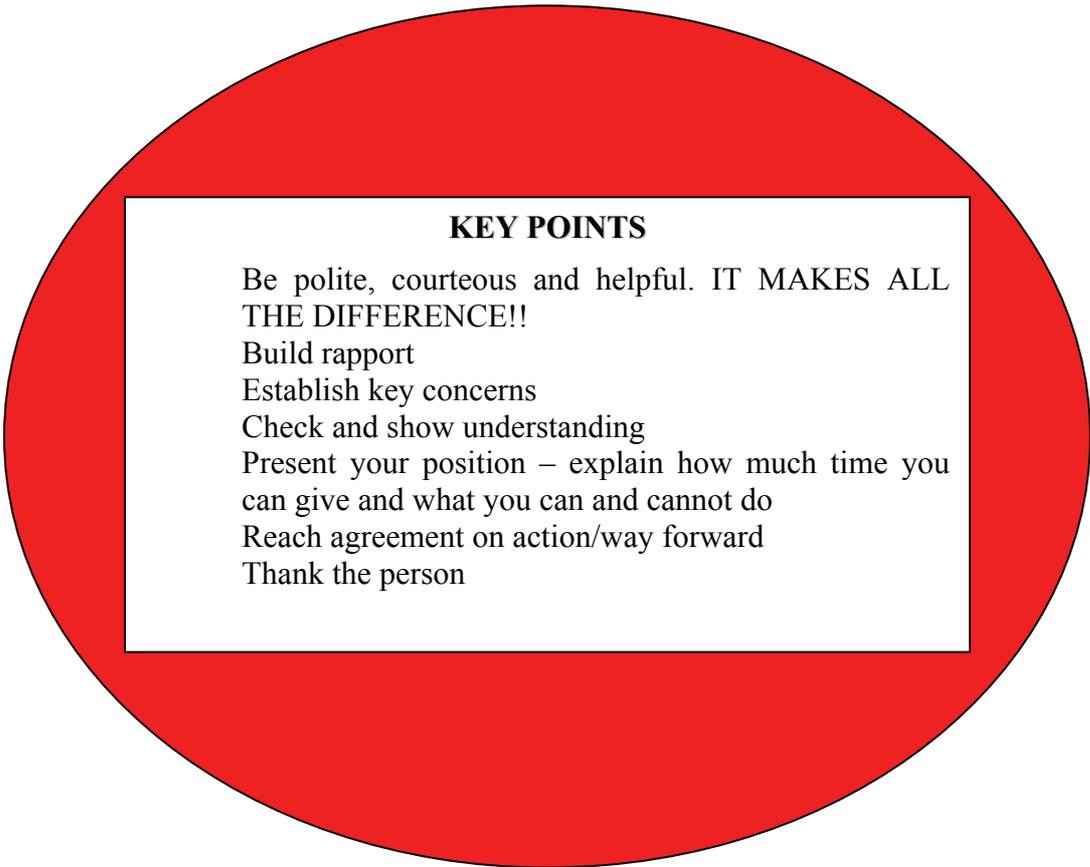
Complainant not Satisfied

Consider if a more senior person may be able to assist them. If not write file note and see below

If you are not able to take action to resolve the complaint or pass it to someone who can, please:

Contact the complaints department, preferably by telephone or by email and pass all relevant details of the complaint and the actions you have taken to try to resolve the issues.

Explain to the complainant that their concerns will be registered and acknowledged within 2 days. They will then be investigated and responded to within 25 days.



KEY POINTS

Be polite, courteous and helpful. IT MAKES ALL THE DIFFERENCE!!

Build rapport

Establish key concerns

Check and show understanding

Present your position – explain how much time you can give and what you can and cannot do

Reach agreement on action/way forward

Thank the person

INVESTIGATING COMPLAINTS

The Assistant Director of Operations (ADO) for each geographic area or in Control Services is responsible for the handling of all complaints within their area. They will ensure that each complaint is assigned to an appropriate manager for investigation without delay. Should a complaint involve staff from more than one area, the Investigating Officer will, most likely, be from the area with the most significant involvement. It is the responsibility of the Investigating Officer to liaise and obtain relevant information from any other areas or departments involved.

A copy of the complaint and available supporting paperwork will be e-mailed to the Officer assigned to investigate the complaint following receipt by the Chief Executive/Complaints department.

The Investigating Officer will:

- Ensure all complaints are investigated to an appropriate level of thoroughness before the response is drafted
- Assist, whenever possible in obtaining ethnicity details to enable the service to monitor complaints statistics and ensure that we are reaching all diverse groups in London.
- Request the patient's medical records (if necessary and not already requested)
- Obtain as much information as is necessary by reference to medical and other records
- Identify the staff involved in the complaint and any others able to assist in the investigation or from whom information and/or explanation is necessary
- Advise all relevant staff of the complaint and of their part in its resolution
- Obtain accurate signed reports/statements from all involved including the complainant!
- Advise the Medical Director and obtain a clinical opinion where necessary if the complaint merits this level of involvement.
- Liaise with and obtain relevant information from all other relevant departments
- Where necessary amend the grading of the complaint and advise the Head of Patient Experience of any serious concerns which come to light
- Draft a comprehensive response to the complainant on behalf of the Chief Executive – to be approved by the ADO before being sent for signature.
- Identify the root cause(s) of the complaint. Investigation of the complaint may identify unsafe practices, procedures or aspects of clinical practice requiring remedial action. Root cause analysis or any other suitable method must be conducted to establish the underlying causes of the complaint and to implement systems to prevent a recurrence.
- Implement and follow up any actions arising from the complaint
- Ensure a systematic review of complaints after closure takes place.

Responding to Complaints

These guidance notes have been produced to assist Trust staff responsible for drafting complaints responses. It outlines the Trust's commitment to ensuring that complainants receive appropriate, timely and constructive responses, which address their concerns and provide information on options for further action. Great care needs to be taken when drafting responses. Here are some shortcomings we have identified in responses we have received.

Complaints responses

- **ARE SOMETIMES POORLY WRITTEN IN TERMS OF VOCABULARY AND GRAMMAR.**
- **ARE OFTEN DEFENSIVE RATHER THAN CONSTRUCTIVE.**
- **DO NOT ANSWER ALL OF THE POINTS RAISED IN THE COMPLAINT.**
- **DO NOT INCLUDE APOLOGIES WHEN APPROPRIATE.**
- **DO NOT INCLUDE DETAILS THAT DEMONSTRATE THAT AN INVESTIGATION HAS BEEN UNDERTAKEN OR WHO CONDUCTED THE INVESTIGATION.**
- **DO NOT INCLUDE FEEDBACK FROM STAFF STATEMENTS TAKEN DURING THE INVESTIGATION.**
- **DO NOT ACKNOWLEDGE STATEMENTS FROM COMPLAINANTS.**
- **DO NOT MENTION ANY FOLLOW UP OR REMEDIAL ACTION TAKEN OR TO BE TAKEN.**
- **FOR COMPLEX COMPLAINTS THERE MAY BE NO SUGGESTION OR OFFER OF A MEETING WITH COMPLAINANTS.**
- **DO NOT INCLUDE OPTIONS FOR FURTHER ACTION.**
- **ARE DELAYED WITHOUT GOOD REASON.**
- **OFFER NO APOLOGY FOR SUCH DELAYS**
- **INCLUDE AN UNNECESSARILY LONG CHRONOLOGY OF CARE.**

This Results in

- **THE CHIEF EXECUTIVE RETURNING THE RESPONSE LETTER FOR REDRAFTING.**
- **DELAYS IN MEETING THE 25 WORKING-DAY TARGET WHEN REWRITES ARE REQUIRED.**
- **ADVERSE INVOLVEMENT OF EXTERNAL BODIES, MEDIA, MPS, ETC.**
- **CASES BEING REFERRED TO THE HEALTHCARE COMMISSION.**
- **CASES BEING REFERRED TO THE OMBUDSMAN'S OFFICE.**
- **DISSATISFIED COMPLAINANTS/FURTHER CORRESPONDENCE (MORE WORK FOR YOU!).**
- **PROBLEMS IF CASES ARE REFERRED FOR LITIGATION.**
- **PROBLEMS FOR CLINICAL RISK MANAGEMENT.**

Think of the positive value of complaints

- **THEY ARE A MEASURE OF QUALITY (OR LACK OF IT)**
- **THEY ARE A CATALYST FOR CHANGE**
- **THEY AID FUTURE PLANNING**
- **THEY REFLECT THE OPINIONS AND VIEWS OF OUR USERS**
- **THEY PROJECT THE IMAGE OF THE ORGANISATION**
- **THEY CAN BE AN EARLY WARNING SYSTEM**

Steps to a good response

1. Read the complaint and identify the key issues.
2. Address each issue as identified by the complainant.
3. Think of what the complainant wants, not you think needs answering.
4. Give explanations.
5. Avoid using complex medical terminology or being verbose.
6. Apologise if necessary.
7. Imagine you are speaking to someone.
8. Outline action taken to prevent the event occurring again.
9. Write as much as possible in active not passive tenses e.g. 'We will send a report to your doctor.' rather than 'A report will be sent to your doctor.'
10. Leave the complainant feeling that they have been taken seriously and their concerns have been listened to and acknowledged.
11. Avoid being patronising or too defensive.
12. Ensure that all facts are correct.

How to ensure the tone of your response is right

- If the tone of your complaint response is in jeopardy of showing a negative view of complaints then it may be better to allow someone else to read it to see if they pick up a negative tone. (This practice is actually recommended for all final responses).
- Take the time to do a personal check, where you step out of your role and put yourself in the shoes of the complainant to see if you have satisfactorily answered the complaint. Look at the situation from their point of view - **would you be satisfied with the response?**
- It is the responsibility of the Assistant Director of Operations to ensure final response letters cover all points raised by the complainant, as far as possible, and identify where, if any, changes have been made as a result of the complaint. If there is a reason why a specific issue cannot be addressed this should be stated.
- Remember to:
 - Address the reader directly,
 - Keep sentences short and simple,
 - Explain any abbreviations and medical terminology
 - And avoid NHS jargon.

What leaves the complainant dissatisfied?

- Not addressing or answering key points.
- Not acknowledging feelings / perceptions.
- Responses which are too technical, patronising or defensive.
- Responses with a chronology of care not relevant to the concerns raised.
- Factual inaccuracies and silly mistakes.
- Trying to impress by using complex language to 'show off'
- Probably, the most important point:

No details of appropriate changes or improvements are given.

Suggested complaint response template

Private and Confidential

Complainants name
and address

Date

Our ref:

Dear

I am writing to you
(in response to your letter dated in which you highlighted the following issues as a formal complaint) (following the Trust's investigation into your complaint)
(further to your letter addressed to, dated.....)
Etc.

Consider an apology at this stage.

I understand that you met with *(John Smith)* the manager assigned to investigate your concerns on ..date.. and confirmed the following points: a., b., c. etc. *(List all points raised in the complaint)*

As agreed at that meeting, your concerns have been investigated by *(John Smith)* who referred to all the documentation relating to this matter, monitored the recordings of all relevant telephone conversations into our Emergency Operations Centre and interviewed all staff involved in the incident. In addition, your medical records were sent to Dr Fionna Moore, our Medical Director, for review and opinions sought from an independent paramedic practitioner from another ambulance service *(State how the investigation was conducted and who undertook the investigation)*. John Brown, the Assistant Director of Operations responsible for this area of London, oversaw the investigation.

The investigation *is now complete (if response is over 25 days deadline remove last four words and add)*, who would like to apologise for the delay in responding to your concerns this was due to / staff AL/ need for thorough investigation etc....

We have taken the issues you raised very seriously, investigated them thoroughly and I am now able to respond.

Main body of letter to include:

- **Appropriate personalisation.**
- **Responses to each issue raised by the complainant following the formula of:**

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- **Brief outline of what happened for each issue, *where appropriate***
- **An apology if the complaint is justified or apology for perception**
- **The action that will be taken to prevent a future reoccurrence, improve or change systems/policies etc and the timescales (see overleaf).**
- **Explanation of any medical terminology used**
-
- **Any complaint relating to a deceased patient must include condolences.**
- **Ideally responses to be a maximum of three pages long.**
- **Responses to be checked to ensure they are high quality and that they include the correct name and address etc**

In conclusion the Trust will be taking the following actions in relation to the issues you have raised. **Here you must add – actions to be taken, timescales and who is responsible.** (These actions must then be monitored and followed up!).

Once again, please accept my sincere apologies for any upset or distress that was caused to you (if complaint wasn't justified, change to upset or distress you felt).

I can assure you that we will make every effort to ensure that any contact you may have with our services in the future will prove to be satisfactory.

I hope that I have addressed your concerns, however if you require further information or if you wish to discuss this response further, please write to (Assistant Director of Operations or person who did investigation) or contact him/her on 020 8xxx xxxx. **Add the following sentence if felt appropriate *She/He will then be pleased to provide you with more details, discuss your concerns or arrange a meeting with relevant staff.*** Should you remain dissatisfied with our response to your complaint or the manner in which your concerns were dealt with, it remains open to you to write to the Healthcare Commission etc etc.

I should also like to take this opportunity to thank you for contacting us about your concerns. The opinions of those who use our services give us valuable insight into the patient care that we provide and areas where improvements might be made. (Consider adding 'I trust that (xxxxxx) has now recovered from his illness/accident etc)

Yours sincerely

Peter Bradley CBE
Chief Executive Officer

(Check letter for spelling/grammar/punctuation and that it is factually correct before sending for signature!!)

Helpful Phrases for Complaint Responses

FOR THOSE STAFF NEW TO DRAFTING RESPONSES THE FOLLOWING PHRASES MAY PROVE HELPFUL

I write further to your letter dated

John Smith who has been investigating your concerns, would like to apologise for the delay in responding to you. This was due to

In discussion with ...,

I was sorry to hear that you were unhappy with

I am sorry if you found [xx] to be upsetting, as this was not the intention.

The normal practice is [xx]. I am sorry that in this instance this did not occur.

I apologise for any additional anxiety this caused.

As a result of your letter ...,

I trust that my letter has answered the issues you raised and I sincerely regret that this situation arose.

It is always our intention to provide excellent and responsive care for patients and I am sorry if this was not the case.

Your experience of our services falls short of the standards we set for patient care and I would like to apologise, as would all the staff concerned, for the stress and anxiety this experience has caused you.

[X] would like to apologise if the [paramedic/technician] appeared rude at any time during the conversation with you. [He/She] would like assure you that this was not [his/her] intention.

If you require further information or wish to discuss this response further, please write to [X] or contact [her/ him] on

[X] will be pleased to write to you with further details, discuss your concerns or arrange a meeting with relevant staff.

I should also like to take this opportunity to thank you for bringing this to my attention. The opinions of those who use our services give us valuable insight into the patient care and services that we provide and areas where improvements are required.

FINAL RESPONSE CHECKLIST

Letter is in Times New Roman 12, on headed/footed paper and is well presented on the page (correct header/footer and margins etc)	
Letter is marked ' Private and Confidential '.	
Name and address are correct!	
If original concern was sent/made to CEO etc, this is acknowledged in the response	
Details of who undertook the investigation are given.	
An apology is given if the response is overdue and an explanation for the delay.	
An apology is included.	
Each of the points the complainant has raised have been addressed with a full explanation or the reason(s) have been given why it is not possible to comment on a specific matter.	
Specific details about how the investigation was conducted are included, e.g. who was interviewed, and what was discovered etc	
Details of action, improvements or changes made as a result of the complaint are given. (These should be listed in an outcome report (LA248) sent to the complaints department when completed.)	
Any positive comments are acknowledged.	
The name and telephone number of the ADO, Performance Improvement Officer or Investigating Officer (usually the complaints officer in each area) are given for further queries/discussion.	
An offer to meet the complainant with the key staff involved is included, when appropriate.	

<p>The mandatory paragraph on the complainants right to access the second stage of the complaints procedure (Healthcare Commission) is given but care is taken to make it clear that this is not the only option open to them!</p>	
<p>Check the letter for mistakes or inconsistencies e.g. Dr Brown then David Brown or Mr Brown</p>	
<p>Will the response make sense to the complainant? (Check for complex sentences, grammar and medical jargon).</p>	
<p>Is the balance right between being too personal or too factual?</p>	
<p>Remember, the response will be signed by the Chief Executive.</p>	
<p>DO NOT include detailed clinical information, if response is to a third party, unless patient authorisation has been obtained.</p>	

GUIDELINES FOR STAFF ON WRITING STATEMENTS, SUMMARIES OF DISCUSSIONS AND FILENOTES

1. Introduction

With an increasing number of complex queries and complaints, it is becoming more common for staff to be asked to provide statements, as a result of a complaint/claim/untoward incident. When writing a statement, it is important to remember that, although the majority of statements will go no further, your statement may be copied to the complainant or used as evidence in defending a legal claim. Please remember, however, that the Trust indemnifies its entire staff and will be responsible for any complaint and claim made.

PERSONAL INFORMATION

YOUR STATEMENT SHOULD INCLUDE:

- **YOUR FULL NAME AND SERVICE ADDRESS**
- **YOUR PROFESSIONAL QUALIFICATIONS, GRADE AND RELEVANT EXPERIENCE IF APPROPRIATE**
- **YOUR CURRENT POST**
- **THE POST HELD AT THE TIME OF THE INCIDENT**

DO'S

- **USE CHRONOLOGICAL ORDER AND ENSURE LEGIBILITY.**
- **STICK TO THE FACTS. MAKE CLEAR WHAT PART IS FROM MEMORY, WHAT PART FROM THE NOTES AND WHAT PART FROM YOUR RECOLLECTION OF YOUR STANDARD PRACTICE AT THAT TIME.**
- **IDENTIFY OTHER STAFF INVOLVED.**
- **AVOID AMBIGUOUS STATEMENTS.**
- **MAKE IT AS SIMPLE AS POSSIBLE, EXPLAINING ANY DIFFICULT TERMS OR ABBREVIATIONS. NON-MEDICAL PEOPLE MAY NEED TO READ IT.**
- **COMMENT ON ANY ALLEGATIONS MADE CONCERNING YOUR INVOLVEMENT.**
- **BE AS DETAILED AS POSSIBLE, GIVING DATES, TIMES, LOCATIONS AND AMOUNTS.**
- **AIM TO RESPOND TO THE SPECIFIC ISSUES OF CONCERN AND ACTIONS AGREED (IF RESPONDING TO A PATIENT COMPLAINT).**
- **REFER TO POLICIES/PROCEDURES/GUIDELINES IN USE (IF APPROPRIATE) AND EXPLAIN ANY REASONS FOR DEVIATING FROM THESE GUIDELINES.**

TYPE OR WRITE IN BLACK INK/BIRO ONLY ENSURING THE STATEMENT IS WELL PRESENTED

DON'T'S

- **JUST REGURGITATE WHAT IS IN THE CASE NOTES/PATIENT REPORT FORM ETC.**
- **SPECULATE ON WHAT OTHERS WERE DOING OR THINKING UNLESS YOU KNOW SOMETHING AS A FACT.**
- **GIVE OPINIONS ON THE CARE GIVEN OR ACTIONS TAKEN BY OTHER STAFF OR BLAME OTHER STAFF OR DEPARTMENTS.**
- **ATTEMPT TO WRITE THE STATEMENT WITHOUT ACCESS TO THE APPROPRIATE RECORDS.**
- **BE HOSTILE, RUDE OR UNNECESSARILY DEFENSIVE TO THE COMPLAINANT (REMEMBER THAT COMPLAINANTS MAY REQUEST SIGHT OF YOUR STATEMENT, WHICH THEY ARE ENTITLED TO).**
- **BE SUBJECTIVE (E.G. THIS IS INDEFENSIBLE).**
- **RELATE CONVERSATIONS THAT YOU WERE TOLD BY SOMEONE ELSE.**
- **ANTICIPATE EVIDENCE OF ANOTHER WITNESS OR QUESTIONS THAT MAY ARISE.**
- **MAKE REFERENCE TO ANYONE ELSE'S CORRESPONDENCE OR STATEMENTS OF OTHER WITNESSES.**
- **USE ABBREVIATIONS.**

IF YOU CAN'T REMEMBER DON'T MAKE IT UP!

ADVICE

PLEASE REMEMBER THAT YOU CAN SEEK ADVICE FROM A NUMBER OF SOURCES:

- **YOUR DEPARTMENTAL MANAGER/RISK MANAGER/HEAD OF GOVERNANCE/PALS OFFICER**
- **YOUR TEAM LEADER – STATION MANAGEMENT TEAM**
- **COMPLEX TRAINING OFFICER**
- **COMPLAINTS DEPARTMENT**
- **YOUR TRADE UNION OR PROFESSIONAL ORGANISATION**

CONCLUSION

YOUR STATEMENT SHOULD CONCLUDE WITH THE PHRASE: “THE CONTENTS OF THIS STATEMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE” AND THE DATE AND YOUR SIGNATURE.

YOU SHOULD RETAIN A COPY OF YOUR STATEMENT FOR YOUR INFORMATION.

RETENTION OF COMPLAINTS FILES

THE FOLLOWING SHOULD BE BORNE IN MIND:

- COMPLAINTS FILES MUST BE KEPT A MINIMUM OF 10 YEARS (LONGER FOR MENTAL HEALTH, OBSTETRICS AND CHILDREN).**
- THE TRUSTS’ COMPLAINT FILE MUST CONTAIN ALL STATEMENTS AND NOTES (INCLUDING E-MAILS AND NOTES OF PHONE CALLS) TAKEN DURING THE COURSE OF THE INVESTIGATION.**
- FILES MUST BE KEPT SECURELY AND INFORMATION MUST ONLY BE SHARED ANONYMOUSLY AND ON A NEED-TO-KNOW BASIS.**
- COMPLAINTS INFORMATION/LETTERS MUST NOT BE KEPT ON A HEALTH RECORD.**

GUIDANCE NOTES FOR COMPLAINTS MEETINGS

Meetings can be a particularly effective way of diffusing a potential complaint, resolving an ongoing complaint or clearing up outstanding issues following a final response to a complaint. It is often far easier to discuss issues and avoid misinterpretation through verbal communication rather than correspondence.

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You may find some staff, will say “we’ve already been through this and have answered their concerns”, but maybe the complainant did not understand it or wants clarification.

Therefore, a meeting should be seen as a tool to assist resolution of the matter and lessen the likelihood of an escalation of the issue.

CHECKLIST



BEFORE THE MEETING CHECK WITH THE COMPLAINANT WHAT THE ISSUES FOR DISCUSSION ARE AND WHO WILL BE ATTENDING THE MEETING WITH THEM.



DETERMINE WITH THEM WHERE AND WHEN THE MEETING WILL BE AND WHICH STAFF SHOULD ATTEND. (IT MAY BE BEST IN SOME CASES TO MEET AT AN OFF SITE, NEUTRAL VENUE, AT A TIME NEGOTIATED AND MUTUALLY AGREED BETWEEN BOTH PARTIES).



IN DIFFICULT CASES YOU MAY WISH TO SET A DEADLINE AT WHICH THE MEETING WILL END.



BEFORE THE MEETING HOLD A PRE MEETING. THIS WILL ALLOW YOU TO REVIEW THE CIRCUMSTANCES AND THE DETAILS WITH THE STAFF INVOLVED, AND WITH STAFF WHO WILL BE AT THE MEETING, TO MAINTAIN HONESTY AND CONSISTENCY.



ENSURE EVERYONE WHO IS INVOLVED IS KEPT UP-TO-DATE: OPERATIONAL STAFF, SECRETARIES, COMPLAINTS DEPT ETC.



IF YOU FEEL THE COMPLAINANTS OR THEIR FAMILY MAY BE INTIMIDATING TO A STAFF MEMBER YOU MAY TAKE THE DECISION NOT TO HAVE THAT STAFF MEMBER AT THE MEETING.



ENSURE STAFF WHO COME TO THE MEETING ARE BRIEFED AND OFFERED SUPPORT; THEY SHOULD NOT BE LEFT TO TAKE THE FULL BRUNT OF A COMPLAINANT’S ANGER, ETC. KNOW EXACTLY WHAT JUNIOR STAFF DID AND OFFER SUPPORT TO THEM, EVEN IF IT WAS NOT THE MOST



**APPROPRIATE ACTION AT THE TIME.
ENSURE THE VENUE IS APPROPRIATE. HAVE
WATER, TISSUES ETC AVAILABLE**



**BEGIN WITH INTRODUCTIONS AND YOUR
UNDERSTANDING OF THE REASONS FOR THE
MEETING.**



**HAVE A NOTE-TAKER AT THE MEETING SO THAT
YOU CAN CONCENTRATE ON THE ISSUES AT HAND.**



**ALSO, THEY CAN SUMMARISE AND AGREE ANY
FOLLOW-UP ACTION AT THE END OF THE MEETING
AND THE NOTES CAN BE USED TO WRITE THE
RESPONSE FOLLOWING THE MEETING.**



**LISTEN – ASK THE COMPLAINANT TO OUTLINE
THEIR KEY ISSUES. CLARIFY OUTSTANDING ISSUES
FROM THOSE THAT MIGHT ALREADY HAVE BEEN
ADDRESSED.**



**IF YOU ARE UNSURE WHAT YOU WILL SAY THEN
HAVE A SCRIPT AND HAVE THE BACKGROUND FILE
TO HAND FOR REFERENCE.**



**ACCEPT RESPONSIBILITY AND APOLOGISE IF
NECESSARY.**



**AT THE END OF THE MEETING SUMMARISE THE
KEY POINTS AND ANY ACTIONS AGREED/WHO WILL
UNDERTAKE THEM. TELL THE COMPLAINANT WHAT
WILL HAPPEN NEXT AND WHEN AND THANK THEM
FOR TAKING THE TIME TO RAISE AND DISCUSS THE
ISSUE.**



STICK TO THE TIME SCALES YOU HAVE AGREED.

Useful Contacts

Londonambulanceservice@nhs.uk

<http://www.doh.gov.uk/complaints/>

www.plainenglish.co.uk

www.nhs.uk

www.nhs.uk/nhsguide/home.htm

www.ombudsman.org.uk

www.gmc-uk.org

<http://www.healthcarecommission.org.uk/Homepage/fs/en>

www.cppih.org

www.icaslearning.com

www.npsa.org.uk

PatientsForumLAS@aol.com

[London Ambulance Service web page](#)

NHS Homepage - Search for "Complaints Policy"

Information on writing medical jargon in plain English

[National Health Service website](#)

[Your Guide to NHS \(NHS Gateway\)](#)

[Health Service Ombudsman](#)

[General Medical Council](#)

[Healthcare Commission](#)

[The Commission for Patient and Public Involvement](#)

[Independent Complaints Advocacy Services - Complaints module](#)

[National Patient Safety Agency](#)

[London Ambulance Service Patients Forum](#)

Advocacy

Independent Complaints Advocacy Service (ICAS)

Tel: 0845 337 3065

Web site: www.pohwer.net

E.mail: pohwericase@pohwericase.net

For specialist advocacy services contact PALS

Complaints - Redress

The Healthcare Commission

FREEPOST NAT 18958

Complaints Investigation Team

Manchester M1 9XZ

Tel: 0845 601 3012

Fax: 020 7448 9180

E.mail: complaints@healthcarecommission.org.uk

Health Service Ombudsman

Millbank Tower

Millbank

London SW1P 4QP

Tel: 0845 015 4033

Website: www.ombudsman.org.uk

Email: phso.enquiries@ombudsman.org.uk

<u>Complaint received by any member of the service</u>
Patient/member of the public (etc) voices concern or wishes to complain about any aspect of the service
Ensure that you are fully conversant with the contents of the LAS Complaints Policy and Procedure
Introduce yourself, listen carefully and understand the exact nature of concerns
Apologise as appropriate (this may be the most effective way of defusing a difficult situation)
Try to answer the concerns - be honest and avoid highly technical terminology. Many complaints could be resolved at this stage through explanation and clarification.
If you are not able to deal with the concerns, consider who else may be available that may be better equipped to answer the issues that have been raised.
If you are going to pass the issue to someone else ensure that the complainant is fully aware of what action you are taking - people do not appreciate feeling that they are being ignored!
Provide the name and contact details of the person or department to whom you are referring the matter
If you are able to deal with the concerns to the satisfaction of the complainant ensure that they are completely satisfied that no further action will be taken
Ensure that you complete a file note containing all details so that you are able to refer back to the issue should it become necessary
Should the complainant remain dissatisfied with apology and explanation, ensure that they receive full details of the complaints procedure, how their concerns will be dealt with and where they may obtain additional assistance should this be required.
Ensure that the complainant is fully aware of any actions that you will be taking and what they should expect to happen as a result of their conversations with you.
Pass full details of the matter to the PALS officer if you consider the issue to be an enquiry or concern or the Complaints Department if the issue is clearly a formal complaint
Ensure that you provide a detailed report which clearly outlines the full nature of the issue and all actions that you have taken in an effort to resolve the problem
Remain courteous and polite throughout - do not become involved in argument

<u>Receipt of a complaint in complaints office</u>	
Complaint received in complaints office by letter, telephone, email or in person	
Complaint given unique reference number and entered onto complaints management database	
Ensure that complaint is applicable to LAS or involves or is shared with other agencies - discuss with Head of Patient Experience if necessary	
Complaint graded against risk assessment matrix	
Head of Patient Experience informed of any complaint that is considered a potential SUI	
All appropriate electrically stored documents relating to complaint retrieved from archives	
Complaints file opened	
Complaint allocated to operational area - East West South EOC etc	
Letter of acknowledgement of complaint sent to complainant informing them how the complaint will be handled, by whom, the stages of the complaints procedure and the sources of help available. Ethnicity monitoring form to be included together with an authorisation document to access medical records if the complaint suggests that such records will be required together with a request that the authorisation should be signed and returned	
If the complainant is not the patient, ensure that the complainant is entitled to receive information, in accordance with complaints regulations. If necessary consult Head of Patient Experience for advice.	
Complaints management database updated to show all actions taken, dates and times and the name of the person who took the action (running log). Copies of all letters, documents and emails etc to be added to database so that an auditable trail is available	
Monitor progress of complaint handling on a daily basis to ensure compliance with completion date	
Highlight potential non compliance with target to complaints officer and Head of Patient Experience	
Ensure that an outcome report is produced and entered onto database in all cases	
Receive complaints file from complaints officer at conclusion of complaint	
Ensure that all complaints files are stored in a secure and retrievable manner	

<u>Complaint passed to operational area</u>		
Complaint passed to complaints officer from central complaints office		
Assistant Director of Operations/Performance Improvement Manager advised of nature of complaint, grade of complaint and recommended method for resolution of complaint.		
ADO/PIM/Complaints Officer decide on methodology and nominate a case manager, in many cases this will be the complaints officer. If the case manager is someone other than the complaints officer, they should work closely with the complaints officer who will advise and support them.		
Complaints case manager receives all information relating to complaint from complaints database and ensures that acknowledgement letter has been sent		
The case manager considers the need to contact the complainant to ensure that all aspects of the complaint are understood. The case manager will consider offering to meet with the complainant at a very early stage to discuss all aspects of the complaint, understand what expectations exist in respect of the resolution of the matter and to agree on the actions that will be taken to investigate and ultimately respond to the issues that are of concern.		
If it appears likely that additional time may be needed to adequately investigate and resolve the complaint negotiations may enable an extended timeframe to be agreed. It is important that the complaint is dealt with within the revised timeframe.		
Case manager should be prepared to investigate the matter to the level required to understand the cause of the complaint so that lessons may be learnt and appropriate action taken to prevent recurrence.		
Staff identified in the complaint should receive a copy of the complaint with copies of all supporting Documentation. They may be asked to prepare a statement that deals with all aspects of the complaint.		
Support should be offered to staff identified in a complaint at the earliest possible stage		
If necessary, the case manager will meet with member of staff to ask supplementary questions to clarify any points and provide the case manager with an understanding of all the issues.		
The case manager/PIM/ADO should consider the need to obtain specialist (internal/external) opinion or advice. Expertise of specialists and reference to guidelines/protocols are essential elements of a thorough investigation.		
Should allegations be made that suggest that a serious disciplinary issue is involved, the complainant should be advised accordingly. Any aspects of the complaints that are not included in the disciplinary issue should continue to be investigated by the case manager and the response to these should be made within the timeframe. The complainant should be advised of the specific issue(s) that will be dealt with as disciplinary matters and that these will not be included in the investigation of their complaint. They should understand the likely timeframe involved in concluding a disciplinary investigation. The complainant should be regularly advised on the progress of the disciplinary investigation and advised of the outcome of the investigation. They should be advised of their right to refer their original complaint to the Healthcare Commission should they remain dissatisfied with the way their complaint was dealt with although the Healthcare Commission will not consider the rights or wrongs of any disciplinary decision or sanctions imposed.		
The case manager should report progress in the handling of the complaint to the Performance Improvement Manager and Complaints Officer on a regular basis.		

All actions and copies of all letters/emails etc should be added to the complaints management database
The complaints officer should regularly update the complainant on progress in the handling of the complaint.
The complaints officer should advise the complainant of any unexpected delay with an explanation.
In the event that versions of events are widely different, consideration may be given to meeting with an experienced mediator. All parties should agree to such a meeting and agree to accept the results of the meeting
The ADO/PIM should be prepared to assist or provide assistance to ensure that the complaint is dealt with within timeframes - close monitoring is vital
The case manager/PIM/ADO should ensure that the cause of the complaint is established. This should involve the use of appropriate tools including Root Cause Analysis.
The results of the investigation should be agreed by the Performance Improvement Manager and Complaints Officer in respect of completeness and quality of the investigation together with conclusions.
The complaints officer will produce a draft response letter that will be checked by the PIM/ADO to ensure that all aspects of the complaint have been answered, the cause of the complaint is understood, any action plan has been completed and any lessons learnt have been dealt with appropriately and cascaded throughout the service or to the specific area of the service involved. The letter should contain the appropriate level of apology, be highly accurate, grammatically correct, be error free and ready to receive the CEO's signature
Case managers/PIMS/ADO's should ensure that action plans have specified timeframes and named staff responsible for implementation. Action plans should be monitored closely to ensure compliance.
The response letter should be sent to the Head of Patient Experience for final checking before signature.
Outcome reports should be completed by the person carrying out the actions and recommendations and then returned to the complaints officer.
The complaints file should be returned securely to the central complaints office when complaint is finally closed.



How to make a complaint about NHS services

Why make a complaint?

NHS staff will do whatever they can to make sure you get quick, fair and proper treatment. However, sometimes things can go wrong and you might not be happy with the treatment you, a friend or a member of your family has received.

If you are not happy with any NHS treatment, or any other matter connected with the service you receive, you can make a complaint or a suggestion to improve services.

London Ambulance Service NHS Trust will treat you sympathetically and with courtesy and, as far as is possible, involve you in decisions about how your complaint is handled. We will investigate your complaint and provide an explanation and, should we find that something could or should have been done differently, we will advise you what changes will be made as a result of your complaint.

The Patient Advice and Liaison Service (PALS)

If you are not happy about something, but you do not want to make a complaint straightaway, you can speak to the PALS officer (020 7887 6678). Every NHS Trust and primary care trust (PCT) has a Patient Advice and Liaison Service. They are not part of the official complaints procedure, but they might be able to deal with your concerns informally. They can also give you more information about the complaints procedure and about independent complaints advocacy services who can represent you and give advice.

Before you make a complaint, it is important to think about what you want to happen as a result of your complaint, and to make this clear at the beginning. You may want:

- an apology;
- someone to explain what has happened;
- some changes or improvements to be made;
- to make sure people recognise their mistakes;
- to make sure the same thing does not happen again.

The Complaints Procedure

There are two stages to the complaints procedure. ‘Local Resolution’ is the first stage, and ‘Independent Review’ is the second stage (see over the page). You can use the NHS Complaints Procedure to complain about anything to do with services that an NHS hospital, community health service or primary care practitioner (for example, GPs, dentists, opticians and pharmacists) has provided.

Who can complain?

You can complain if you are a patient or if you have been affected, or are likely to be affected, by something an NHS organisation or primary care practitioner has done or not done. You can also complain on behalf of someone else if you have their permission in writing.

What is the time limit for making a complaint?

You should normally complain within six months of the events happening, or within six months of becoming aware that you have something to complain about. Primary care practitioners and Head of Patient Experiences in NHS organisations can extend this time limit if there are good reasons why you could not complain earlier.

Will my complaint be kept confidential?

If you are making a complaint on behalf of someone else, you will need to get their permission in writing before we can give you any of their personal information.

If you are complaining about a treatment, the investigators will need to get the relevant information from your records. If you don’t want them to do this, you should let the Head of Patient Experience know.

First Stage – Local Resolution

Local Resolution aims to sort out your complaint quickly, and as close as possible to the person, service or organisation you are complaining about, in the most appropriate way. For example, conciliation (see below).

You should complain to the NHS organisation or primary care practitioner providing the service. You can do this immediately by speaking to:

- any member of staff or
- someone else, such as PALS.

They may be able to sort out your concern informally.

However, if you want to make a formal complaint, you can do this verbally or by writing to or e-mailing the primary care practitioner or NHS organisation concerned. If you make your complaint verbally, the Head of Patient Experience must ensure that a written record is made. Or, if you prefer, an independent complaints advocacy service can do this (see page 4). You will be invited to sign your statement of complaint to make sure that you agree with it.

The Head of Patient Experience will ensure that your complaint is acknowledged within two working days. A primary care practitioner will respond to it within 10 working days. The chief executive of the NHS organisation concerned will respond within 25 working days. You will be advised when you will get a response if it is not possible to resolve your complaint within these time-frames.

Conciliation

Conciliation, or mediation, is one way to sort out your complaint at the local resolution stage. This process uses an independent lay conciliator to help sort out your concerns. You can ask the Head of Patient Experience for more information on this service.

What if I am not happy with Local Resolution?

If you are not happy with the response to your complaint at the first stage, including a complaint (if you are a patient) about an NHS Foundation Trust, you can ask the Healthcare Commission for an 'Independent Review' of your case (the second stage). The Healthcare Commission is an independent organisation set up to encourage improvements in healthcare. You can contact the Commission at:

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The Healthcare Commission
Freepost Nat 18958
Manchester M1 9XZ.

Phone: 0845 601 3012

E-mail: complaints@healthcarecommission.org.uk

You must write to them within six months of the date the response was sent to you. You must say what you are still not happy about and why 'Local Resolution' did not work for you. They will tell you, in writing, what they will do.

What if I am still not happy?

If you are still not happy after 'Local Resolution' and 'Independent Review', you can ask the **Health Service Ombudsman** to investigate your complaint.

The Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4OP
Tel: 0845 015 4033
Fax: 020 7217 4940
Textphone: 020 8217 4066

NHS Foundation Trusts

NHS Foundation Trusts have their own complaints systems, which could be different from the 'Local Resolution' process described in this leaflet. You should contact the NHS Foundation Trust for advice on how to make a complaint.

If you are not happy with their response to your complaint, you can ask the Healthcare Commission to carry out an 'Independent Review'. If you are still not happy, you can contact the Health Service Ombudsman.

How can I get compensation for the poor treatment I have received?

To get compensation, you will usually need to take legal action. You will need to prove that you were not treated properly and that this was the reason you were injured.

You cannot complain through the NHS Complaints Procedures described in this leaflet if you are taking legal action.

If you would like more information about taking legal action, you can contact **Action Against Medical Accidents**, which provides confidential advice and support for victims of medical accidents.

Action Against Medical Accidents

44 High Street

Croydon

Surrey

CR0 1YB

Phone: 0845 1232352

Where can I get more advice and help?

London Ambulance Service NHS Trust staff are all able to advise you and refer you to our PALS department or complaints department. Any member of the complaints department will ensure that you have access to all possible assistance. Alternatively, you can write to the Head of Patient Experience who will ensure that you receive appropriate assistance or advice.

The Independent Complaints Advocacy Service (**ICAS**) can help people make a complaint or express a concern about NHS services.

ICAS provides the help that community health councils (CHCs) used to provide.

Staff at ICAS can support you if you want to make a complaint, and give you advice about using the complaints system. They can also write letters on your behalf, and go with you to meetings.

The phone numbers for the service are:

North Central London 0845 120 3784

North East London 0845 337 3059

North West London 0845 337 3065

South East London 0845 3373061

South West London 0845 337 3063

If you need particular help (for example, if English is not your first language) you can speak to ICAS or the LAS Head of Patient Experience. If they cannot give you the help themselves, they will tell you where you can get help.

Will I be asked to give personal information when I make a complaint?

When you are making a complaint you will be asked to provide information about yourself or, if you are not the patient, about the patient themselves. This information could include details of your ethnic background, age and sex.

This is to make sure that the organisation, and the NHS as a whole, monitors the concerns and complaints of all patients equally. We use this information to plan our services to meet the needs of our local community. For example, if a large number of complaints come from women, or a particular ethnic group, this will show that the NHS may need to change or plan services for those groups.

We will keep all information you give us confidential.

If I make a complaint will this have an adverse affect on the care and treatment provided to me or my family and friends should we need to use your service in the future?

Absolutely not. The London Ambulance Service NHS Trust accepts that, occasionally, things do go wrong. We welcome complaints as a means of learning how we can improve our service and prevent the same problems occurring again in the future. You will be encouraged to speak openly and freely about your concerns and these will be treated with appropriate confidence and sensitivity. Discrimination, in any form, will never be tolerated and any member of staff would face severe disciplinary sanction if they behaved in this manner.

How may I comment or give feedback on the quality and manner that my concern or complaint was dealt with?

We are constantly trying to improve all aspects of our service and welcome your comments as these will provide guidance on how well we are doing. In addition, we arrange for surveys to be conducted on our behalf so that we are able to measure our success rate by listening to feedback. In this way we will strive to achieve our intention of being a 'world class service'.

Useful contact details:

London Ambulance Service NHS Trust
Headquarters
220 Waterloo Road
London
SE1 9TF
Tel: 020 7921 5100
www.londonambulance.nhs.uk

LAS Patients Forum
Tel: 020 7619 0919

PatientsForumLAS@aol.com

Head of Patient Experience
London Ambulance Service NHS Trust
220 Waterloo Road
London SE1 8SD
PSU@lond-amb.nhs.uk

PALS and Complaints Department
London Ambulance Service NHS Trust
St Andrews House
St Andrews Way
Bow
London E3 3PA
020 7921 5277
PSU@lond-amb.nhs.uk

Patient Advice and Liaison Service
London Ambulance Service NHS Trust
St Andrews Way
London E3 3PA
Tel: 020 7887 6678
pals@lond-amb.nhs.uk

www.nhs.uk	NHS Litigation Authority
http://www.doh.gov.uk/complaints/	NHS Homepage - Search for "Complaints Policy"
www.plainenglish.co.uk	Information on writing medical jargon in plain English
www.nhs.uk	National Health Service website
www.nhs.uk/nhsguide/home.htm	Your Guide to NHS (NHS Gateway)
www.ombudsman.org.uk	Health Service Ombudsman
www.gmc-uk.org	General Medical Council
http://www.healthcarecommission.org.uk/Homepage/fs/en	Healthcare Commission
www.cppih.org	The Commission for Patient and Public Involvement
www.pohwer.net	Independent Complaints Advocacy Services
www.npsa.org.uk	National Patient Safety Agency

If you need this information in larger text, another language, in Braille or on audio tape, please contact the Complaints Department.