




COMPLAINTS AND CONCERNS: HANDLING PROCEDURE



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For use by	All our People

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1. INTRODUCTION

- 1.1 The North West Ambulance Service Trust (“the Trust”) is committed to providing high standards of care which is centred on its patients and service users. As part of this, the Trust welcomes all insights, including complaints and concerns, from its service users. Complaints and concerns provide the Trust with a valuable opportunity to review and reflect on its practices, implement changes and continuously improve delivery of care and the experience which our patients, and their families, receive.
- 1.2 It is important that those who raise a complaint or concern, feel that they have been listened to, that we have responded to their concerns and shown empathy and compassion in responding to their complaint.
- 1.3 Complaints and concerns will be dealt with by the Trust’s Resolution and PALS function in a way which aims to fairly and compassionately investigate complaints and concerns to achieve a fair resolution.
- 1.4 This procedure sets out how we handle complaints and the standards we will follow. This procedure follows the relevant requirements in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations).
- 1.5 It should be read in conjunction with the more [detailed guidance modules](#) available on the Parliamentary and Health Service Ombudsman’s website.
- 1.6 Overall responsibility and accountability for management of complaints lies with the Chief Executive as the ‘Responsible person’ (as defined by the 2009 Regulations).
- 1.7 The Assistant Director Legal, Resolution and PALS is the senior leader with responsibility for ensuring Trust compliance with this policy. The Resolution Manager is responsible for overseeing the handling and consideration of any complaints the Trust receives.
- 1.8 The 2009 Regulations allow us to delegate the relevant functions of the Responsible Person and Resolution Manager to our staff where appropriate. We do this to ensure we can provide an efficient and responsive service.
- 1.9 Monitoring processes are in place to make sure that insights from the complaints and concerns we receive are regularly reviewed. The Trust will make sure action is taken on learning arising from complaints so that improvements are made to our service. They demonstrate this by:
 - leading by example to improve the way we deal with compliments, feedback and complaints alongside the Patient Engagement team.
 - understanding the obstacles people face when making a complaint to us and taking action to improve the experience by removing them.
 - knowing and complying with all relevant legal requirements regarding complaints.
 - making information available in a format that people find easy to understand.
 - promoting information about independent complaints advocacy and advice services
 - making sure everyone knows when a complaint meets the Patient Safety Incident Response Framework priorities, a safeguarding or legal issue and what must happen.
 - making sure that there is a strong commitment to the Duty of Candour so there is a culture of being open and honest when something goes wrong.

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- making sure we listen and learn from complaints and improve services when something goes wrong.

2. PURPOSE

2.1 This procedure is to be read in conjunction with the Complaint Investigation Policy. The Complaint Investigation Policy and this procedure supersedes the Complaints, Incident and Investigation Policy in so far as that policy relates to complaint investigations.

2.2 All colleagues are required to be aware of this policy so that the Trust can ensure compliance, best practice and legal obligations that:

- Any service user of the Trust, their family, or members of the public are given the opportunity to raise concerns and/or make a complaint about, and of the services which it provides.
- Anyone who raises a complaint can expect regular updates and a high quality response in a timely manner.
- Lessons from complaints are identified, acted upon and shared through the organisation to improve standards of care and prevent future harm or poor experiences.
- The focus of any complaint will be placed firmly on the prevention of recurrence rather than the apportionment of blame.

2.3 For the Trust's complaints procedure to be effective and work for the people it affects, it needs to be:

Open and easy to access - by being flexible in the way people can complain and providing effective support for people wishing to do so, including information about the complaints procedure being available in different formats.

Fair and independent - with the emphasis on providing an objective investigation of concerns raised.

Responsive - by providing appropriate and proportionate responses and redress of all concerns raised.

Willing to learn and develop - ensuring concerns and complaints are viewed as a positive opportunity to listen and learn from patients' views to drive continual improvement in services.

2.4 Patients, service users and staff should be treated with courtesy at all times.

3. FEEDBACK, CONCERNS AND COMPLAINTS

3.1 People may want to provide feedback instead of making a complaint. In line with [the NHS Complaints Guidance](#), people can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.

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- 3.2 People do not have to use the term 'complaint'. We will use the language chosen by the patient, service user, or their representative when they describe the issues they raise (for example, 'issue', 'concern', 'complaint', 'tell you about'). We will always speak to people to understand the issues they raise and how they would like us to consider them.
- 3.3 Further information about the types of complaints that are and are not covered under the 2009 Regulations is provided in [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#).
- 3.4 If we consider that a complaint (or any part of it) does not fall under this procedure we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant explanation and signposting information.
- 3.5 The NHS Complaint Standards define a **concern** as: a matter where immediate remedial action can be taken for a prompt resolution. A **complaint** is defined as: an expression of dissatisfaction, either spoken or written, that requires a response.
- 3.6 Complaints and concerns can be raised about an act, omission or decision we have made and/or the standard of the service we have provided.
- 3.7 Complaints, concerns and feedback can be provided by phone, in writing, by email or via the Trust's website. We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.

WHO CAN RAISE A COMPLAINT?

- 3.8 As set out in the 2009 Regulations, any person may make a complaint to us if they have received or are receiving care and services from our organisation. A person may also complain to us if they are not in direct receipt of our care or services but are affected, or likely to be affected by, any action, inaction or decision by our organisation.
- 3.9 If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their consent for their representative to raise and discuss the complaint with us and to see their personal information (including any relevant medical records).
- 3.10 If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, a representative may make the complaint on their behalf. There is no restriction on who may act as representative but there may be restrictions on the type of information we may be able to share with them in line with General Data Protection Regulations. We will explain this when we first look at the complaint.

If a patient is using a representative, we will follow confidentiality and data protection laws. The patient will need to authorise the representative to act on their behalf and must authorise us to discuss their care and share personal information with the complainant.

- 3.11 If a complaint is brought on behalf of a child, we will need to be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If we are not satisfied we will share our reasons with the representative in writing.

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- 3.12 If at any time we see that a representative is not acting in the best interests of the person affected, or we do not gain authorisation of consent, we will assess whether we should stop our consideration of the complaint and explore if there are any issues that relate to the representative. If there are, we will consider these issues as the representative will then be raising concerns on their own behalf. If we do this, we will share our reasons with the representative in writing. In such circumstances we will advise the representative that they may complain to the Parliamentary and Health Service Ombudsman if they are unhappy with our decision.
- 3.13 We may receive an anonymous or general complaint that would not meet the criteria for who can complain. In this case we would normally take a closer look into the matter to identify if there is any learning for our organisation unless there is a reason not to.

TIMESCALE FOR RAISING A COMPLAINT

- 3.14 Under the 2009 Regulations complaints must be made to us within 12 months of the date the incident being complained about happened or the date the person raising the complaint found out about it, whichever is the later date.
- 3.15 If a complaint is made to us after that 12-month deadline, we will consider it if:
- we believe there were good reasons for not making the complaint before the deadline, and
 - it is still possible to properly consider the complaint.
- 3.16 If we do not see a good reason for the delay or we think it is not possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

4. MANAGEMENT OF COMPLAINTS AND CONCERNS

- 4.1 The Trust investigates and manages complaints in accordance with the 2009 Regulations and the Parliamentary Health Service Ombudsman Complaints standards.
- 4.2 The Resolution and PALS function acts as the single point of contact for any communication with complainants or their representatives.
- 4.3 The Resolution and PALS team record all complaints on the Trust's DCIQ system to track progress and adherence to specific timeframes. On receipt of a complaint or concern, the PALS Team will open a record on the DCIQ system. An initial acknowledgement should be provided as soon as practicable with a formal acknowledgement being sent within 3 working days.
- 4.4 The Trust values and encourages early resolution which focuses on outcomes and aims to resolve the complaints received.

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SUPPORT FOR THOSE RAISING A COMPLAINT

- 4.5 Making a complaint can sometimes be a daunting process. Raising a complaint with the Trust should not be difficult or feel adversarial. The Trust welcomes any complaint or concern as a valuable insight. All individuals raising a complaint should feel supported to do so by the Trust.
- 4.6 There are many free independent advocacy services available to assist individuals who wish to complain. Their aim is to ensure that people who raise complaints and concerns have the support they need so that their issues can be resolved effectively. The Resolution and PALS team will provide relevant contact details as required.
- 4.7 Assistance for complainants with language or sensory needs will be provided to ensure that the complaints process is accessible to all.
- 4.8 Our staff are trained to identify concerns that may be resolved at the time they are raised or very soon after. If staff consider that the issues cannot be resolved rapidly, we will take a closer look into the matter.
- 4.9 When our staff believe that a rapid resolution may be possible, they are authorised to take action to address and resolve the issues raised and put things right for the person raising them. This may mean giving a quick explanation or apology themselves or making sure a colleague who is more informed of the issues does.
- 4.10 If complaints can be resolved rapidly and by the next working day, our staff will complete this by telephone wherever possible. Where it is possible to resolve issues rapidly and via the telephone the next working day, they need not be managed in accordance with the Complaints and Resolution Procedure as set out below.

COMPLAINTS AND RESOLUTION

Focus on Early Resolution of Complaints

- 4.11 A complaint made verbally but not resolved by the end of the next working day, will be processed through the complaints process (4.13). If, following initial assessment, lower complexity complaints can be reviewed, investigated and resolved quickly, we will aim to resolve such cases within **[10]** working days. In most cases, verbal feedback will be provided, followed by a written response in summary via email or response letter. This process is known as Early Resolution.
- 4.12 Where complaints cannot be resolved within Early Resolution, they will be managed as a low complexity complaint.
- 4.13 Complaints will be subject to an initial review by the PALS co-ordination team and graded in accordance with the Complaint Complexity Guidance **[APPENDIX A]** and Trust Risk Matrix **(APPENDIX B)**. These are the low, medium or high complex complaints.
- 4.14 Any matters dealt with as part of this procedure will be acknowledged within 3 working days. This can be done via telephone, email or via letter and will be recorded on the Trust's DCIQ complaint record.

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- 4.15 All complaints are allocated to a dedicated case handler who will make contact with the complainant to discuss and understand their concerns. The timeframe will be confirmed although that may be subject to change due to events which unfold during the investigation process. The case handler must agree a communication plan with the complainant to detail the frequency and preferred method of updates and communication.
- 4.16 The individual who raised the complaint can expect to receive frequent updates in accessible formats and a high quality response in a timely manner. Answers provided must be full, frank, open and honest with all points of complaint, addressed.
- 4.17 On receipt of a complaint, the case handler will carry out an investigation including (but not limited to): -
- Synopsis and chronology including an outline of the events.
 - Collation of relevant documents.
 - Identification of appropriate service/manager to assist with investigations.
 - Identify colleagues involved.
 - Consideration of review at appropriate Trust meeting groups.
 - Confirm appropriate level of assurance of complaint findings and response.
- 4.18 Low complexity complaints will be responded to in writing within **[20]** working days. Medium complexity complaints will usually require a **[40]** working day investigation and response timescale. High complexity cases will have a **[60]** working day timeframe for investigation and response. Under the Regulations, all complaints must be concluded within six months of being raised with the Trust.
- 4.19 Before sending a final written response to the complaint, the case handler will consider sharing (by telephone, in a meeting or in writing) the outcome of our investigation and the actions we intend to take, with all of the key parties to the complaint. This will be decided on a case-by-case basis and will be based on the complexity of the issues and the identified impact. We will always consider any comments received before issuing a final written response.

PROVIDING A REMEDY

- 4.20 Following the investigation, if the person investigating the complaint identifies that something has gone wrong, they will seek to establish what impact the failing has had on the individual concerned. Where possible they will put that right for the individual and any other people who have been similarly affected. If it is not possible to put the matter right, they will decide, in discussion with the individual concerned and relevant staff, what action can be taken to remedy the impact.
- 4.21 In order to put things right, the following remedies may be appropriate:
- an acknowledgement, explanation and a meaningful apology for the error
 - reconsideration of a previous decision
 - expediting an action
 - waiving (or recompensing) a fee or penalty
 - issuing a payment or refund
 - changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

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WRITTEN RESPONSE

4.22 As soon after the investigation is finished, and within the time limits outlined in paragraph 4.18, the person carrying out the investigation will co-ordinate a written response. They will send this to the person raising the complaint and any other interested parties. The response will include:

- a reminder of the issues investigated and the outcome sought
- an explanation of how we investigated the complaint
- the relevant evidence we considered
- what the outcome is
- an explanation of whether or not something went wrong that sets out what happened compared to what should have happened, with reference to relevant legislation, standards, policies, procedures and guidance
- if something went wrong, an explanation of the impact it had
- an explanation of how that impact will be remedied for the individual
- a meaningful apology for any failings
- an explanation of any wider learning we have acted on/will act on to improve our service for other users
- an explanation of how we will keep the person raising the complaint involved and updated on how we are taking forward all systemic learning or improvements relevant to their complaint
- confirmation that we have reached the end of our complaint procedure
- details of how to contact the Parliamentary and Health Service Ombudsman if the individual is not satisfied with our final response.
- a reminder of where to obtain independent advice or advocacy.

WHAT HAPPENS IF A COMPLAINANT IS NOT SATISFIED?

4.23 The Trust is committed to resolving complaints at a local level and will make every effort to ensure that all possible action has been taken.

4.24 A resolution meeting will be offered to complainants after the Trust has responded by letter, and the complainant is not satisfied. Complainants have the right to decline the offer.

PARLIAMENTARY HEALTH SERVICE OMBUDSMAN

4.25 Where it has not been possible for the Trust to achieve a resolution of a complaint, the complainant will be advised of their right to refer their complaint to the Parliamentary Health Service Ombudsman for consideration and an independent review of their complaint.

4.26 Complainants who are dissatisfied with the Trust's final response may make a request to the Parliamentary and Health Service Ombudsman to investigate their complaint within one year of the date of the complaint response. However, the Ombudsman may consider cases outside this timescale where there are good reasons for not requesting an Independent Review earlier e.g. bereavement or not being made aware of the second stage of the complaint process and will consider these on an individual basis.

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5. COMPLAINTS INVOLVING OTHERS/OTHER PROCEDURES

DUTY OF CANDOR

- 5.1 Where a complaint investigation identifies that an incident has occurred resulting in moderate harm or above and therefore requires the enactment of Duty of Candor, the service line involved is responsible for ensuring that Duty of Candour is enacted in line with process as described in the Duty of Candour procedure.

The Duty of Candour lead will liaise closely with the complaint lead to ensure that both legislation criteria is met.

PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK

- 5.2 The procedure for the investigation of complaints is separate to that of Patient Safety Incident Framework investigations. When the issues raised by a complainant are deemed to meet one of the PSIRF priorities, the Trust will conduct a separate Patient Safety Incident Investigation.
- 5.3 The Resolution team should still acknowledge the complaint as per the procedure contained in this document however, the Patient Safety Engagement lead will take over conduct of the communications with the complainant. If the Patient Safety Incident Investigation cannot, or does not, resolve all matters requiring investigation the complaints process will be followed to answer any remaining issues. Timescales for the completion of the complaint will not commence until the Patient Safety Incident Investigation has been completed.

COMPLAINT INVOLVING OTHER ORGANISATIONS

- 5.4 Complaints can sometimes involve multiple organisations. When a complaint involves another organisation(s) the investigation will be carried out in collaboration with them. A lead organisation will be agreed and they will be responsible for overseeing and co-ordinating the complaint so where possible a joint investigation is carried out. The lead organisation will also ensure that the complainant has a single point of contact and receives a single joint response within an agreed timeframe.

COMPLAINT INVOLVING CORONER'S INQUEST

- 5.5 Complaints can sometimes be raised where there are separate, but concurrent, investigations being conducted by a Coroner.
- 5.6 The Resolution and PALS team will investigate the complaint in accordance with this procedure but will liaise with the Legal Services team and ensure they are kept up to date with the status of the complaint investigation. The Legal Services team will liaise with the Coroners' officer and provide a copy of the complaint response to them once finalised.

CLAIMS FOR COMPENSATION

- 5.7 Requests for damages or compensation fall outside the remit of this policy. Any claim for compensation would be dealt with by the Legal Services team and in accordance with the Claims Handling Procedure.

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5.8 There may be circumstances where the individual who raises a complaint indicates that a without prejudice payment may be acceptable under the Regulations and/or Parliamentary and Health Service Ombudsman Guidance on Financial Remedy. Such payments will be considered in strict accordance with the Redress Policy.

COMPLAINT INVOLVING A CRIMINAL INVESTIGATION

5.9 Complaints may sometimes be raised where there is an ongoing Police investigation.

5.10 The Resolution and PALS team will liaise with the investigating Police Officer and seek clarity on whether it is possible for the complaint investigation to be progressed. If the complaint investigation can be progressed, the Resolution and PALS team, supported by the Legal Services Team, will maintain regular contact with the investigating Police Officer during the investigation and prior to the complaint response being finalised.

6 MONITORING, DEMONSTRATING LEARNING AND DATA RECORDING

6.1 We expect all staff to identify what learning can be taken from complaints, regardless of whether mistakes are found or not.

6.2 Our service line Senior Managers take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users.

6.3 We maintain a record of:

- each complaint we receive
- the subject matter
- the outcome
- whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation.

6.4 We monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed.

7 SUPPORT FOR STAFF INVOLVED IN COMPLAINTS

7.1 Trust Managers and/or clinical leads, with support from the Resolution Team, are responsible for:

- Facilitating the investigation into the complaint.
- Establishing who has been involved and request statements/recollections from those involved as required.
- Reviewing patient records to establish facts/review care as required.
- Collate statements and ensure all issues have been responded to.
- Ensure all aspects of the complaint have been addressed.

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- Assess the severity of the complaint and whether the circumstances meet the criteria for investigation under the Patient Safety Incident Response Framework.
- Ensuring the investigation summary is returned to the Resolution Team within agreed timeframes.
- Ensuring all or any detailed actions are completed and that there is evidence of improvement as appropriate
- Providing immediate and on-going support to staff involved in a complaint.

7.2 All staff, employees, volunteers and third-party providers have an obligation to:

- Cooperate with any request to assist with an investigation.
- Be familiar with the principles of early resolution and what immediate actions can be taken to address any concern/complaint raised directly with them.
- Participate in any feedback or review process identified by an investigation into a complaint/concern.
- Implement any lessons identified, approved and agreed at the conclusion of an investigation into a complaint or concern.

7.3 Individual staff members involved within a complaint investigation will be assigned a team leader or manager who will ensure they are well supported and kept informed throughout. The team leader or manager will ensure the staff member involved has been provided with a clear outcome, inclusive of feedback, actions and/or notable practice.

7.4 Staff involved in a complaint investigation have the right to seek support from peers or union representatives.

8 MANAGEMENT OF PERSISTENT, HABITUAL AND/OR UNREASONABLE BEHAVIOUR / VEXATIOUS COMPLAINANTS

8.1 In determining arrangements for handling habitual and/or vexatious complainants, the Resolution Manager will:

- Ensure that the Complaints Procedure has been correctly implemented and that no material element of a complaint has been overlooked or inadequately addressed. In doing so it should be appreciated that even habitual or vexatious complainants may have issues which contain some substance. The need to ensure an equitable approach is, therefore, crucial.
- Have the knowledge and skills to be able to identify the stage at which an complainants has become habitual or vexatious.

8.2 It is emphasised that the procedures outlined below will only be used as a last resort and after all reasonable measures have been taken to try to resolve any on-going issues. Regardless of the manner in which the complaint is made and pursued, its substance must be considered carefully and on its objective merit.

8.3 Complaints must be approached objectively and without any assumption that they are bound to be frivolous, vexatious, or unjustified.

8.4 NWAS is committed to supporting the wellbeing of its staff. If a complainant is abusive or threatening, it is reasonable to ask them to moderate their behaviour. In situations where a

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caller is abusive, threatening or hostile to the case handler, callers will be warned that their language/tone is offensive and if the behaviour continues the call will be terminated. If a caller's behaviour is not moderated after a second warning the call will be terminated.

- 8.5 In all instances of discriminatory or inappropriate sexual behaviour the first warning will be the point of termination.
- 8.6 It is reasonable to request that a complainant communicates in writing and not by telephone. This will be at the discretion of the Resolution Manager or a nominated deputy. It is unreasonable to refuse to accept or respond to communications about a complaint unless it is clear that all practical possibilities of resolution have been exhausted.
- 8.7 In circumstances where a staff member has had cause to terminate a call and/or have been the subject of abusive behaviour, they are expected to complete an Event on DCIQ. The matter will be reviewed and / or investigated and the staff member will be provided with support.

APPENDICES

APPENDIX A - Complaint Complexity Guidance

APPENDIX B - Trust Risk Matrix

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