



Essex & Herts **Air Ambulance**

Your local life-saving charity

Complaints Procedure

May 2013

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1 Scope

- 1.1. These procedures will ensure that complaints are recorded, responded to and investigated, and that preventive action will be taken as necessary, in accordance with national guidance.

2 Responsibilities

- 2.1. The **Chief Executive Officer** has overall responsibility for complaints within the Trust and for overseeing the Complaints policy.
- 2.2. The **Operations Director** will assume day to day responsibility for this policy on behalf of the Chief Executive Officer and will monitor and maintain the policy and procedures.
- 2.3. **Directors** are designated as being responsible for the complaints investigated within their directorate.
- 2.4. **All managers** have a responsibility to investigate complaints that arise from within their area of responsibility.
- 2.5. **All staff** must adhere to the Complaints Policy, its procedures and protocols.
- 2.6. To demonstrate accountability to the public the Trust will publish complaints statistics in the Trust's annual report.
- 2.7. The Trust's Data Protection Policy and the NHS Code of Confidentiality will be taken into account at all times.

3 Procedure

- 3.1. Formal complaints may be received either in writing, electronically or verbally. Upon receipt of a complaint consideration should be given as to whether the issue could be resolved informally. If any advice is needed contact should be made with either the Line Manager or Facilities Manager.
- 3.2. The Manager will liaise closely with the complainant to decide whether an issue should be dealt with under the Complaints Procedure or informally. A note of how the decision was reached to deal with concerns informally will be recorded. In the case of a verbal issue, the verbal report form (Appendix E) should be completed by the person receiving the complaint/concern, ensuring that all details and any action taken to resolve the matter are noted. This form must then be forwarded to the Facilities Manager as soon as possible using the contact details on the form.
- 3.3. On occasions complaints will involve other NHS Trusts, Local Authorities or Private Healthcare Organisations. The Operations Director will fulfil the duty to co-operate as specified in The Local Authority Social

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Services and National Health Service Complaints (England) Regulations 2009.

- 3.4. Members of staff who wish to raise a complaint should be referred to their Line Manager.
- 3.5. Upon receipt of a complaint the Manager will make every effort to make personal contact with the complainant to discuss their concerns and agree a plan and timescale for resolution.
- 3.6. The Manager will enter details onto the complaints Database (DATIX) and create a new file. A copy of these details and correspondence will be placed in the file, and a formal acknowledgement sent to the complainant within three working days. Details of the Independent Complaints Advocacy Service and the leaflet 'Information on how the Trust deals with Concerns and Complaints' (Appendix D) will be sent with the acknowledgement letter.
 - 3.6.1. When a complaint is received verbally the Manager will record the details in writing and send a copy to the complainant asking them to sign and return it as confirmation that the details have been recorded accurately.
- 3.7. The Manager will identify serious complaints that require immediate action and refer them to the CEO and the relevant director on the day of receipt, or as soon as reasonably practicable. Consideration will also be given as to whether the issue should be reported as a serious untoward incident (SUI) and thus, be managed within that procedure.
- 3.8. If the complaint concerns operational issues, the Manager will send it to the Clinical Manager and the Operations Director.
- 3.9. All complaints will be copied to the appropriate Manager and, if issues raised about patient care, to the Medical Director and Clinical Manager.
- 3.10. All complaints will be subject to an appropriate investigation in order to resolve each issue. The Operations Director will allocate complaints to the most appropriate manager, as detailed above, who will undertake an investigation into the complaint. Following discussion with the Senior Manager, the Investigating Manager will provide a report and draft response letter. The Facilities Manager will prepare the final response letter for the Chief Executive Officer's signature.
- 3.11. All investigations must follow the procedures set out in the Incident Investigation Procedure.
- 3.12. If the complaint raises concerns about patient care, the Investigating Manager will involve the Medical Director and Clinical Manager to obtain appropriate information and advice and decision about subsequent investigation or action.
- 3.13. If the complaint involves a vulnerable adult or child, the Manager and the

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Investigating Manager will refer to the Trust's Safeguarding Policy and procedure and seek advice from the Trust's Medical Director. If the complaint concerns a child that has died, the Manager will inform the Medical Director.

- 3.14. Investigating Managers will be given 20 days to complete the investigation. The Manager will contact them by e-mail or telephone during the investigation to monitor progress.
- 3.15. There may be occasions when the Investigating Manager finds that the investigation crosses internal departments and may need to be handed to another manager for their part. Nevertheless the investigation will remain the sole responsibility of the manager initially charged with the investigation.
- 3.16. Where equipment failure/fault is a component of the complaint, the item should be removed for inspection by a competent person/authority and reported via the ORMG process as an incident. The inspection must be formally requested in writing by the investigating Manager with a copy of the request attached to the investigation file. Operational Risk Management will also be advised of the issue and a risk form should be completed, for reporting as information to the monthly Operational Risk Management Group (ORMG) and the information entered on the ORMG database (DATIX).
- 3.17. The Investigating Manager will make every effort to contact the complainant within 48 hours of receipt of the complaint. Where possible this will be by telephone in the first instance. Where appropriate, and if the complainant is in agreement, a meeting will be arranged, at a mutually convenient time and place - usually at the complainant's home. Complainants will be asked if they wish to be kept informed about the steps taken to implement action points agreed at meetings.
- 3.18. An audit trail must be established for each investigation. To achieve this the Investigating Manager must maintain a full and comprehensive log of all details of the investigation (template at Appendix A). The Investigation Manager's report template should be completed (template at Appendix B). The Complaints Checklist (template at Appendix C) should also be completed.
- 3.19. Investigators may call on any relevant expertise to help them reach an informed decision.

- 3.20. Should a complainant wish to seek financial redress, they will be referred to the Finance Director, or their nominated deputy.
- 3.21. The Trust will take account of the Parliamentary and Health Service Ombudsman's 'Principles for Remedy' guidance. Should the Manager feel that a complainant has incurred direct or indirect financial loss, loss of opportunity, inconvenience, distress or any combination of these, they will liaise with the Finance Director and the Director who holds the budget for the area concerned together with the CEO. They will then consider together whether it may be appropriate to offer compensation or redress in line with the guidance.
- 3.22. Where an investigation identifies misconduct, disciplinary issues or a breach of the Capability Policy/No Blame Policies, the investigation will immediately be referred to Human Resources by the Senior Manager for advice on further actions. Where it is a clinical complaint the Medical Director, or their nominated deputy will consider advising the Fitness to Practise Department of the Health Professions Council and the General Medical Council (GMC).
- 3.22.1. Disciplinary actions will be dealt with outside of this procedure and in accordance with the Trust's disciplinary rules and procedures.
- 3.23. When the investigation is complete, the following must be contained within the report submitted via the Manager to the CEO or their deputy:
- Brief outline of the complaint.
 - Sequence of events leading to the complaint being made.
 - Details of how the investigation was carried out.
 - Details of the meeting with the complainant, if one has been held.
 - Completed Complaints Checklist
 - Completed Log of events.
 - Signed statements from the members of staff concerned.
 - Details of interviews with staff concerned.
 - A draft final response letter.
 - Conclusions to include:
 - An assessment of the outcome of the investigation;
 - Any actions taken already;
 - Suggested actions to be taken by the Trust together with timescales for their implementation;
 - Measures that must be taken to prevent recurrence;

- 3.24. The investigation report will be sent to the Operations Director who will review the report to ensure that all issues have been identified and addressed. In the event that the report does not contain sufficient information it will be returned to the Investigating Manager and the Senior Manager for further work.
- 3.25. The Operations Director will, where appropriate, and with the agreement of the complainant, make arrangements for conciliation, mediation or other assistance for the purposes of resolving the complaint.
- 3.26. A full response should, wherever possible, be provided to the complainant within 25 working days. The Investigating Manager and/or the Senior Manager will advise the Operations Director as soon as possible if it is not possible to meet this timescale. The Operations Director will keep the complainant fully informed of progress and, if it is not possible to provide a full response within six months, the Manager will write to the complainant with an explanation of the delay.
- 3.27. The CEO, or a nominated deputy, must respond in writing to all formal complaints. Complainants will be advised in the final response letter of their right to request a review.
- 3.28. Where an investigation identifies that further support/education is needed for the staff involved in the complaint, the Senior Manager will make the necessary arrangements appropriate for the individual complaint. These will be documented in the final report and added to the Action Plan.
- 3.29. If the complainant is dissatisfied with the Trust's response and asks the Trust to look at it again, the Operations Director will refer the complaint to the CEO for further investigation.
- 3.30. An action plan detailing all recommendations will be distributed to all Senior Managers. The Operations Director will monitor progress with regard to the implementation of recommendations made against the timescale specified by the investigating manager. When timescales are exceeded, the Operations Director will escalate to the Senior Manager. The Senior Manager will be responsible for ensuring that recommendations/actions are carried out and will provide the Operations Director with the relevant evidence.
- 3.31. The Operations Director will ensure that any staff members involved in the complaint investigation are informed of the outcome by sending a copy of the final response letter to those staff concerned asking them to sign and return it. The Investigating Manager will consider whether to discuss the content of the letter personally with the member of staff. Should the member of staff be dissatisfied with the content of the letter, they should discuss their concerns with their Line Manager. Should they remain dissatisfied, they may refer to the Trust's Grievance Policy.

- 3.32. The Executive Team (which meets monthly) will monitor progress and the handling of the investigation of serious incidents requiring investigation /serious incidents/near misses/Complaints.
- 3.33. The Operations Director (or their nominated deputy) will submit the following reports on complaints to the Executive Team:
- Numbers of complaints
 - Percentage of complaints acknowledged within three working days
 - A description of complaints and actions taken.
 - Numbers of complaints justified, justified in part, unjustified and not proven.
 - The percentage of complaints responded to within 25 working days

4 Audit and Review

- 4.1. The Executive Team will, at its meetings held every month, review complaints, trends and any exceptions to ensure that the procedures are being adhered to. Where applicable, the Operational Risk Management Group (ORMG) will oversee the development of an action plan to address any deficiencies.
- 4.2. The Executive Team will monitor the Risk Register to ensure that risks identified as a result of complaints analysis are recorded and addressed.
- 4.3. The Board may request the Trust's Internal Auditors to carry out an audit of the management of complaints from time to time, to seek further assurance that the Procedures are being followed.
- 4.4. These Procedures will be reviewed every two years.

5 Equality Impact Appraisal

- 5.1. The Trust has undertaken an equality impact appraisal to identify the impact the policy may have on disparate groups.

6 Associated Documentation

- Complaints Policy
- Incident Investigation Procedure
- Operational Risk Management Group Terms of Reference
- Data Protection Policy
- Grievance procedure

- Safeguarding Policy
- Learning from Untoward Incidents, Claims and Complaints Policy

7 References

- NHS Code of Confidentiality
- NHS Complaints Reform – ‘Making things right’
- NHS ‘Organisation with a Memory’ 2000
- Parliamentary and Health Service Ombudsman's Principles for Remedy 2009
- NHS Confidentiality Code of Practice
- Data Protection Act 1998
- Freedom of Information Act 2000
- Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling 2008
- Parliamentary and Health Service Ombudsman's Principles of Good Administration 2009
- Local Authority Social Services and NHS Complaints Regulations 2009
- DH document ‘Listening Responding Improving; A guide to better customer care 2009’.

Appendix A: Complaints Log

Complaints Log for Complaint No..... Mrs A.N. Other re Mr A.N. Other Completed by			
Actions	Date	Time	Remarks
Investigation received			Received from Operations Director
Investigation Started			Operations Director contacted complainant and is not ready to be contacted by myself until 14/06/11 due to funeral
Contact Mrs AN			No reply
Contact Mrs AN			No reply
Contact Mrs AN			Message left
Mrs AN Contacted me			Meeting arranged at her home 15/06/11 @ 1030hrs
Interview			Mrs AN
Interview			Crew member 1
Interview			Crew member 2
Interview			
Annual Leave			
Report Prepared			Passed to Operations Director 20/06/11

Appendix B: Investigation Manager's Report - template

Investigation Manager's Report

Complaint No.....

Name of Complainant.....

Name of Patient.....

Date of Incident.....

Please type under the headings and use as much space you need. A detailed log of the investigation process should be attached. (Template available on the intranet).

1. Introduction:

A brief summary of the complaint – should be no more than 4/5 lines.

2. Details of Actions taken to Investigate:

Details of investigation including meetings held with complainants, staff, witnesses etc.

3. Sequence of Events:

A resume of what the investigation has revealed.

4. Conclusions:

The outcome of the investigation with the rationale behind the decision as to whether the complaint is justified/unjustified/justified in part/not proven.

5. Recommendations:

Full recommendations with details of actions to be taken, who is to take responsibility and timescales.

Name of Investigating

Manager:.....

Job Title:.....

Date completed and sent to Operations Director:.....

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Appendix C: Complaints Cover Sheet

Title:		Reference No:
Description:		Location and Date:
Receipt Date:		Acknowledgment Letter sent:
Investigating Manager:		Date Report due:
Complainant/Representative details:		Patient details:
Resolved on telephone: Yes/No		Ethnic Origin:
Staff Names	Department:	Ethnic origin:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
Signed staff statements taken: Yes/No		Attached: Yes/No
Were there any witnesses to incident? Yes/No - If Yes Name(s) and Title		
Witness(es) Interviewed?	Name:	
Statements taken?	Attached Yes/No	

<p>Were any of the following involved? <i>(Give names if applicable)</i></p> <p>Police</p> <p>Fire Services</p> <p>Social Services</p> <p>GP</p> <p>Hospital Staff</p>	<p>Statements taken? <i>(Please tick relevant box)</i></p>	<p>Attached? <i>(Please tick relevant box)</i></p>
<p>Transcript of EDC Tape taken?</p>		<p>Attached?</p>
<p>Patient Report Form obtained?</p>		<p>Attached</p>
<p>Report forwarded to: Senior Manager</p> <p>Chief Executive Officer <i>(name)</i></p> <p>Other <i>(please specify)</i></p>	<p>Date:</p>	
<p>Draft Response Letter Attached</p>	<p><i>(If No, please give reason)</i></p>	
<p>Report and Recommendations Checked and Quality</p> <p>Name: Title: Date:</p>		

Appendix D: How The Trust Deals With Concerns and Complaints

How the Trust deals with Concerns and Complaints

If you are unhappy with the treatment or service you have received from the Essex & Herts Ambulance Service/Essex and Herts Air Ambulance Service (EHAAT) you are entitled to make a complaint, have it considered, and receive a response from the CEO. A copy of EHAAT's procedures, which are based on the NHS procedures, is available on request from the Operations Director. Their contact details can be found at the bottom of this leaflet.

Who can complain?

A complaint can be made by a patient or person affected or likely to be affected by the actions or decisions of a the organisation. A complaint can also be made by someone acting on behalf of the patient or person, with their consent.

What is the time limit for making a complaint?

You should normally complain within 12 months of the event(s) concerned or within 12 months of becoming aware that you have something to complain about. The organisation may have discretion to waive this time limit if there are good reasons why you could not complain earlier.

To whom should I complain initially?

Local resolution aims to resolve complaints quickly and as close to the source of the complaint as possible using the most appropriate means. You can raise your concerns immediately by speaking to a member of staff. You may be able to resolve your concerns without the need to make a more formal complaint.

However, if you want to continue with a formal complaint you can do this by telephone, email or letter to the Operations Director. If you make your complaint orally a written record will be made by the Operations Director and you will be asked to sign a copy to confirm that you agree with the content.

To help us deal with your complaint effectively, please provide the following information when you contact us:

- Your name, address and telephone number
- The patient's name if you are complaining on behalf of someone else (if this is the case you may be asked to complete a consent form)
- Where and when the incident took place that you are complaining about
- Full details of the complaint
- What you have already done about your complaint, if anything
- What you expect to happen as a result of your complaint.

Please note that in order for us to investigate your complaint thoroughly, it may be necessary for us to share details of the incident in question with NHS organisations. If you would prefer us not to do this please make the Manager aware when you first contact us.

What happens next?

- The Operations Director will acknowledge your complaint within three working days.
- It will then be passed to one of our trained investigating Managers to carry out an investigation. The Manager will normally wish to speak to you direct in order to gain your personal view of the issues you have raised. We can either arrange a meeting at your home or, if it would be more convenient, the Manager could speak to you on the telephone.
- Once the investigation has been completed, you will receive a letter from the CEO (or their nominated deputy) giving a full explanation. Whenever possible this will be within 25 working days; if there is going to be a delay we will let you know and explain the reasons why.

Please be assured that your future care and treatment by our staff will not be affected in any way because you have made your concerns known to us.

Your name will remain confidential to those involved in your concern/complaint.

If you are not happy with the Trust's response to your complaint we urge you to contact us again as soon as possible to see if there is anything else we can do to resolve the issues you have raised. If you are dissatisfied with the response, you have the right to refer your complaint to the Health Service Ombudsman. Contact details will be given to you in our response to your concerns.

Contact details

Cliff Gale
Operations Director
Essex & Herts Air Ambulance Trust
The Business Centre
Earls Colne Business Park
Earls Colne
Colchester
Essex CO6 2NS

Tel: 0845 2417 690

Email: cliff@ehaat.uk.com

Appendix E: Record of Enquiry or Formal Complaints received verbally

Record of Enquiry or Formal Complaints received verbally

Recorded by: Name.....Date..... Title

Name of Complainant/Enquirer:

Address:

Postcode:.....Telephone No:.....

E-mail address.....

Incident Details: Date:..... Time.....

Location:(including county)

Staff Involved (if known).....

Details:.....

.....
.....
.....
.....
.....
.....

Action already taken (if any) to rectify/investigate:.....

.....
.....
.....
.....

If enquirer/complainant is speaking on behalf of someone else please give:

Name:

Address:

.....

Postcode:.....Telephone No:.....

Following completion please either e-mail or post to the Operations Director

Appendix F: Equality Impact Appraisal

		Yes/No	Comments
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:	NO	
	▪ 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	