

## Pre-hospital Care Standard Operating Procedure Complaints Procedure

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## Introduction

The Essex and Herts Air Ambulance Trust (hereafter referred to as the Trust) provides enhanced prehospital care via doctor-paramedic critical care teams utilising two helicopters and multiple rapid response vehicles.

Mistakes will sometimes happen or the service delivery we aim to provide will not meet expectations. When this happens, the Trust is committed to learn from any mistakes made so that there is a continuous improvement of service delivery to improve patient and public experiences.

Patient and public feedback comes in various forms and is rarely an expression of dissatisfaction with the service provided by the Trust.

This policy provides guidance to managers and staff so that they understand their responsibilities when a patient or member of the public is unhappy with the care or service they have received, how to deal with their dissatisfaction or where appropriate direct them to how they can register the concerns they may have. The policy also informs staff what the complainant can expect from the Trust and the involvement staff will have to help bring the complaint to a satisfactory conclusion, or what further steps may take place if that is not possible.

## 1.0 Purpose

1.1 The purpose of the policy is to ensure that the Trust meets its obligations and focuses on outcomes rather than the process. The Trust will approach any complaint in an honest and open way, with the prime aim of resolving the problem, satisfying the concerns of each complainant and learning from the experience. The Trust will respond to all complaints about the service it provides.

## 2.0 Responsibilities within the Trust

### 2.1 Chief Executive

The Chief Executive is the 'accountable officer' and has overall responsibility for the implementation of the Trust's Complaints Policy, ensuring that lessons are learnt from complaints and, where appropriate, remedial action taken. This function may be performed by any person authorised to act on her behalf.

## 2.2 The Board of Trustees

The Board is responsible for receiving and reviewing reports on the effectiveness of the Trust's Complaints Policy and to ensure that action is taken to address complaints and any adverse incidents and trends.

## 2.3 Operational and Clinical Directors

Operational and Clinical Directors have a responsibility to assist in bringing the complaints process to the satisfactory conclusion of the complainant by:

- Ensuring that all complaints are allocated to an appropriate investigating manager depending on the grading and seriousness of the complaint.
- Ensuring that the complaint is investigated in a timely manner as determined by the Policy.
- Ensuring that all aspects of the complaint have been fully investigated and any recommendations are followed up and actioned.
- Ensuring that all actions have been completed.
- Monitor complaint numbers and timeframes.

## 2.4 Investigation Manager

The Investigation Manager is responsible for:

- Making contact with the complainant to establish a rapport and to gather any further facts.
- Ensure that the complaint is investigated within the timescale allocated and where this is not possible inform the Responsible Director.
- Submit their investigation to the Trust's incident management system, ensuring all areas of the complaint have been addressed.
- Feedback investigation outcome and any lessons learned to the appropriate line manager and staff involved in the complaint.
- If appropriate, disseminate any identified learning across the Trust and share with regional and national partners.

## 2.5 Managers and Staff

Managers are responsible to ensure that their staff are fully familiar with this policy and ensure they support the staff during the investigation process. Individual members of staff have a responsibility to acknowledge and respond to patients' and carers' concerns and comments, ensuring that any necessary remedial action is taken. All staff involved in a complaint will be treated fairly, openly and with dignity throughout the investigation process. Staff who have been named in the complaint will receive feedback on how the complaint was handled and resolved, with associated learning where appropriate.

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The Trust empowers staff to resolve complaints and concerns at a local level whenever possible.

## 2.6 Patient Liaison Managers

The Patient Liaison Managers are responsible for the day-to-day management of patient contact enquiries. They will likely be the first point of contact for complaints, concerns, comments, compliments and requests for information and are responsible for the day-to-day coordination of all feedback.

The Patient Liaison Managers are required to work with the investigating managers to support the completion of a timely investigation and keep the complainant updated with the progress. The Patient Liaison Managers will ensure that:

- All complainants are treated with respect and dignity.
- No discrimination including age, gender, disability, ethnicity, religion, sexual orientation will occur as a result of making a complaint.
- The complainant will receive a letter of response from the Chief Executive or her deputy addressing their concerns, with demonstrable lessons learnt, actions taken and an apology if appropriate.

## 3.0 Definitions

### 3.1 Complaint

A complaint can be defined as an expression of dissatisfaction from a patient or a member of the public and can be raised orally or in writing. Most complainants will be very clear that they wish their complaint to be treated formally and that they require a written response which explains what happened, why it happened, what we have learnt and what action is being taken to ensure it does not happen again. Complaints can range from the clinical treatment provided, the driving skills of the member of staff or corporate matters, such as a breach of the Data Protection Act 1998.

### 3.2 Compliments

A compliment can be defined as an expression of appreciation or thanks for a service received. It is important that these compliments are treated with the same importance as a concern or complaint. All letters/emails/telephone calls of appreciation are logged and sent directly to the appropriate member of staff with acknowledgement to their line manager who will ensure that the staff involved receives appropriate recognition and that a record is made on their personnel file.

### 3.3 Adverse or Serious Complaint

All negative feedback is treated seriously, however, some complaints or concerns may trigger the criteria for a Serious Incident requiring investigation due to the serious nature or circumstances.

## 4.0 Complaints Management Process

The Trust has developed a system on their web page so that people who want to provide feedback can do so via a number of methods such as e-mail, Twitter, Facebook, letter or via telephone. Where feedback arrives at other departments within the organisation these should be directed to the Patient Liaison Managers in the first instance.

Any person who wishes to communicate by e-mail regarding their feedback will be alerted to the insecure nature of that method of communication and will be asked to confirm that that is the method in which they choose to correspond.

### 4.1 Who can Complain

A complaint can be raised by:

- A patient or their representative
- Any person affected or likely to be affected by the action, omission or decision of the Trust
- A complaint may also be raised by a person acting on behalf of another person where that person:
  - Has died
  - Is a child or minor
  - Is unable by reason of physical or mental capacity to make the complaint themselves.
  - Has requested the representative to act on their behalf.

### 4.2 Issues that cannot be dealt with as a Complaint

There are some instances where the Trust is unable to investigate a complaint or is not required to investigate a complaint:

- A comment or concern.
- Those arising from a Freedom of Information request.
- From an employee in relation to their employment, past or present.
- Previously investigated by the Trust.
- During any Police investigation of a criminal matter.
- Exceeding the time limit of 12 months for raising a complaint.

Whilst the above list is not reportable this does not mean that the issues raised

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should not be considered as a concern or dealt with.

#### 4.3 What can the complainant expect?

The complainant should expect an acknowledgement of their complaint within 3 working days by telephone to establish the nature of their complaint, the timescale for investigation, to confirm a single point of contact and how they can get support. The Trust aims to investigate and respond to all complaints within 25 working days, however, there may be circumstances in which this doesn't allow enough time to thoroughly investigate the complaint, but the complainant will be kept up-to-date where necessary.

Where a complaint results in a Serious Incident, the Trust aims to respond within 60 working days to allow time to conduct a full and thorough investigation, and ensure that both learning and actions following investigation are implemented.

The complainant should receive a response in writing which addresses the areas of concern raised and an apology where an apology is required. They will also be kept informed throughout the complaints process and updated where a delay in the investigation has occurred.

## 5.0 Duty of Candour, Transparency and Being Open

Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truth.

Being open and honest about what happened and discussing complaints promptly, fully and compassionately with patients and/or their carers can:

- Help patients and/or relatives cope better with the after-effects;
- Provide reassurance that everything will be done to ensure a similar type of complaint does not recur;
- Provide an environment where patients and/or their carers, healthcare professionals and managers feel supported when things go wrong;
- Help prevent such events becoming a litigation claim.

## 6.0 Consent

The principle adopted by this policy is to work in accordance with the requirements of the Data Protection Act 1998 and the Caldicott Principles. Consent is required from the patient or person involved for the outcome of any investigation to be released to a

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third person. If it is not possible to gain formal consent, for instance the patient's condition is such it would be inappropriate to seek it, then discretion to waive the consent can be taken.

Where a representative makes a complaint on behalf of a child (under 16 years), the Trust must not consider the complaint unless it is satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child. If the Trust is not satisfied, the Trust must notify the representative in writing, stating the reason for its decision.

Consent may be a sensitive issue and the Trust wishes to avoid giving complainants the impression that it is trying to avoid investigating their legitimate concerns. The issue of consent is often resolved when the investigating officer makes a home visit when both complainant and patient are present.

## 7.0 Confidentiality

All recorded information will be treated as confidential and in accordance with the Data Protection Act 1998, the Caldicott Guardian principles.

## 8.0 Staff Complaints

Staff who have concerns about the care or treatment given to an individual or a particular group or by another member of staff are encouraged to raise concerns with their line manager where appropriate or through the Trust incident reporting system.

## 9.0 Learning from Feedback

The Trust recognises the value of learning from feedback so that there is continuous learning to improve the quality of service provided to patients and the public. Where appropriate, action plans are to be developed and lessons learned disseminated based on recommendations as part of the investigation outcomes. These recommendations should highlight the need for any training requirements and address arrangements for shared learning appropriate to the complaint or feedback (what is to be shared and with whom) and give consideration to the review of relevant policies and procedures where appropriate.

Action plans will detail who is responsible for implementing each action and the timescale in which they are to be implemented.

## 10.0 Equality, Diversity and Human Rights

In handling and responding to complaints, complainants will be treated fairly with equal opportunities to make their view known. Fairness requires all those who complain to be treated with dignity, respect and compassion. Where reasonable adjustments are appropriate to enable equitable access, these will be facilitated. Regardless of people's differences, everyone who complains has the right not to be discriminated against.

## 11.0 Process for Joint Handling of Complaints Between Organisations

Health and social care organisations are required to work together to ensure coordinated complaint handling and to provide the complainant with a single response that represents each organisations final response. On some occasions, the Trust will be unable to comply with the other provider's timeframe due to investigation constraints. In this case the lead provider should discuss this with the complainant to establish if a split response is appropriate.

### 11.1 External Independent Investigations

The Trust recognises the need to have arrangements in place for a complaint to be investigated independently or for some level of independent scrutiny in order for a satisfactory resolution to be achieved.

This is not likely to be utilised frequently and would only ordinarily be exercised where a complainant's relationship with the Trust has deteriorated to the extent where the usual internal considerations are unlikely to be accepted by the complainant.

All complaints will be considered on a case by case basis and local arrangements will be made for the independent investigation or scrutiny of any case where the Medical and Clinical Directors agree this is appropriate.

## 12.0 Staff Support

All staff who are the subject of a complaint or concern should be offered support throughout the process.

Staff will be required to contribute to any investigation by explaining their version of events either verbally or in writing. The purpose of the investigation is to understand what may have gone wrong, to clarify to the complainant what happened against what should have happened and apologise if an apology is appropriate. Staff should

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be notified by their line manager of any outcome from the complaint or concern and feedback the learning that has been realised as a result of the investigation.

All staff should have an understanding of the complaints process which can be accessed via the Google Drive. Further advice and support is also available from the Patient Liaison Managers to help staff deal with complaints.

**This SOP will be reviewed 3 years after implementation unless there are any changes in legislation, clinical practice or a significant event/incident.**