



Complaint Handling Procedure

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1 – INTRODUCTION

In the White Paper, Our Health, Our Care, Our Say, the Government made a commitment to implement a single, comprehensive complaints process across health and social care, focussed on resolving complaints locally and with a more personal and comprehensive approach to handling complaints. In June 2007, the Department of Health (DH) produced a consultation document - Making Experiences Count (MEC) - , which set out proposals for a new approach.

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

Whilst naturally observing the requirements of the regulations, EMATS has embraced the Making Experiences Count programme to take into account the differing mechanisms used by service-users to bring their experience to the fore, enabling the capture of the totality of patient experiences. Whilst the following therefore specifically refers to complainants, EMATS 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

Principles of Good Administration, Principles of Good Complaints Handling, Principles for remedy, PHSO Listening, responding, improving: a guide to better customer care

2 – SCOPE

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

3 – POLICY STATEMENT

EMATS is committed to providing high quality patient care which is a core principle of EMATS strategic objectives. EMATS is committed to using all feedback as a driver for change and improvement. EMATS will be open and transparent, foster a culture receptive 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. EMATS approach is based on the key Making Experiences Count principles that patients and service users may express their views about the treatment and services they received with the expectation that their feedback will be acknowledged and acted upon, and by placing a focus on the issue raised rather than the mechanism used to raise it. This means that all complaints or concerns will be considered under this policy, regardless of the method by which they were raised. EMATS 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 according to the wishes of the service user

4 – OBJECTIVES

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

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

5 – RESPONSIBILITIES

The Managing Director will appoint a complaints „champion(s)“ who should be an executive or non executive Team Leader. 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 EMATS and compliance with audit requirements. The action plans produced as a result of complaints will form the basis for monitoring service improvements by the complaints „Champions“.

The Managing Director has overall responsibility for the management of complaints. The Director of Operations has been designated to take responsibility for Complaints and feedback management.

The General Manager is responsible for:

- Developing EMATS 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 EMATS;
- Ensuring that Line Managers adhere to best practice principles on complaints management;
- Ensuring that complaints are managed in a timely and effective manner, in accordance with legislation and EMATS policy and procedures;
- Providing support and advice to line managers, managing and investigating the complaint;
- Ensuring arrangements are made to hold local resolution meetings with the complainant on behalf of EMATS 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 EMATS 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 Service providers 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 The Training Department ensure Line Managers receive training appropriate to their role;
- Producing reports on all aspects of complaints management to meet internal and external requirements on a quarterly and annual basis;
- Ensure that EMATS 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;
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Line Managers

All Line Managers 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 Director of operations in applying a flexible approach to complaints management;
- Ensuring that any staff involved are informed and receive appropriate feedback and support;
- Ensuring that recommendations arising are implemented within an appropriate timeframe and reported using defined outcome reporting measures;
- Ensuring that the issues raised by individual cases or emerging themes are standard items for discussion at team meetings and area governance meetings;
- Provide feedback to staff;
- Ensure that any relevant matters brought to the attention of staff and management teams under their responsibility are reported to The Director of Operations;

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 Director of Operations.

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,” EMATS will therefore adopt a flexible approach accordingly.

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, single resolvable issue. Minimal impact and relative to the provision of care or the service. No real risk of litigation
MEDIUM	Service or experience below reasonable expectations, but not causing lasting problems. Has potential for litigation on service provision. Some potential for litigation
HIGH	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 sub-standard care, professional misconduct or denial of rights

require immediate and in-depth investigation. Ma
serious safety issues.

5.2 Recording of an issue as a 'complaint'

EMATS 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. EMATS welcomes the Making Experiences Count principles that determine a focus on the issue raised, rather than the mechanism used to raise it; offering recourse in this manner both negates replication of process and affords the service-user greater opportunity for resolution. EMATS 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 further to the CQC 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 Director of operations;
- Produce an annual report about all the service-user feedback that has been received and outline what has been done to improve things as a result.

Responding in the right way every time

The Director of operations formulates a planned approach in relation to every complaint or enquiry which sets out the methodology to be used. This includes:

- Using a recognised matrix tool as a guide to decide the degree of seriousness of the issues raised and estimate how long it will take to provide a substantive response;
- In the case of telephone approaches, providing the service user with a written summary of the complaint which they may amend to ensure we have captured the totality of concerns;
- Liaison with any other providers involved to agree which agency should act as the lead responder, the form of the response and the time frame involved;
- Liaison with Independent Complaints Advocacy Service (ICAS), authorised representatives or other advocacy services;
- Obtaining and examining all relevant records and data;
- Liaison with local management teams to obtain an account from any staff involved;
- Seeking expert advice from across EMATS.
- Seeking external expert advice, where appropriate;
- Liaison with local management teams and/or senior managers to agree the response and any actions to be taken;
- Coming to a conclusion and advising the service-user of the outcome including any actions to be taken;
- Providing information about recourse to the Health Service Ombudsman and the assistance available from ICAS, where this has not been previously utilised;
- Requesting the service-user complete an ethnicity monitoring form towards ensuing equality of access to the service;

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

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 EMATS is the Director of operations; 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 Operations Manager has delegated authority to act as the responsible person.

Openness & Transparency

A fundamental tenet of EMATS approach is the commitment to openness and transparency and to foster a culture that is receptive to adopting new practices and learning. EMATS 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;
- EMATS will share learning with other health and social care providers, as appropriate.

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

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

A complainant has the right to approach the Managing Director 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. Complaints made verbally but not successfully resolved within one working day, and those made in writing or electronically, such as by email, will be acknowledged within 3 working days which may be accomplished either verbally or in writing. The normal time limit whereby people can raise their complaint is 12 months although EMATS may exercise discretion to accept a complaint outside this time frame, depending on the circumstances EMATS will provide a substantive response within 28 working days, those cases deemed to be of significant complexity will be afforded a target of 45 working days and the most serious will have a target of 60 days.

7 – ADMINISTRATION

The Director of operations 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

EMATS 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 EMATS website, in-house magazine, Clinical Update or any other suitable medium, or to present this at a suitable forum. EMATS will engage with the Patient Forum on service user feedback and lessons learnt.

9 – RELATIONSHIP TO DISCIPLINARY PROCEDURES

The intention is that any investigation of a complaint or other service-user 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 EMATS Disciplinary Procedure. Where a complaint gives rise to the use of EMATS disciplinary procedure, a response to the complaint is still a requirement, taking into account confidentiality considerations. Complaint handling arrangements will however remain separate and distinct to this. Once such a decision has been made, any investigation under the Disciplinary Procedure will not be conducted by the Director of operations. The General Manager will however be obliged to offer full cooperation to complete a complaint response, including the likely timeframe in which any disciplinary hearing is to be held and the outcome of that.

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 Director of operations should always be offered. Complaint Handling Procedure Any complaint within the regulatory framework which is received locally, or via other EMATS departments, must be referred to the Operation Director to coordinate the investigation and response.

11 – LOCAL RESOLUTION

The regulations make it clear that EMATS should endeavour to resolve complaints through local resolution. The Director of operations is 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.

12 – LIAISON WITH LOCAL MANAGEMENT TEAMS

Where the complaint or approach involves the service provided by a member of staff, the allocated Officer will seek the involvement of the relevant local management team. Copies of the salient records will be made available together with an account and analysis of the issues raised as well as any clinical report from the Medical Directorate, where appropriate. The local management team will seek to obtain an account of the incident in question from the member(s) of staff concerned. The form of this will depend on the seriousness of the issues raised, 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 nominated Officer. On the rare occasion that disciplinary action needs to be considered, the final decision on this will be made by the local designated manager, taking into account any recommendations by the Medical Directorate or equivalent senior manager who may need to be involved. Where disciplinary action is commenced, the nominated officer will not play any further role save in relation to the provision of information accumulated in the course of the complaint or approach and in adherence of the regulatory requirements to facilitate a substantive response to the service-user. Local designated managers will be expected to offer full and timely assistance once presented with an analysis of any issues that arise. They will not be expected to manage complaints or produce investigation reports. Draft final responses will be shared with the designated local manager who will be expected to make this available to the staff involved prior to release wherever possible, and always where the complaint has been graded at [medium or high] or above. Where local remedial actions are identified, these will be agreed with the designated local manager, who will ensure implementation. This will be recorded in the Outcome Report. Where strategic remedial actions are indicated, this will be agreed with the relevant senior manager and recorded in the Outcome Report.

13 – FINANCIAL REDRESS AND RELATIONSHIPS 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. EMATS 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 Complaint Handling Procedure 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, EMATS will afford every cooperation, negotiating the time frame for a response accordingly.

15 – MATTERS OUT WITH JURISDICTION

Complaints that are not required to be managed in accordance with the relevant procedures are detailed at s8 of the Regulations. This includes „complaints“ made by an employee about any matter relating to their employment. Such matters should be reported to the line manager or by using the appropriate 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 out with the EMATS complaints procedure. EMATS will therefore encourage the use of the external incident reporting procedure.

17 – RECOURSES

The Health Service Ombudsman has exclusive responsibility for considering complaints against an health care organisation, replacing the „second tier“ undertaken by the Care Quality Commission

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

19 – HABITUAL OR VEXATIOUS COMPLAINTS

Detailed guidance on the management of habitual and vexatious complainants is set out in a separate policy. EMATS will however only employ this policy as last resort.

19 – 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: Personal and peer learning Organisational learning Learning across the health and social care economy

20.1.1 Personal and peer learning EMATS 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. Complaint Handling Procedure

20.1.2 Organisational learning Governance will be exercised thorough the mechanisms set out in the procedure for the Investigation of Incidents, 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 Director of operations 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, prehospital emergency care and clinical themes. This may involve the input of senior colleagues, for example the Medical Director, in using professional networks.