



Essex & Herts **Air Ambulance**

Your local life-saving charity

Complaints Policy

March 2016

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1 Introduction

- 1.1 A fundamental element of Essex & Herts Air Ambulance Trust and its subsidiaries (the Trust) approach to integrated governance and risk management is the development of an open and just culture that is receptive to adopting new practices and learning from complaints by involving both complainants and staff.
- 1.2. The Trust acknowledges the importance of an effective and efficient complaints policy. It also recognises that complaints can provide crucial management information about service safety and quality, image and staffing issues from the perspective of patients and their carers, other service users, and the wider population.
- 1.3. Effective management of complaints will:
 - 1.3.1. Ensure that trends in complaints are analysed via DATIX / ORMG to assist in identifying areas within the Trust's policies and procedures that would benefit from review.
 - 1.3.2. Suggest solutions that will benefit all patients and improve service delivery.
 - 1.3.3. Ensure that complainants are heard, and that their dissatisfaction receives an appropriate response.
 - 1.3.4. Act as a key tool in re-establishing confidence in the Trust on the part of the complainant and those associated with the complaint (including our staff).
 - 1.3.5. Assist in ensuring that the Trust is an open, honest, compliant and transparent organisation, and that it is perceived as such by all.
- 1.4. This Complaints Policy and its associated procedures and protocols comply with the guidance set out in the NHS publication 'The NHS Constitution for England 2015' which highlights the need to identify the organisational and systemic weaknesses that cause complaints, rather than focusing on blaming individuals, and are in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 1.5. The policy also complies with the principles set out by the Care Quality Commission and in the Healthcare Commission 'Standards for Better Health' and the DH document 'Listening, Responding, Improving – A guide to better customer care 2009' in relation to the systems and processes for handling complaints.

- 1.6. Staff may be able to resolve issues or concerns informally or be able to supply additional information relating to the complaints process, or details of a local Independent Complaints Advocacy Service (ICAS). Every consideration will be given as to whether issues can be dealt with informally.

2 Aims and Objectives

- 2.1. The key aims of this policy are to ensure that:
 - 2.1.1. The complaints process is accessible to the public;
 - 2.1.2. Complaints are handled sensitively, thoroughly and consistently across all areas of the Trust;
 - 2.1.3. Each case is dealt with according to its unique nature and the expectations of the complainant;
 - 2.1.4. All complaints receive thorough and timely investigation;
 - 2.1.5. Robust, timely responses are provided to complainants;
 - 2.1.6. Learning outcomes from complaints are identified and shared, and any resulting recommendations and actions are implemented with a view to making improvements in the relevant area i.e. patient care, fundraising, events or administration of the Lottery.

3 Definitions

- 3.1. For the purpose of this policy a **formal complaint** is defined as: An expression of dissatisfaction however made by any person or authorised representative who is affected by, or likely to be affected by, the action, omission or decision of the Trust, whether justified or not.
- 3.2. Complaints or requests for a review of a decision in relation to a request for information under the Data Protection Act 1998, will be managed by the Finance Director under the Trust's complaints procedures but will not be included in the reporting of formal complaints, other than a clinical/medical complaint.
- 3.3. Clinical or medical complaints will be investigated by the Trust's Medical Director.

4 Policy Statement

- 4.1 In particular, the Trust is committed to ensuring that patients or their representatives receive an excellent standard of care whenever they use its service and that when patients or their representatives wish to complain about their experience, they have every opportunity to do so.

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- 4.2. This policy reflects the continued commitment of the Trust to providing a straightforward and effective mechanism for all complaints clinical and non-clinical, enabling patients and the public to make complaints and to learn about how services can be improved. By following this policy and the standards provided in this document, the Trust acknowledges its responsibilities to manage its activities with integrity.

5 Arrangements

- 5.1. The Trust has procedures in place to ensure that complaints will be dealt with as quickly and thoroughly as possible. All complaints will be acknowledged within two working days of receipt. Every effort will be made to ensure that a final response from the CEO (or his/her deputy) is sent to the complainant within 25 (medical) or 7 (all other) working days. If this is not possible the Investigating Manager will keep the complainant informed of progress.
- 5.1.1. Complaints will be investigated if they are made within 12 months of the event(s) concerned, or within 12 months of it being discovered that there was a cause for complaint. These time limits may be waived on an individual basis and at the discretion of the Trust if there is good reason for the complaint not being made within the timeframe, and if it is still possible to investigate the complaint effectively and efficiently.
- 5.2. The people who use the Trust's services, and their families/carers, are very important and the Trust wishes to ensure that they can receive support, advice and information when they need it. The Trust will provide information and advice about support groups, advocacy services and other initiatives where appropriate.
- 5.3. If they have particular needs, members of staff, volunteers, patients and members of the public can request assistance with this document.
- 5.4. Complainants can be confident that any relationship, working partnership, future care or treatment provided by the Trust will not be adversely affected in any way because they have made their concerns known to us.
- 5.6. Every effort will be made to ensure that learning from complaints takes place and, when appropriate, policies and procedures will be amended. Complaint trends will be identified and communicated through the Datix reporting system.

6 Responsibilities

- 6.1. The **CEO**, as accountable officer, has overall responsibility for complaints received by the Trust, and for overseeing this policy.
- 6.2. The Investigating Manager will assume day to day responsibility for this policy on behalf of the CEO. The Investigating Manager or their nominated deputy will provide advice and guidance on the application of the Policy and will ensure that:
 - 6.2.1 Ways of reporting or making a complaint are available in paper and electronic formats and published on the Trust's website and Patient Leaflet;
 - 6.2.2 All complaints received are recorded on the Trust's integrated risk management database;
 - 6.2.3 An appropriate level of investigation is undertaken by the nominated investigating manager;
 - 6.2.4 Trust procedures are followed;
 - 6.2.5 Responses are formulated in a consistent and appropriate manner;
 - 6.2.6 Personal contact with complainants is established and maintained;
 - 6.2.7 Close links with other NHS and other organisations are established and maintained with the aim of providing a seamless response to clinical complainants.
- 6.3. **All managers** have a responsibility to investigate complaints that arise from within their area of responsibility and to:
 - 6.3.1 Put in place processes to meet the required deadlines;
 - 6.3.2 Ensure Trust procedures for investigations are followed;
 - 6.3.3 Provide a comprehensive report including a completed incident report form, all correspondence and evidence, and a full and appropriate response for the CEO's signature, detailing:
 - The investigation undertaken;
 - The findings and the learning outcomes; and
 - Any recommendations.

- 6.4. **Managers** are responsible for ensuring that all staff are aware of the policy, and that the policy and its associated procedures are adhered to.
- 6.5. **All staff** must adhere to the Trust's Data Protection Policy and the Data Protection Act for handling all non-clinical complaints, and additionally use the NHS Confidentiality Code of Practice when handling clinical complaints.

7 Competence

- 7.1. The Trust's Induction process will ensure that all new staff are fully aware of the complaints process.
- 7.2. Where complaints analysis identifies recurrent concerns with an individual member of staff, a training needs analysis will be undertaken to identify whether additional training is appropriate and arrangements will be made for this to take place.
- 7.2.2. Where appropriate, the Clinical Director will arrange a review of individual clinical incidents as per the Trust's Clinical Governance Procedures and linked to the Datix process.

8 Monitoring

- 8.1. **Key Performance Indicators** are as follows:
 - 8.1.1. All complaints are to be acknowledged within two working days by the Investigating Manager or their nominated deputy and, where possible, all complainants to receive a final response letter within 25 (clinical) 7 (all other) working days. If it is not possible to provide a full response within six months the departmental manager will write to the complainant with an explanation of the delay.
 - 8.1.2. Complaints and trends will be monitored by the ORMG process.
 - 8.1.3. The percentage of complainants dissatisfied with the response to their complaint will be continually monitored by the Investigating Manager when they are forwarded to the CEO.
 - 8.1.4. The percentage of complainants who take their concerns to the Parliamentary and Health Service Ombudsman is to be monitored by the Clinical Director and every case will be reported to the Board of Trustees via the Executive Team.

9 Audit and Review

- 9.1. The Executive Team will review complaint register trends and any exceptions to ensure that the policy is being adhered to. Where applicable, the Exec Team will oversee the development of an action plan to address any deficiencies.
- 9.2. The Executive Team and Board will monitor the Risk Register at its meetings to ensure that risks identified as a result of complaints analysis are recorded and addressed.
- 9.3. The Board may request an internal audit of the management of complaints from time to time, to seek further assurance that the Policy is being followed.
- 9.4. The Policy will be reviewed on a two yearly basis.

10 Equality Impact Appraisal

- 10.1. The Trust has undertaken an equality impact appraisal to identify the impact the policy may have on any group or individual.

11 Associated Documentation

- Complaints Procedure
- Data Protection Policy
- Incident Investigation Procedure
- Operational Risk Management Group Terms of Reference
- Learning From Untoward Incidents, Claims and Complaints Policy
- Safeguarding Policies (Children and Vulnerable Adults)

12 References

- Data Protection Act 1998.
- Freedom of information Act 2000.
- NHS “Organisation with a Memory” 2000.
- NHS Complaints Reform – “Making things right”.
- NHS Confidentiality Code of Practice 2003.
- Parliamentary and Health Service Ombudsman's Principles of Remedy 2009.
- Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling 2008.

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- Parliamentary and Health Service Ombudsman's Principles of Good Administration 2009.
- Local Authority Social Services and NHS Complaints Regulations 2009.
- Listening Responding Improving; A guide to better customer care 2009.

13 Equality Impact Appraisal

		Yes/No	Comments
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	▪ Race	NO	
	▪ Disability	NO	
	▪ Gender	NO	
	▪ Religion or belief	NO	
	▪ Sexual orientation including lesbian, gay and bisexual people	NO	
	▪ Age	NO	
2	Is there any evidence that some groups are affected differently?	NO	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	n/a	
4	Is the impact of the policy/guidance likely to be negative?	NO	
5	If so can the impact be avoided?	n/a	
6	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7	Can we reduce the impact by taking different action?	n/a	