



London Ambulance Service **NHS**
NHS Trust

Complaints and Feedback Policy and Procedure

DOCUMENT PROFILE and CONTROL

Purpose of the document: To ensure that effective procedures are in place for managing complaints and feedback.

Sponsor Department: Patient Experiences Department

Author/Reviewer: Head of Patient Experience. To be reviewed by March 2018.

Document Status: Final

Amendment History			
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27/03/2015	2.6	Head of Governance	Minor updates for committee names
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14/08/2012	2.4	IG Manager	Minor updates and corrections.
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14/05/2010	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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EqlA completed on	By
17/05/10	Head of Patient Experiences
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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	
	Whistleblowing policy and procedure	
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	Serious Incident Policy and Procedure	
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 and Environmental Information Regulations Policy	

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1. Introduction

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 arrangements encourage an approach that aims to resolve complaints more effectively and ensure that opportunities for services to learn and improve are not lost. The regulations cover the fundamental requirements of good complaints handling, not the processes through which outcomes are to be delivered. This approach allows local health and social care organisations to determine the mechanisms best suited for them to deliver effective complaints arrangements within their own organisations.

The Trust has also taken on board recent reports, including those by Francis, Clywd and the Health Select Committee and is committed to fostering a cultures in which mistakes are acknowledged and learned from

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

Francis Report <http://www.midstaffspublicinquiry.com/report>

Clywd Report -
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

Complaints and Raising Concerns Fourth Report of Session 2014–15) -
<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/350/350.pdf>

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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 short comings in service delivery that are identified and take remedial action.

The Trust’s approach is based on the key *Making Experiences Count* principles, and those arising from the Francis report 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 do so.

The Trust will endeavour 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.

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 a root cause analysis framework;
- Ensure that significant issues arising from complaints and feedback are highlighted to the Quality Governance Structure;
- Ensure that there are effective systems 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;

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- 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 and the application of the duty of candour;
- 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 a 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 reports 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.

A Director may be designated in the absence of the Chief Executive.

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;

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- 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. 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;

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- 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 Incidents are notified to the Head of Patient Experiences and other senior colleagues in accordance with the SI Policy.

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 complainants 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.

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

The regulations 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.

5.1 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.

5.2 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 applies 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 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.

5.3 Responding in the right way every time

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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 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 Clinical Directorates;
- 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 advocacy assistance available 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.

5.4 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.

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5.5 Openness & Transparency

A fundamental tenet of the Trust’s approach is the commitment to openness and transparency, and the duty of candour 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.

5.6 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’s 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.

6. Timescales

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

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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 of receipt by the Patient Experiences team 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 35 working days and the most serious will have a target of 60 working days.

7. 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.

8. 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.

9. 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,

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 department and local management teams will however be obliged to offer full cooperation to complete a complaint response,

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including the likely timeframe in which any disciplinary hearing is to be held and the outcome of that.

10. 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.

11. Local Resolution

The regulations make it clear that all NHS Trusts should endeavour to resolve complaints through local resolution. The Patient Experiences team 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.

12. 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 Clinical Directorates, 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 Clinical Directorates 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

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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.

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.

13. 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.

14. 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 Clinical Commissioning Group (CCG) that commissions the service. The CCG 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.

15. 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

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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.

16. 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. The Trust will however adopt best practice by enabling the Patient Experiences team to determine where such an approach can be held as having been made on behalf of the patient or service-user, and therefore bring the matter back within the NHS complaints procedure. This will encourage a patient-centred approach and the application of the Duty of Candour by bringing the practice of all the responsible bodies involved subject to scrutiny via recourse to the Health Service Ombudsman.

17. Recourse

The Health Service Ombudsman has exclusive responsibility for considering complaints against an NHS organisation.

18. 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 designated NHS advocacy services and value their contribution to the continuous improvement of our complaints procedure.

19. 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.

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

20.1 Disseminating Lessons Learned

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

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

20.1.1 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.

20.1.2 Organisational learning

Governance will be exercised thorough the mechanisms set out in TP/054 Investigation of Incidents, PALS, Complaints and Claims.

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

20.1.3 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.

20.2 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 governance groups to support learning and improvements; 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:

- Executive Managers Team
- Quality Governance Committee

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- Trust Board

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:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Duties including how the organisation listens and responds to concerns and complaints from patients, their relatives and carers, and how the organisation makes sure that patients, their relatives and carers are not treated differently as a result of raising a concern or complaint (Paragraphs 4 and 6)	Quarterly PED activity reports on activity and emerging themes Quarterly action plans from investigation/ outcome reports	The Patient Experiences Department reports to the relevant and appropriate governance forums indicated	Quality Governance Committee	Improvements as a result of a concerns or complaints and/or changes to practice within a timescale via <ul style="list-style-type: none"> • Governance Committees • Staff conferences • Staff briefings & Clinical updates • Annual PED report
How joint complaints are handled between organisations (Paragraph 15)	Bi-monthly (every 2 months)/ Appendix to complains policy			

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Appendix 1 - LA23 Patient Experiences Record Form



London Ambulance Service **NHS**
NHS Trust



LA23

<u>PE Ref:</u>	
<u>Closed:</u>	

PATIENT EXPERIENCES DEPARTMENT RECORD FORM

OFFICE USE ONLY										
Date & Time Enquiry received					Duty Officer					
Incident Date & Time					CAD No					
Incident address					A&E		EOC	UOC	PTS	SITE
					Sector		W	S	E	
					Crew No					
					Hospital					
Type	Complaint	Enquiry	Solicitors enquiry	Lost property	Frequent Caller	S.C.A.P	FOI	Policy Procedure		
Contact										
Address										
Home					Work					
Mobile					Fax					
Relationship to patient					Email					
Patient					DOB					
Address										
Home					Work					
Mobile					Fax					
GP contact details										
PCT/ Borough										

Details of Incident:

Recorded by:		Enquirer details:	
Name		Name	
Title		Sign	
Date		Date	
			

PLEASE RETURN COMPLETED FORM TO:
LONDON AMBULANCE SERVICE NHS TRUST, PATIENT EXPERIENCES DEPARTMENT,
Units 1 & 2 Datapoint Business Centre 6 South Crescent London E16 4TL
TELEPHONE: 020 3069 0240 Fax: 020 3069 0239



Appendix 2 - Ethnicity Monitoring Form

LAS Equalities Monitoring Form

Ref:

As an NHS Trust, London Ambulance Service is constantly striving to improve the quality of the services we offer our patients and customers. Knowing the equalities profile of the communities we serve will help us ensure our services are suitable and accessible for all.

Any information you provide will be kept confidential under data protection rules and used to plan where we need to focus our resources in the future.

What is your gender?

- Female
Male
Other Prefer not to say

*More information available from
http://daii.org/about/social_model_of_disability/*

What is your age range?

- 00 - 15 55 - 64
16 - 24 65 - 74
25 - 34 75 - 84
35 - 44
45 - 54 Over 85
Prefer not to say

Do you have a disability?

- Yes
No
Prefer not to say

The LAS supports the Social Model of Disability.

The Social Model of Disability rejects the medical idea that the 'problem' lies with the individual disabled person who is 'sick' and in need of a 'cure'. Instead it puts forward the view that it is the way society is run and organised that is the 'problem' not the individual disabled person.

What is your ethnic group?

Asian or Asian British

- Bangladeshi
Indian
Pakistani
Any other Asian background, please state:

Prefer not to say

Based on ACAS guidelines. "Religion or Belief and the workplace" More information at <http://www.acas.org.uk/index.aspx?articleid=1856>

Black or Black British

- African
Caribbean
Any other black background, please state:

If English is not your first language, please tick the language below that is:

- | | |
|--|-------------------------------------|
| Albanian <input type="checkbox"/> | Italian <input type="checkbox"/> |
| Amharic <input type="checkbox"/> | Kurdish <input type="checkbox"/> |
| Arabic <input type="checkbox"/> | Latvian <input type="checkbox"/> |
| Bengali <input type="checkbox"/> | Lingala <input type="checkbox"/> |
| Bosnian <input type="checkbox"/> | Polish <input type="checkbox"/> |
| Portuguese <input type="checkbox"/> | Chinese <input type="checkbox"/> |
| Punjabi <input type="checkbox"/> | Yoruba <input type="checkbox"/> |
| Czech <input type="checkbox"/> | Romanian <input type="checkbox"/> |
| Croatian <input type="checkbox"/> | Somali <input type="checkbox"/> |
| Farsi <input type="checkbox"/> | Tigrinya <input type="checkbox"/> |
| French <input type="checkbox"/> | Turkish <input type="checkbox"/> |
| Greek <input type="checkbox"/> | Ukrainian <input type="checkbox"/> |
| Gujarati <input type="checkbox"/> | Urdu <input type="checkbox"/> |
| Hindi <input type="checkbox"/> | Vietnamese <input type="checkbox"/> |
| British Sign Language <input type="checkbox"/> | |

Chinese or other ethnic group

- Chinese
Any other ethnic group, please state:

Mixed

- White and Asian
White and Black African
White and Black Caribbean
Any other mixed background, please state:

White

- British
Irish
Any other white background, please state:

Do you have a religion or belief?

No Yes

If yes, please tick the relevant box below:

- | | |
|---------------------------------------|---|
| Baha'i <input type="checkbox"/> | Islam <input type="checkbox"/> |
| Buddhism <input type="checkbox"/> | Jainism <input type="checkbox"/> |
| Christianity <input type="checkbox"/> | Judaism <input type="checkbox"/> |
| Hinduism <input type="checkbox"/> | Rastafarianism <input type="checkbox"/> |
| Humanism <input type="checkbox"/> | Sikhism <input type="checkbox"/> |
| | Zoroastrianism <input type="checkbox"/> |

Any other religion or belief, please state:

How would you describe your sexual orientation?

- Bisexual person
Gay man
Heterosexual/straight person
Lesbian/Gay woman

Other sexual orientation, please state:

Prefer not to say



Based on ACAS guidelines. "Sexual orientation and the workplace" More information :

<http://www.acas.org.uk/index.aspx?articleid=1824>

Any other language, please state:

Thank you for completing this form!



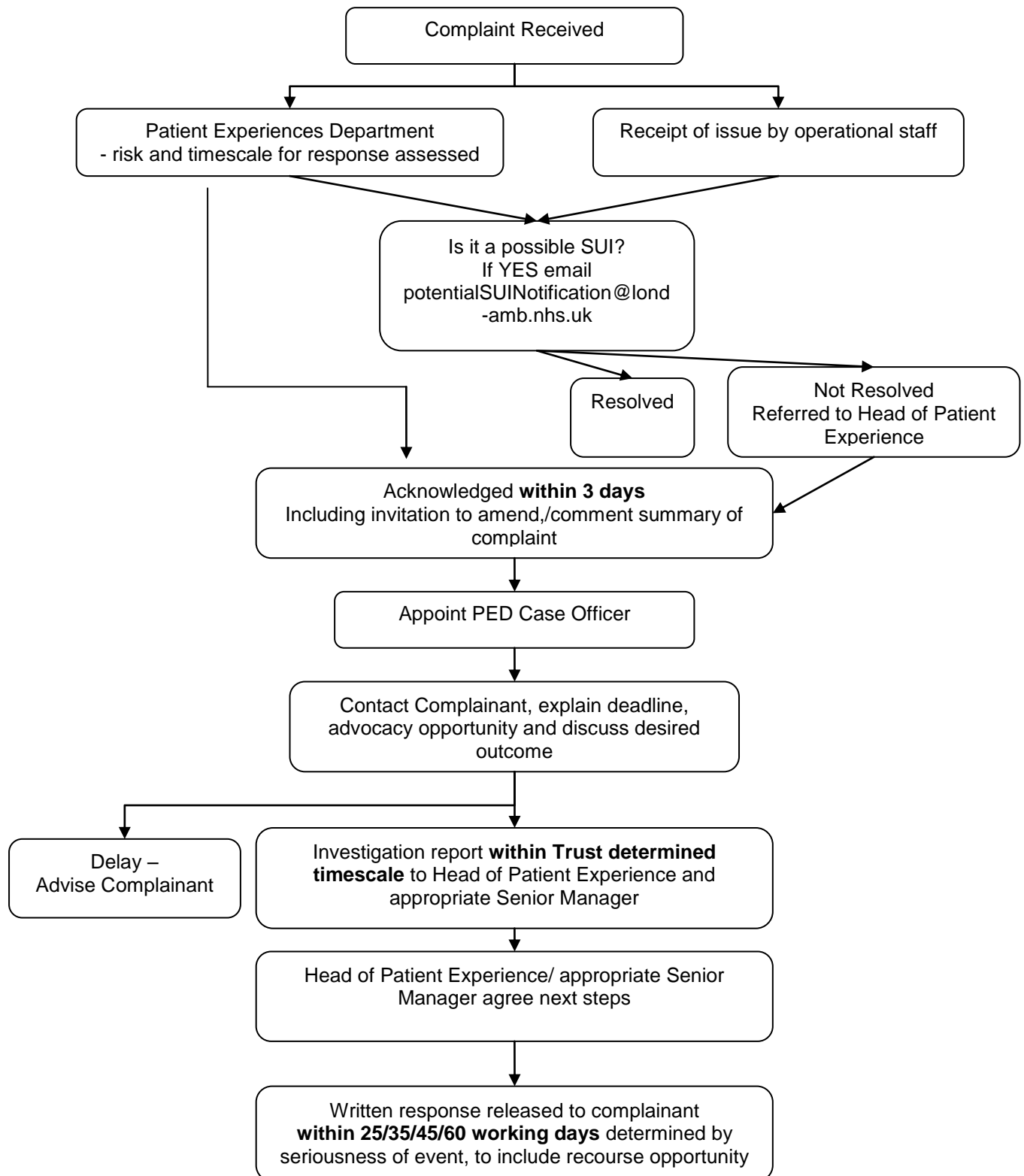
Appendix 3 Investigation Outcome Report

Investigation Outcome Report

LA248 (Revised 02/07)

Date of Incident	Area/Department West	Ref No:
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?)		
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:		
Information provided by		
Outcome report completed by		

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

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

TRIAGE PROCESS					
RISK = 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

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

