NHS
East of England Ambulance Service
NHS Trust

Policy for Complaints and Compliments

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Initiated by	**Date**	**Author (s)**
[Committee etc. originally requiring/ commissioning]	[Completion date of first Version]	Patient Experience Lead Deputy Director Clinical Quality
Version	**Date**	**Comments (i.e., viewed, or reviewed, amended approved by person or committee)**
2.1	21 July 2009	To EMT for approval
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Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
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Linked procedural documents	• Risk Management Policy • Management of Incidents Policy • Serious Incident Policy • Duty of Candour Policy • Whistleblowing Policy • Investigation Guidance Document

	• Claims Policy
Dissemination requirements	All Trust staff and members of the public via publication on the trust website
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

Contents

Appendices

1. Statement

The East of England Ambulance Service NHS Trust (hereafter referred to as the Trust) provides a wide range of services to the public such as Emergency and Urgent Care, Patient Transport Services, and Commercial Call Handling Services. The Trust serves the counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk which covers an area of 7,500 square miles and a population of more than 5.9 million people. It is the Trust's aim to provide quality care every hour of every day. The Trust recognises that there are occasions when things don't go to plan or when people are unhappy with the care and service provided. The Trust will learn from these occasions and respond to people to address the matters they have raised with a transparent and honest approach.

1.1 Purpose

The purpose of this policy is to ensure that all those involved in the complaints, concerns and compliments process have a clear understanding of the Trust's expectations and requirements. The policy is based on legislation, best practice and guidance from national bodies and helps ensure that:

- There is an early distinction made between complaints and concerns
- Complaints and concerns are dealt with efficiently and to a high standard
- That Data Protection Legislation is complied with in communicating with patients (i.e. consent)
- Complaints and concerns are investigated thoroughly
- Complainants are treated with respect and courtesy
- Complainants are provided with advice to help them understand the complaints procedure
- advice on where assistance may be obtained
- Complainants are responded to timely and appropriately as agreed with the complainant
- Complainants are told of the outcome of the investigation and lessons learned
- The recurrence of mistakes through learning lessons is minimized
- Action is taken as necessary in light of the outcome of a complaint
- Staff are appropriately supported through the complaints process.

This policy should be read in conjunction with the Complaints and Concerns Procedure which sets out the detail of how complaints and concerns are managed.

This policy and associated procedure are based on the model of the NHS Complaints Regulations 2009 and Principles of Good Complaint Handling released by the Parliamentary and Health Service Ombudsman (PHSO). This document ensures that the way in which complaints and concerns will be handled by the Trust is clear to all Trust staff.

The PHSO's Principles of Good Complaint Handling will be used by the Trust as the standards to be observed in the handling of all complaints; they are summarised as follows and can be found in detail at www.ombudsman.org.uk

- Getting it right
- Being patient focused
- Being open, honest and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

The Trust recognises that patients and their representatives have a fundamental right to raise concerns about the services they receive. It is expected that staff will not treat patients, their relatives, or representatives unfairly as a result of any complaint or concern raised by them. Any complaints of unfair treatment as a result of having made a complaint will be investigated seriously and Trust HR processes will be followed as appropriate.

2. 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 by the 'responsible body' to act on his/her behalf and periodically may be devolved to other Board Directors.

2.2 The Board

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. The Board will also monitor the effectiveness of complaints handling and compliance with the NHS Regulations through the Quality Governance Committee.

2.3 Quality Governance Committee (QGC)

QGC will report to the Board on the operation of the Trust's Complaints Policy. The Committee will receive appropriate information and monitor compliance with the NHS Complaints (England) Regulations 2009, and this policy, and make recommendations to the Board as appropriate.

2.4 Compliance and Risk Group

The Compliance and Risk Group is directly accountable to the Executive Leadership Team and is responsible for reviewing and monitoring trends in relation to complaints and concerns recorded on the Trust's compliance and risk management system as part of the risk management process. They must ensure that appropriate follow up action is taken, learning is disseminated and make recommendations for changes to policy or activity.

2.5 Patient Experience and Engagement Group (PEEG)

The Patient Experience and Engagement Group reports directly to the Compliance and Risk Group. This group is responsible for monitoring detail of collected data relating to patient experience and engagement. The group includes representative patients and meets six times per year.

2.6 Patient Experience Department (PED)

The PED is responsible for the day-to-day coordination of all feedback to the Trust. The team 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 Experience Department 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 their deputy addressing concerns raised, with demonstrable lessons learnt, actions taken and an apology.

2.7 Heads of Operations, General Managers and Heads of Departments

Heads of Operations, General Managers and Heads of Departments have a responsibility to assist the complaints process to the satisfactory conclusion of the complainant by:

- Ensuring that all complaints are allocated to an appropriate investigating manager.
- 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 through the use of their dashboard on the Trust's complaints management system.
- Supporting members of staff involved in or investigating a complaint.

2.8 Reviewer/Investigation Officer

The Investigation Officer 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 Patient Experience Department of the reasons why.
- Ensure that the investigation completed is thorough, factual, non-judgemental and transparent.
- Submit their investigation to the Trust's complaints 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.

2.9 Patient Experience Administrator

The Patient Experience Administrator is responsible for:

- Acknowledging feedback into the Trust
- Raising negative feedback with the Patient Experience Coordinators
- Signposting patients/their representatives to the most appropriate service
- Logging of comments (PALS)
- Logging and supporting of lost properties

2.10 Patient Experience Coordinator

The patient Experience Coordinator is responsible for:

- Triaging the complaint or concern level
- Liaising with the complainant to agree timescales and expectations
- To raise questions for the complainant to the local management team
- To coordinate investigation findings with the local management team
- To keep the complainant up to date as per complaints process
- To be a point of contact for the complainant
- To coordinate and send all correspondence

2.11 Patient Experience Manager

The Patient Experience Manager is responsible for:

- Line management of the Patient Experience Coordinators
- Being a point of escalation for complainants and managers
- Monitoring the handling of complaints, concerns and compliments
- Monitoring progress and quality of investigations
- Providing reports to the Trust and external stakeholders

2.12 Patient Experience Lead

The Patient Experience Lead is responsible for the day to day management of the Patient Experience Department which handles all patient experiences to include: complaints, concerns, comments, compliments, Lost property and signposting to teams for further information. The Patient Experience Lead is also responsible for producing statistical information to the Board, Quality Governance Committee, the Senior Leadership Board, Executive Leadership Team, Commissioners and other governance level groups to support and inform decision making.

2.13 Managers and Staff

All Trust staff have a responsibility to ensure that they are familiar with this policy. 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.

The Trust has empowered staff to resolve complaints and concerns at a local level whenever possible. Details of all complaint and concern, themes, areas and lessons learned shared with the wider Trust on a monthly basis to ensure appropriate monitoring.

2.14 Peer Review Panel

A Peer Review Panel process has been developed to ensure that the Trust is receiving on-going objective feedback about the feedback process from members of the Community Engagement Group. The Panel's role will be to analyse a number of files per year and comment on the current process and make recommendations to improve this process.

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 verbally 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 will be reported and managed in line with the NHS Complaints Regulations 2009 and can range from the clinical treatment provided, loss of dignity, attitude of staff, the driving skills of the member of staff or corporate matters, such as a breach of the Data Protection Act 1998.

3.2 Concern

A concern can be described as negative feedback but which has not been or is not required to be dealt with as a formal complaint. All concerns are logged on the Trust system and require a thorough local investigation, any lessons learned and an apology. A concern does not necessarily require a written response and can be resolved verbally where appropriate and agreed with the person raising the concern.

3.3 Comment

At times the Trust will receive comments, ask a question or seek advice or signposting within the wider NHS or social care network. These comments will be logged and responded to as appropriate or sent onto the relevant department if it is information only.

3.4 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. A selection of compliments are reported to the executive team and to other groups as a part of their metric reports. This supports the Trust to learn from excellent practice Safety II “Learning from Excellence”.

3.5 Duty of Candour

The Trust investigate complaints with an open and transparent response to complainants, this includes an honest reflection of where failings have been found or errors made in managing the care and treatment of a patient. When a failing or error has occurred, complainants can expect a detailed explanation of the mistake, a clear apology and information relating to lessons learned from this incident. Regulation 20 of the Health and Social Care Act 2008

3.6 Lost Property

Requests to trace property can be made via the PALS team either by telephone/letter/e- mail or via a dedicated Lost Property Request Form on the Trust's website.

All requests to trace property are passed to the local administrators for each service line to make the appropriate enquiries to trace the item(s) and feedback to the PALS team to respond to the request.

3.7 Patient Advice and Liaison Service

The Patient Advice and Liaison Service (PALS) is an informal mechanism for patients, their relatives or carers to comment on services provided by the Trust. The Trust's PALS function is managed by the Patient Experience Department. It also forms part of the data gathering by the Patient Advice & Liaison Service to identify trends, gaps in service and share good practice.

- The Trust will aim to deal with all comments received via PALS with similar standards of responsiveness and thoroughness as employed for complaints.
- The Patient Experience team will be the first point of contact for all PALS contacts in office hours. Out-of-hours the Trust has a voicemail service and calls to this are reviewed as soon as the office re-opens.

Access to PALS

PALS is accessed by the public via a free phone number, e-mail address, in writing and also via the link on the Trust Website. Information on the Trust website is provided with accessibility including audio of English and other spoken languages.

The telephone line is staffed during office hours, when a PALS representative is not available patients, their carers or professionals can leave a message on the voicemail service.

3.8 Safeguarding

Where feedback relates to an allegation against members of staff, consideration is given at the point of triage by the Patient Experience Coordinator to notify the Safeguarding Team for review.

3.9 Serious Incident

Some patient feedback may trigger the criteria for a Serious Incident, the Patient Experience team assess this by following the Trust's Potential Serious Incident SOP (Appendix 4). Where this has been recognised through the triage process the complaint or concern will be highlighted to the Patient Safety Team for further review.

4. Raising a concern/ Making a complaint

4.1 Who can contact the Trust:

A complaint or concern can be raised by:

- A patient or their representative (including a healthcare professional)
- Any person affected or likely to be affected by the action, omission, or decision of the Trust during care by a member of Trust staff.
- 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 Timescales for contacting the Trust

A complaint must be made no later than 12 months after:-

- the date on which the matter which is the subject of the complaint

occurred; or
- The date on which the matter which is the subject of the complaint came to the notice of the complainant.

This time limit will not apply if the Trust can be reasonably satisfied that:

- the complainant had good reasons for not making the complaint within that time limit**; and**
- not withstanding the delay, it is still possible to investigate the complaint effectively and fairly.
- The decision to investigate complaints made outside the 12-month timeframe is the responsibility of the Medical Director

4.3 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:

- Verbal complaint resolved within 24 hours (not dealt with as a complaint but through this policy as a concern/PALS).
- 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 or the Parliamentary and Health Service Ombudsman
- From an NHS or Local Authority Social Services Body
- During any Police investigation of a criminal matter
- Exceeding the time limit of 12 months for raising a complaint.
- Staff making complaints about other staff.

Whilst the above list is not reportable this does not mean that the issues raised should not be considered as a concern or dealt with through other policies.

4.4 What can the complainant expect?

A complainant will receive an acknowledgement of the matter raised confirming the details of the issues. They will also be kept informed throughout the complaints process and updated where a delay in the investigation has occurred. The complainant shall receive a final response

by whatever means has been agreed with them. This is outlined within Appendix 1 complaints process, Appendix 3 complexity grading and Appendix 5 Summary of Timescales. The response will include:

- an apology
- how the complaint was considered
- details of the open and transparent investigation process that has taken place
- the conclusions and outcomes reached
- details of remedial action taken or planned, and lessons learnt
- confirmation that the action will address the issues raised
- Reference to the Parliamentary and Health Service Ombudsman
- Information to be provided in an accessible way for complainants with additional needs or sensory impairment.

4.5 Multi organisational complaints

In cases where a complaint is received which also concerns services provided by another organisation, agency or provider, the Patient Experience Team will seek consent to forward any correspondence / information received to the other relevant organisation(s). The Patient Services Team will be responsible for facilitating an appropriate response to this type of complaint. The Directorate team responsible for handling the complaint will work to:

- Agree a lead organisation.
- Agree who will answer which parts of the complaint
- Agree who will be the central contact point for the complainant

Data must be shared via secure means, every effort should be made to resolve the complaint in a cooperative manner, with a coordinated response sent to the complainant unless specifically requested otherwise. Time limits for responding to multi-agency complaints will be in line with the timescale requirements of this policy. Where other organisations leading on a multi-agency complaint stipulate an alternative timeframe to that set out in this policy, every effort will be made to support that

organisation to ensure a timely response for the complainant. Trust staff have a duty to cooperate.

5.0 Triaging and Grading Complaints or Concerns

On receipt of a concern/ complaint, an informal risk assessment is undertaken by a Patient Experience Coordinator to establish its potential severity and screen for harm (Appendix 3 Risk Grading)

Concerns and complaints are graded according to the four-tier complexity framework (Appendix 2). A discussion will take place with the complainant to set timescales and expectations individual to their complaint or concern.

Timescale guide	**Within 25 working days**	**Within 25 working days**	**To be agreed with complainant**	**To be agreed with complainant**
Complexity	Single area involved/single simple question	More than one EEAST area or department involved/ one or more questions which are simple to answer	EEAST crew(s) or including another organisation e.g PAS, Hospital or other Healthcare provider/multiple questions from complainant	Multiple organisation/multiple or complex questions from complainant

The Trust understands that each and every patient contact is individual to the person reporting feedback. The Patient Experience Coordinators will maintain continuous communication at a frequency agreed with the complainant to ensure they are kept up to date with progress.

During this triage process, the file will also be reviewed as:

- Potential Serious Incident and forwarded to the Patient Safety Team,
- Data or confidentiality breach and forwarded to the Information

Governance Team,
- Potential Claim and forwarded to the Claims Team,
- Safeguarding concern and forwarded to the Safeguarding Team with a Single Point of Contact (SPOC) Safeguarding referral made where appropriate.

6.0 Consent

The principle adopted by this policy is to work in accordance within the current data protection regulations and the Caldicott Principles. Consent is required from the patient, their parent/legal guardian or person holding Lasting Power of Attorney, for the outcome of any investigation to be released to a third person (see appendix 8 consent flowchart). If it is not possible to gain formal consent, for instance the patient's condition is such it would be inappropriate to seek it, this will be agreed by the Caldicott Guardian.

If consent is not received, the Trust has the right to stop the investigation process and close the complaint or concern. The Trust has the right to decide to continue with an investigation where lessons may be learned. Where the Trust can provide limited information without breaching any confidentiality, this may be shared with the complainant at the discretion of the Caldicott Guardian.

Where a complaint be made via a Member of Parliament (MP) on behalf of a constituent and a letter from the constituent is enclosed then consent is implied. Where there is no letter from the constituent or the complaint is raised by a third person, consent must be obtained.

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.

Where consent is requested and is not provided within 25 working days the complaint or concern shall be considered closed.

7.0 Confidentiality

All recorded information will be treated as confidential and in accordance with the current data protections regulations, the Caldicott Guardian principles and the Access to Health Records Act 1990.

8.0 Legal Action or Criminal Proceedings

All letters which state that legal action is being taken, or that include a claim for compensation, shall be forwarded immediately to the Legal Services Manager. This must not delay the statutory obligation to acknowledge the complaint within 3 working days. The Patient Experience Lead will where necessary work with the Legal Services Manager and the Trust's solicitors regarding any further action required. The complaint will still be investigated and resolved as per this Policy. All correspondence and actions must be passed to the Patient Experience Lead for advice and action.

Where criminal proceedings are likely and the police are conducting an investigation into the complaint, the Patient Experience Lead will seek guidance from the Trust solicitors in conjunction with the Legal Services Manager in order to determine whether progressing with the complaint might prejudice any criminal proceedings. In this instance it is the right of the Trust to pause the complaints process until deemed appropriate to continue at which point the complaint will be re-opened for investigation by the Trust.

9.0 Financial Redress

The Trust works in accordance with the Principles of the Parliamentary and Health Service Ombudsman (PHSO) and its established Principles for Remedy.

The PHSO set clear expectation that there is an obligation to put the complainant back in the position they were in before they experienced the problems they encountered. The Trust recognises that there is consequently an obligation to consider financial redress in each appropriate case and where compensation is requested, regardless of whether the consideration relates to any financial loss a person has suffered as a result of service failings, or whether the payment is in recognition of the non-financial impact of failings, financial redress can be made without recourse to legal action.

Where financial redress 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. This decision will be made by the Director of Nursing and Clinical Quality or Medical Director in conjunction with the Patient Experience Lead.

10.0 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 will be developed, and lessons learned disseminated based on recommendations as part of the investigation outcomes. These recommendations will highlight actions to be taken forwards such as service developments, training requirements, procurement, awareness raising and address arrangements for shared learning appropriate with the complaint or feedback (what is to be shared and with whom). Learning from feedback should also 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 and be shared initially with the complainant.

11.0 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 as individuals, 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.

The Trust is committed to pro-diversity and anti-discriminatory practice. Information is available in accessible formats, including different languages on request that inform the public about our complaints process. The Patient Experience Lead will liaise on a regular basis with the Equality and Diversity Lead to ensure that the accessibility of the process is maintained and reasonable adjustments are made to facilitate the needs of those who might otherwise not be able to make a representation to the Trust. Examples of reasonable adjustments include translation services (for example, language line) or other formats if required.

Every complainant receives an Equal Opportunities Monitoring Form with their acknowledgement letter and they are asked to complete the form and return it to us. This information is then analysed on an annual basis and contributed to the Trust's Equality and Diversity Annual Report.

12.0 Advocacy

The NHS Advocacy Service help individuals make a complaint and/or give advice to complainants during the process itself. The Trust has a duty to make complainants aware of this service and notifies them through the acknowledgement letter.

13.0 Habitual or Vexatious Complaints

During the complaints process Trust staff may have contact with a small number of complainants who require a disproportionate and unreasonable amount of NHS resources in dealing with their complaints. For guidance please refer to the procedure for handling habitual and vexatious complaints (appendix 6). This identifies situations where a complaint might be considered to be unreasonable in their behaviour (also referred to as vexatious), provide guidance on how to assess and manage such complaints and where to seek support in the management of such situations.

Complaints should only be termed unreasonable (vexatious) as a last resort and after all reasonable measures have been taken to try to resolve the complaint by local resolution. Judgment and discretion must be used in applying the criteria to identify potential vexatious complaints action taken should be on a case by case basis. The procedure should be implemented following careful consideration by, and with the authorisation of the Medical Director. (appendix 6)

14.0 Staff Support

All staff who are the subject of a complaint or concern shall be offered support throughout the process by the Patient Experience Team, local managers and in conjunction with Occupational Health Services and Unison where appropriate. 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 give sincere apologies.

Staff shall 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. This is monitored by the Patient Experience Department through the Trust's complaint management system.

An overview of this policy is incorporated into staff induction programmes. All staff shall have an understanding of the complaints process which can

be accessed via the Trust's internet. Further advice and support will also be available from the Patient Services Manager to help staff deal with complaints.

15. Training

The Patient Experience Team will ensure provision of guidance and support for investigators, relevant managers and staff to enable them to carry out their duties and responsibilities relating to complaint and concern prevention and management.

Awareness of the role of all staff in complaints management forms a part of the Trust's training programme and all staff are informed of their responsibilities through the Trust's Corporate Induction process. Managers can also request further support and the Patient Experience Team will develop and deliver training and workshops to assist staff in dealing with a customer-focused approach.

16. Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
What key element that need monitoring	Role or group who will lead on this aspect of monitoring ?	What tool will be used to monitor/ check/observe / asses/inspect/ authenticate that everything is working according to this key element	How often is monitoring needed How often should a report be completed? How should a report be shared?	What type of evidence will be presented	Who or what committee will the completed report go to and how will this be monitored. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?	How will system or practice changes be implemented lessons learned and how will these be shared.

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Contact Acknowledgement completed in 3 days	PE Lead	Datix audit report	Weekly Bi Monthly	Data dashboard	ELT report PEEG dashboard CRG Quality Report QGC Metric dashboard	Deputy Clinical Director	Reported to same groups identifying method of dissemination e.g. advice/ guidance/ training/ posters.
Response for Green complaints responded to in 25 days	PE Lead	Datix audit report	Weekly Bi Monthly	Data dashboard	ELT report PEEG dashboard CRG Quality Report QGC Metric dashboard	Deputy Clinical Director	Reported to same groups identifying method of dissemination e.g. advice/ guidance/ training/ posters.

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Respons e for amber/ Red complai nts respond ed as agreed with complai nant	PE Lead	Datix audit report	Weekly Bi Monthly	Data dashboard	ELT report PEEG dashbo ard CRG Quality Report QGC Metric dashboard	Deputy Clinical Director	Reported to same groups identifying method of dissemination e.g. advice/ guidance/ training/ posters.
Ratio complaints to compliment s	PE Lead	Datix audit report	Weekly Bi Monthly	Data dashboard	ELT report PEEG dashbo ard CRG Quality Report QGC Metric	Deputy Clinical Director	Reported to same groups identifying method of dissemination e.g. advice/ guidance/ training/ posters.

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
					dashboard		

Appendix 1 – Management of Identified Stages:

Phone the complainant

If you speak to the enquirer you are more likely to get a fuller understanding of the issues they are raising and it may help to resolve some of their queries or defuse the situation. You may even be able to close their concerns down by telephone.

This is a good opportunity to arrange a meeting if required.

Request & Review Documentation

Review the CAD, Patient Care Record, Cleric, Call Recordings and Safeguarding Referrals.

If you require any documents, please contact the Patient Experience Department. (eoeasnt.feedback@nhs.net)

Interview the staff

Take written statements as soon as possible from the staff involved so they have an opportunity to put forward their recollection of events. Follow this up with specific questions to ensure all the enquirer's concerns have been addressed. Give the staff members' time frames to respond by if requesting statements.

Upload any statements or conversation notes to Datix.

Update Patient Experience team

Keep your Experience Co-ordinator regularly updated of your progress or hold ups by phone, email or progress notes on the Datix.

They won't chase if they are kept informed.

Update DATIX with your investigation

Fill out method of investigation fields.

Answers to complaint (the Experience Co-ordinator will format this into a letter)

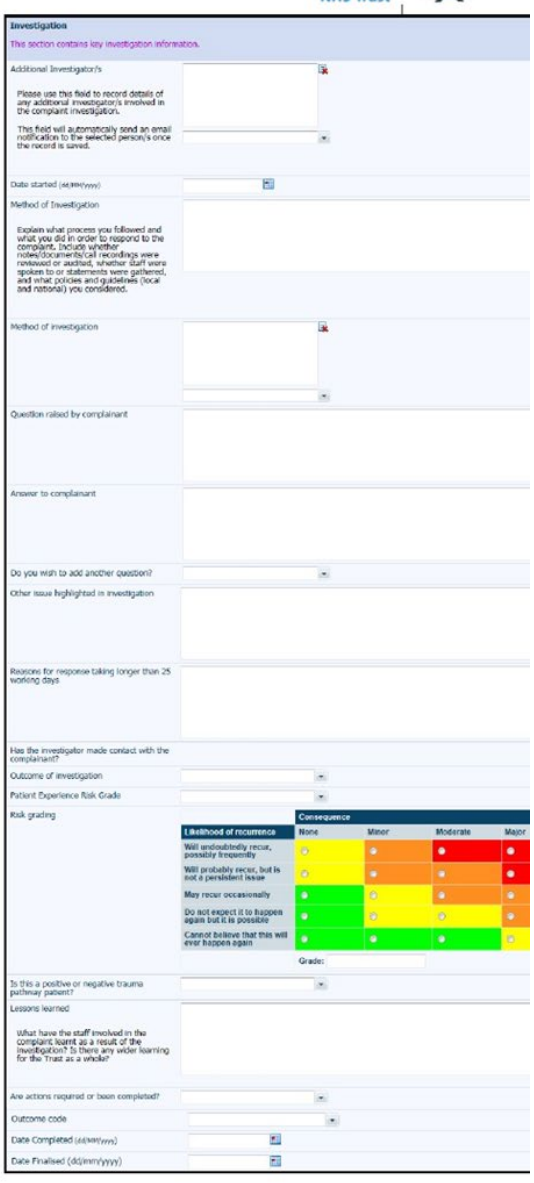
Complete the outcome code e.g. justified or not justified, reason for delay, date investigation completed fields.

Complete the risk assessment for the Patient Experience.

Make sure that all relevant documentation and evidence has been uploaded.

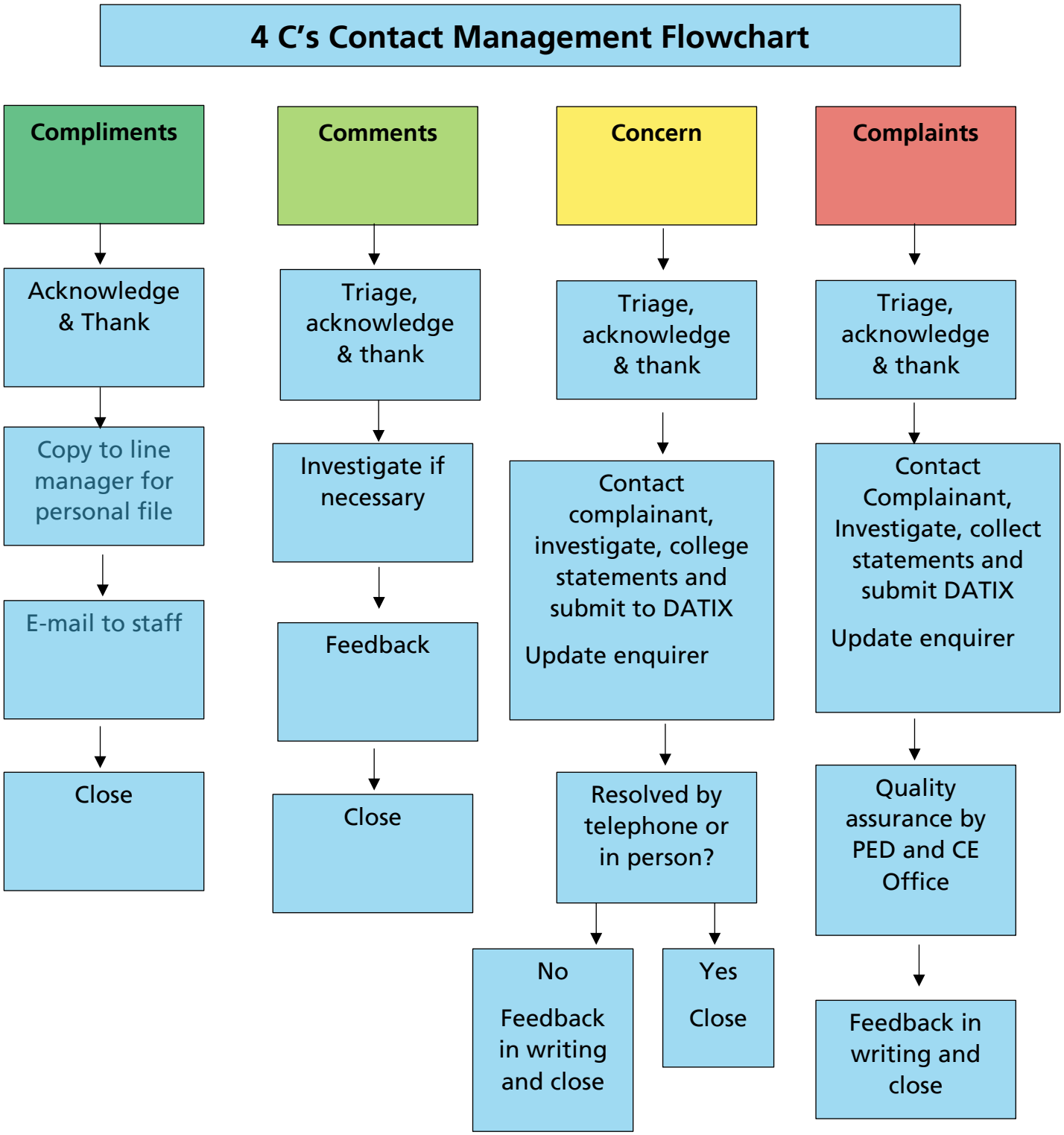
Email the Patient Experience Department to advise that your investigation is completed.

NHS East of England Ambulance Service NHS Trust



Lessons Learnt

Complete the lessons learnt field in Datix and actions required. Set actions to remind yourself to complete the actions. Please provide evidence of the actions that have been carried out.


4 C's Contact Management Flowchart
Compliments
Acknowledge & Thank
Copy to line manager for personal file
E-mail to staff
Close
Comments
Triage, acknowledge & thank
Investigate if necessary
Feedback
Close
Concern
Triage, acknowledge & thank
Contact complainant, investigate, college statements and submit to DATIX
Update enquirer
Resolved by telephone or in person?
No
Feedback in writing and close
Yes
Close
Complaints
Triage, acknowledge & thank
Contact Complainant, Investigate, collect statements and submit DATIX
Update enquirer
Quality assurance by PED and CE Office
Feedback in writing and close

Appendix 2 – Complaint Complexity Grading

On receipt of any negative patient feedback, the Patient Experience Department will grade the complexity of the incidents raised, questions and statements received by the complainant. We understand that each and every complaint or concern is individual to the person and that as a Trust we want to ensure that a thorough investigation has taken place.

On grading the complexity of a complaint, Patient Experience Coordinators will consider the following:

- The incident/scenario described by the complainant.
- The complainants wishes and intentions (to raise a comment/concern/complaint).
- If there are potential Safeguarding concerns requiring onward referral to SOPC.
- If this is a potential Serious Incident.
- If this is a potential claim.
- The number of questions raised for investigation
- The number of dates/incidents raised by the complainant
- The complexity of the questions raised for investigation.
- The number of teams and organisations involved.

Timescale guide	Within 25 working days	Within 25 working days	To be agreed with complainant	To be agreed with complainant
Complexity	Single area involved/single simple question	More than one EEAST area or department involved/ one or more questions which are simple to answer	EEAST crew(s) or including another organisation e.g PAS, Hospital or other Healthcare provider/multiple questions or incidents from complainant	Multiple organisation/ multiple or complex questions from complainant or a potential SI.

All concerns and complaints will receive an acknowledgement letter, identifying their Patient Experience Coordinator, explaining the process and expected timescales.

Where the complaint meets the criteria set within the amber or red categories the Patient Experience Coordinator will contact the complainant to agree together, the timescales individual to their complaint or concern, frequency of contact and expectations.

Throughout this process the complainant can expect to be treated as an individual, with respect, honesty and transparency. The Patient Experience Coordinator will maintain regular contact with the complainant to explain progress and next steps.

Appendix 3: Risk Grading of concerns and complaints – framework

The grading criteria are outlined in the table below and are based on the issues raised in the case prior to the investigation. Decide on the 'best fit' for the case and potential for re-occurrence. The risk grading must be added to DATIX

Complaints	**Severity Score (impact levels) and examples of descriptors**				
Domains	**1. Negligible**	**2. Minor**	**3. Moderate**	**4. Major**	**5. Catastrophic**
General Principles and adverse publicity	No impact or risk to provision of care. Unsatisfactory patient experience not directly related to clinical care.	Unsatisfactory patient experience related to care, usually single resolvable issue. No real risk of litigation.	Patient outcome/experience below reasonable expectation in single or several areas but not causing lasting detriment. Major patient safety implications if findings are not acted on Slight potential for litigation/independent review.	Significant issues of standards, quality of care, or denial of rights. Clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Possibility of litigation and adverse local media publicity.	Catastrophic issues regarding serious adverse events, long- term damage, grossly substandard care, professional misconduct or death that require investigation. Serious safety issues. Probability of litigation high or strong possibility of adverse national media publicity.
Standards and values (Trust, Specialist and	Potential failure to meet standards or values	Single failure to meet standards or values	Repeated failure to meet standards /	Non-compliance with national standards with	failure to meet standards with potential patient harm as a result

Complaints	Severity Score (impact levels) and examples of descriptors				
National)			reduced performance rating if unresolved	significant risk to patients if unresolved	
Staff Behaviour		Unhelpful / poor attitude	Rude or offensive behaviour	Racist / homophobic/ unprofessional conduct/ harrasment	Physical / threatening/other abuse/ Allegation of significant fraud
Breach of Confidentiality		Correspondence sent to wrong patient – no medical details, letter destroyed	Correspondence about medical condition sent to incorrect patient	Multiple breaches/potential multiple breaches or material of highly sensitive nature	Loss of documents in public place/ public domain / Serious incident / ICO action likely
Delays	Slight delay in appointment/procedure/ conveyance with no harm	Delay of conveyance 1-3 hours including Cancellation of surgery/appointment on day with no impact on condition	Delay in conveyance leading to deterioration of condition, Impact is unnecessary or prolonged hospital stay	Delay or non-conveyance with Impact causing lasting detriment to patient's physical condition/ increased hospital stay of > 3 weeks Missed / delayed diagnosis or access to appropraite	Lengthy delay/incorrect categorisation or non- conveyance with a potential impact of loss of life or potential for preventable harm.

Complaints	**Severity Score (impact levels) and examples of descriptors**				
				treatment	
Financial Impact			Theft or fraud up to £1000	Theft or fraud >£1000	Litigation/ theft >£1000
Risk	no harm	no harm	low harm	moderate harm	Serious harm or potential Serious Incident

Appendix 4 – Potential SI Standard Operating Procedure

A call or email received by the trust to raise a concern or complaint. Following the criteria below, does the content of the complaint or concern require raising as a potential Serious incident?

NO

Did this incident cause an unexpected, potential or avoidable death of one or more patient, member of staff, visitor or member of the public. Where death appears to be directly linked to the incident which occurred?

YES

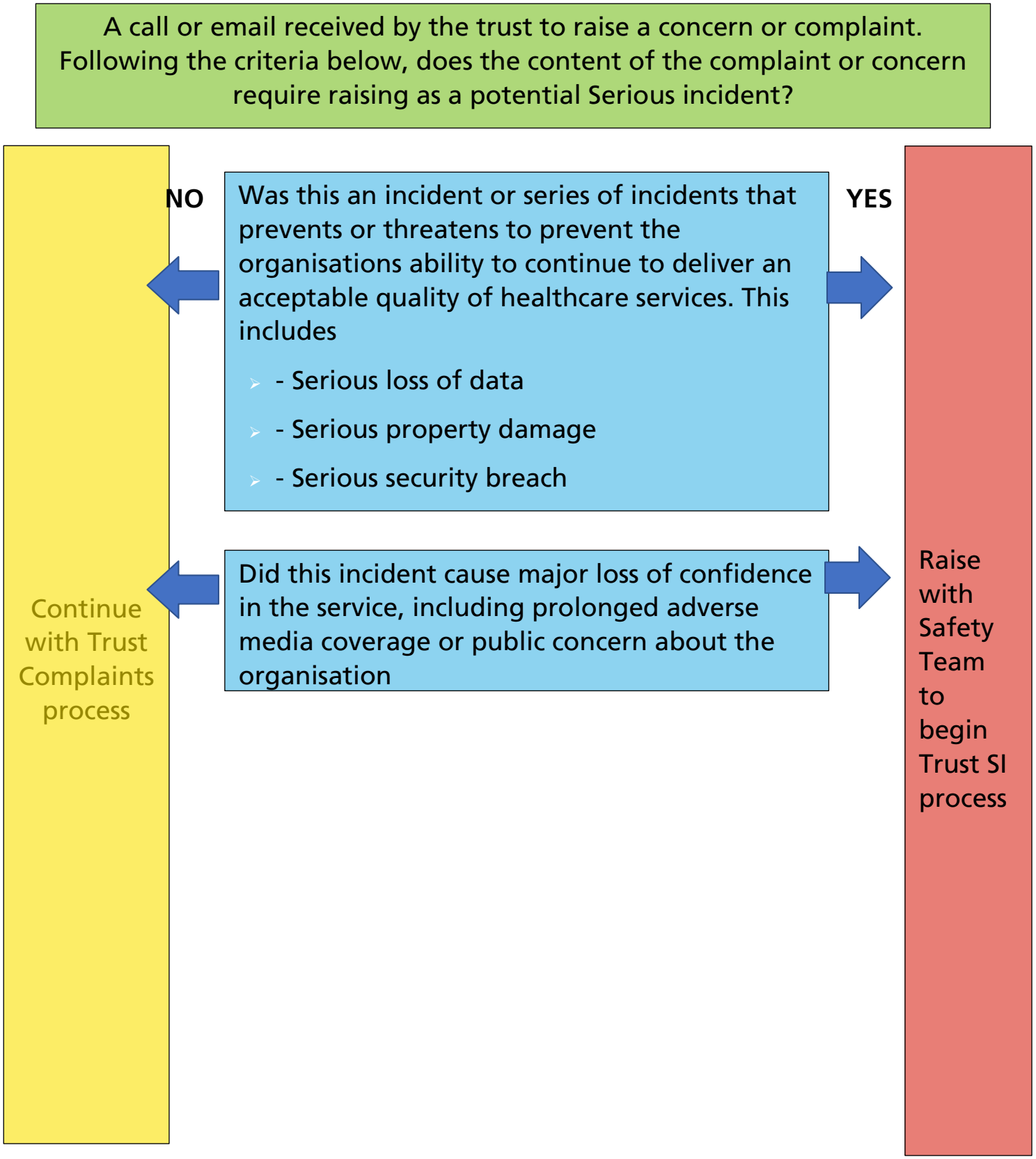
Did this incident cause an unexpected, potential or avoidable injury to a service user which resulted in:

- An impairment of sensory, motor or intellectual function which is not likely to be temporary.
- Changes to the structure of a service user's body
- The service user experiencing prolonged pain, prolonged psychological harm or prolonged impairment to their working or personal life.
- Shortening of life expectancy of the service user.

Does this incident indicate suspected or alleged abuse. This can include inappropriate implementation of the: Mental Health Act, Mental Capacity Act, or Deprivation Of Liberty Safeguards.

Continue with Trust Complaints process

Raise with Safety Team to begin Trust SI process


A call or email received by the trust to raise a concern or complaint. Following the criteria below, does the content of the complaint or concern require raising as a potential Serious incident?
NO
Was this an incident or series of incidents that prevents or threatens to prevent the organisations ability to continue to deliver an acceptable quality of healthcare services. This includes
- Serious loss of data
- Serious property damage
- Serious security breach
YES
Did this incident cause major loss of confidence in the service, including prolonged adverse media coverage or public concern about the organisation
Continue with Trust Complaints process
Raise with Safety Team to begin Trust SI process

Appendix 5 – Summary of Timescales

Event	Time Allowed
Original complaint	12 months from event, or 12 months of becoming aware of a cause for complaint – subject to discretion to extend. (Regulation standard)
Local Resolution	
Non-reportable Complaint	Dealt with on-the-spot or resolved by the next working day to the satisfaction of the complainant. Apology given. Where the complainant does not wish to proceed under the complaints procedure (PALS)
Reportable Complaint	Not resolved on-the-spot or next working day. Where the complainant wishes the complaint to be investigated further under the complaints procedure.
Triage and acknowledgement letter. Complexity, timescale, and frequency of contact agreed with complainant.	Within 1-3 working days of receipt **(Regulation Standard)**
Patient Experience Co-ordinator contact investigating officer to enquire about progress (automatic email from action chain)	10 working days of receipt **(EEAST standard)**

Investigation by operational manager due. Patient Experience Manager to raise timescale issue to investigating manager and update Coordinator (automatic reminder from action chain)	15 working days of receipt **(EEAST standard)**
Patient Experience Manager to raise issue with investigating Officer and their line Manager asking for update and when investigation will be completed. (automatic reminder from action chain)	20 working days of receipt **(EEAST standard)**
Patient Experience Lead to escalate with General Manager and STP Lead for update on progress of investigation (automatic reminder from action chain)	25 working days of receipt. **(EEAST standard)**
Patient Experience Lead to escalate with General Manager and STP Lead Request update on progress for complex complaints.	40 working days of receipt **(EEAST standard)**
Full response from Trust to be sent	Within the timescale agreed with the complainant, no later than 60 working days of receipt and in line with Complaints Complexity Grading. **(EEAST standard)**
Time limit for complaint to receive a response	6 months from the date of receipt of complaint or longer if agreed **(Regulation standard)**

Complainant referring their case for Review to the Parliamentary and Health Service Ombudsman	Within a year of becoming aware of the problem **(Regulation standard)**

Appendix 6 - Procedure for Handling Habitual or Vexatious1 Complainants

1.0 Introduction

Habitual and/or vexatious complainants are becoming an increasing problem for NHS staff although this Trust does not experience this to any great extent. The difficulty in handling such complainants places a strain on time and resources and causes undue stress to staff that may need support in difficult situations. NHS staff are trained to respond with patience and empathy to the complainant's needs and feelings, but there are times when there is nothing further, which can reasonably be done to assist them or to rectify a real or perceived problem.

1.2 In determining arrangements for handling such complaints, the need to ensure an equitable approach is crucial. Staff are presented with two key considerations:

- To ensure that the complaints procedure has been correctly implemented as far as possible and that no genuine element of a complaint is overlooked or inadequately addressed. In doing so, it should be appreciated that habitual or vexatious complainants can have issues, which contain some genuine substance.
- To be able to identify the stage at which a complainant has become habitual or vexatious.

1.3 One approach is an approved procedure, which is incorporated into the complaints policy. Implementation of such a procedure would only happen in exceptional circumstances.

1.4 Information on the handling of habitual and vexatious complainants should also be made available to the public as part of the material on the complaints process as a whole.

2.0 Purpose of this Procedure

2.1 Complaints about services provided by the Trust are processed in accordance with the NHS complaints procedure. During this process staff inevitably have contact with a small number of complainants who absorb a disproportionate amount of NHS resources in dealing with their complaints. The aim of this procedure is to determine situations where the complainant might be considered to be habitual or vexatious and to suggest ways of responding to these situations.

2.2 It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try and resolve complaints following the NHS complaints procedure, for example, through local resolution, conciliation, or involvement of the Independent Complaints Advocacy Service (ICAS).

2.3 Judgement and discretion must be used in applying the criteria to identify potential habitual or vexatious complainants and in deciding action to be taken in specific cases.

2.4 The procedure should only be implemented following careful consideration by, and with the authorisation of, the Director of Clinical Quality.

3.0 Definition of a Habitual or Vexatious Complainant

3.1 Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or vexatious complainants where previous or current contact with

them shows that they follow two or more (or are in serious breach of one) of the following criteria:

3.1.1 Persist in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted.

3.1.2 Change the substance of a complaint, continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint has been addressed. Care must be taken not to discard new issues, which are significantly different from the original complaint. These may need to be addressed as separate complaints.

3.1.3 Unwilling to accept documented evidence of treatment given as being factual, e.g. patient report forms, treatment/travel disclaimer or Computer Aided Dispatch (CAD) print outs; or deny receipt of an adequate response in spite of correspondence specifically answering their concerns; or do not accept that facts can sometimes be difficult to verify if a long period of time has elapsed.

3.1.4 Do not clearly identify the precise issues which they wish to be investigated, despite the reasonable efforts of Trust and, where appropriate ICAS to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate.

3.1.5 Focus on a trivial matter to an extent, which is out of proportion to its significance, and continue to focus on this point. (It is recognised that determining what a 'trivial' matter is can be subjective and careful judgement must be used in applying this criteria).

3.1.6 Have threatened or used actual physical violence towards any member of staff. This will in itself cause personal contact with the complainant and/or their representative to be discontinued and the complaint will thereafter only be pursued through written communication.

3.1.7 Have in the course of addressing a formal complaint had an excessive number of contacts (or unreasonably made multiple complaints)

with the Trust, placing unreasonable demands on staff. A contact may be in person or by telephone, letter, fax or e-mail. Discretion must be used in determining the precise number of 'excessive contacts' applicable under this section, using judgement based on the specific circumstances of each individual case.

3.1.8 Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint, or their families/associates. (It is recognised that complainants may sometimes act out of character at times of stress, anxiety or distress and, where appropriate, allowances should be made for this, provided it is not detrimental to the staff concerned.) All incidents of harassment or aggression should be documented, reported and investigated in accordance with the Trust's accident and incident reporting procedure.

3.1.9 Are known to have tape recorded meetings, or any conversations held either face to face or over the telephone without the prior knowledge and consent of the other parties involved. It may be necessary to explain to a complainant at the outset of any investigations into their complaint(s) that such behaviour is unacceptable and can, in some circumstances, be illegal.

3.1.0 Display unreasonable demands or expectations and fail to accept that these may be unreasonable once a clear explanation is provided to them as to what constitutes an unreasonable demand (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or recognised practice).

4.0 Options for Dealing With Habitual or Vexatious Complainants

4.1 Where complainants have been identified as habitual or vexatious in accordance with the above criteria, the Patient Experience Lead will determine what action to take. The Patient Experience Lead will implement such action and will notify complainants promptly in writing of the reasons why they have been classified as habitual or vexatious complainants and the actions to be taken.

4.2 This notification must be copied promptly for the information of others already involved in the complaint, such as operational managers, Independent Complaints Advocacy Service, MPs, etc. A record must be kept for future reference of the reasons why a complainant has been classified as habitual or vexatious and the action taken.

4.3 The Patient Experience Lead may decide to deal with habitual or vexatious complainants in one or more of the following ways:

4.3.1 Try to resolve matters, before invoking this procedure, by drawing up a signed 'agreement' with the complainant (and if appropriate involving the relevant staff member in a two way agreement) which sets out a code of behaviour for the parties involved if the Trust is to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other action as indicated in this section.

4.3.2 Once it is clear that complainants meet any one of the criteria in (3), it may be appropriate to inform them in writing that they may be classified as habitual or vexatious complainants copy this procedure to them and advise them to take account of the criteria in any other dealings with the Trust. In some cases it may be appropriate, at this point, to copy this notification to others involved in the complaint and to suggest that the complainant seeks independent advice in taking their complaint further.

4.3.3 Decline further contact with the complainant apart from written correspondence or through a third party, for example ICAS. A suggested statement has been prepared for use if staff are to withdraw from a telephone conversation with a complainant. This is shown in 6.2 overleaf.

4.3.4 Notify the complainant in writing that the Trust has responded to the points raised and has tried to resolve the complaint, that there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that further communications on the current complaint will not be responded to.

4.3.5 Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance from the Lead Commissioning CCG or Trust Development Authority.

4.3.6 Inform the complainant that in extreme circumstances the Trust reserves the right to pass unreasonable or vexatious complaints to the Trust's solicitors and/or, if appropriate, the police.

4.3.7 In cases where the complaint is made against the Chair or Chief Executive of the Trust, then the decision about whether the complainant is deemed to be habitual or vexatious will be taken by a Non-Executive Director of this Trust, together with a Non-Executive Director from another area.

5.0 Withdrawing Habitual or Vexatious Status

5.1 Once complainants have been determined as habitual or vexatious there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate.

5.2 Staff should previously have used discretion and careful judgement in recommending habitual or vexatious status at the outset and similar discretion and judgement should be used in recommending that this status be withdrawn.

5.3 Where this appears to be the case, a discussion will be held with the Patient Experience Lead and, subject to his/her approval, normal contact with the complainant and application of the NHS complaints procedures will be resumed.

6.0 Guidance for Staff Handling Habitual or Vexatious Complainants

6.1 The following form of words – or a very close approximation – should be used by any member of staff who intends to terminate a telephone conversation with a complainant. Grounds for doing so could be that the complainant has become unreasonably aggressive, abusive, insulting or threatening to the individual dealing with the call or in respect of other NHS personnel. It should not be used to avoid dealing with a complainant's legitimate questions/concerns, which can sometimes be expressed extremely strongly. Careful judgement and discretion must be used in determining whether or not a complainant's approach has become unreasonable.

6.2 Form of words

'I am afraid that we have reached the point where I believe your approach is unreasonable and I have no alternative but to end this conversation. Your complaint(s) will still be recorded and dealt with by the Trust as appropriate, but I am now going to end this telephone conversation.'

6.3 Follow up action

The incident should be reported through the completion of an accident/ incident report form. In respect of future means of communication with the complainant and any further action deemed necessary, advice should be sought from the Patient Experience Lead.

6.4 Continuing with Clinical Care

Where the complainant requires clinical treatment this should continue, unless the case falls within the Procedure for Withholding of Treatment. Where the complaint is against staff who are providing care to the complainant their care where possible should be transferred to a different clinician, following discussion with the relevant manager

Appendix 7 – Equality Impact Assessment

EIA Cover Sheet	
Name of process/policy	POL031 – Policy for complaints and compliments V8.0
Is the process new or existing? If existing, state policy reference number	POL031 – Policy for complaints and compliments *New process for management of complaints making timeframes more individualized to complex complaints
Person responsible for process/policy	Deputy Director, Clinical Quality Patient Experience Lead, Patient Experience.
Directorate and department/section	Patient Experience, Clinical Quality
Name of assessment lead or EIA assessment team members	Patient Experience Lead
Has consultation taken place? **Was consultation internal or external? (please state below):** **Internal and external**	**Yes,** CEG members (expert patients/critical friends), Healthwatch Suffolk, CCGs, Patient Engagement, Patient Experience Team, Clinical Leads, Patient Safety and Risk Lead, Safeguarding Lead, Clinical Audit Lead, Deputy Directors of Clinical Quality,
	Legal Services Manager and Data Protection Officer.

EIA Cover Sheet	
This assessment is being made on:	

Guidelines	
Written Policy involving staff and patients	x
Strategy	
Changes in practice	x
Department Changes	
Project plan	
Action plan	x
Other Please State: Policy to reflect changes to the management of complaints and concerns within the Trust as identified by TIAA auditors and CQC	

Equality Analysis

What is the aim of the policy/procedure/practice/event?
The complaints, concerns and compliments policy has been reviewed to encourage best practices of complaints handling within the Trust. This has included ensuring that wording is clear, accessibility is effective and that complex complaints are managed on individual need. External auditors TIA and CQC have recognised the need for this review and set out some recommendations around ensuring that the process was realistic and reflects principles of good complaints handling.

Who does the Policy/Procedure/practice/event impact on?

Race	☐	Religion/ Belief	☐	Marriage/Civil Partnership	☐
Gender	☐	Disability	☐	Sexual Orientation	☐
Age	☐	Gender re-assignment	☐	Pregnancy/Maternity	☐

Who is responsible for monitoring the policy/procedure/practice/event?
Patient Experience Lead
Deputy Director, Clinical Quality
Patient Experience and Engagement Group (PEEG)

What information is currently available on the impact of this policy/procedure/practice/event?

Many NHS Trusts (including those in our region) have moved away from the historic NHS regulatory 25 days complaints timeframe. This was removed from NHS regulations in 2009 due to a recognition that this was an unrealistic timeframe for effective management of complex complaints and meeting individual needs. The changes in this policy are set out to individualise, improve and encourage thorough, transparent, compassionate complaints handling of all complaints and concerns.

Do you need more guidance before you can make an assessment about this policy/procedure/practice/event?

No

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No

Race	☐	Religion/ Belief	☐	Marriage/Civil Partnership	☐
Gender	☐	Disability	☐	Sexual Orientation	☐
Age	☐	Gender re-assignment	☐	Pregnancy/Maternity	☐

If yes please provide evidence/examples:
The policy sets out clearly that information will be made accessible to anyone with a disability, sensory impairment with regular contact with a coordinator at a frequency and method agreed with the complainant to support individual need.

Wording within the policy has been simplified to enable improved understanding of the policy.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? No

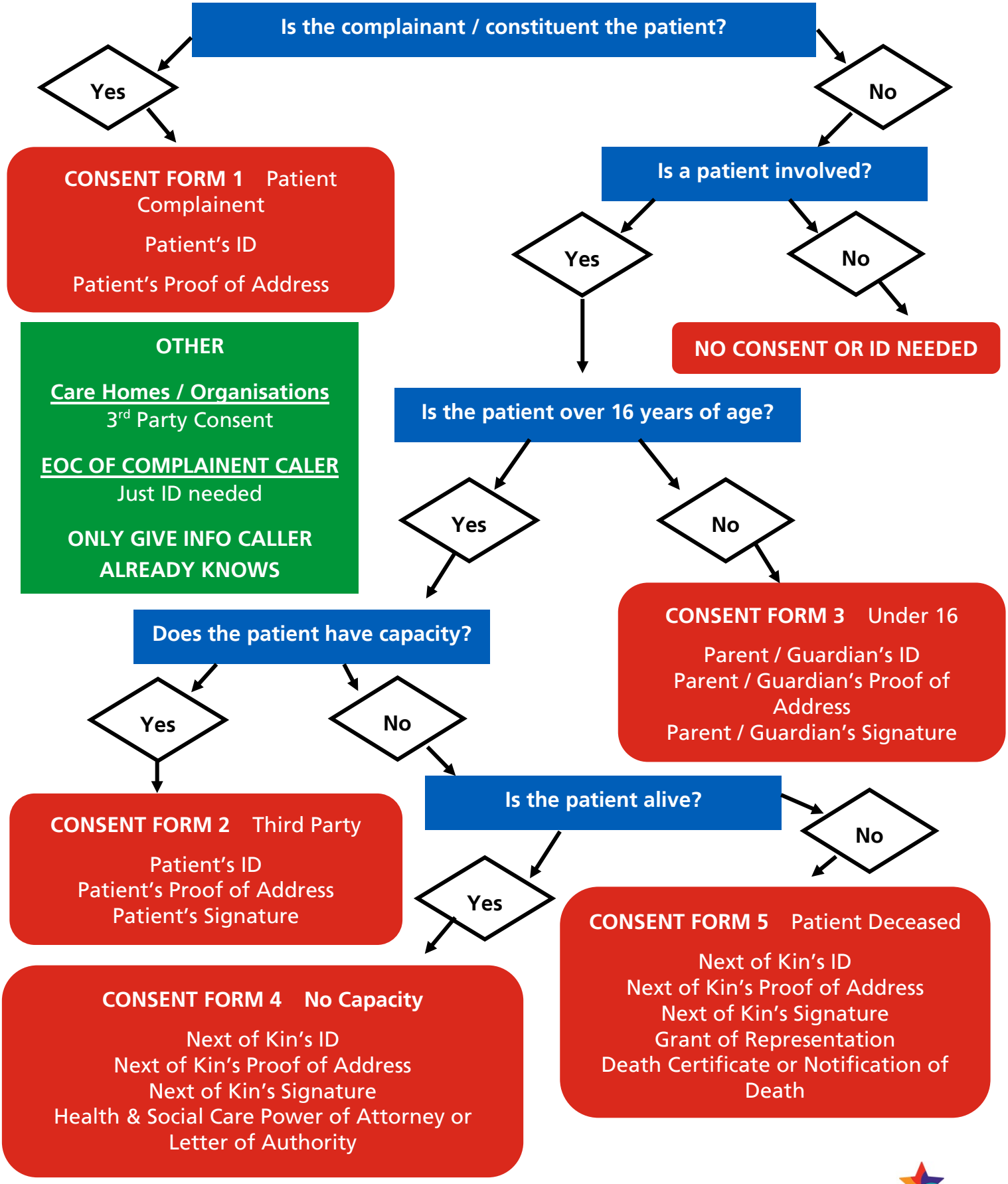
If so please provide evidence/examples:

Race	☐	Religion/ Belief	☐	Marriage/Civil Partnership	☐
Gender	☐	Disability	☐	Sexual Orientation	☐
Age	☐	Gender re-assignment	☐	Pregnancy/Maternity	☐

Please provide evidence:

The Policy sets out to improve all patient experiences regardless of personal and protected characteristic, this document encourages individualisation of complaints management. The Policy gives clear guidance that anyone raising a complaint or concern will not be subject to any negative change or detriment to the care that they receive from the Trust. They are protected with clear guidance on the severity of repercussions for staff, should the complainant experience any negative impact to their care as a result of raising a complaint or concern.
Action Plans/Plans – SMART N/A
Evaluation Monitoring Plan/how will this be monitored? Who. PEEG, CRG, QCG, CCGs, ELT **How**. Weekly report and measure of progress, raising any challenges early. For ELT, CCG. Monthly dashboard update for PEEG, CRG and QCG. Bi-monthly report PEEG and CRG. Written account. Soft information, Innovations, challenges, themes and trends, lessons learned. Monthly Patient Experience Dashboard to Ops Teams. Detailed complaints, concerns and compliments data. **By:** Patient Experience Lead and Deputy Director of Clinical Quality **Reported to:** PEEG, CRG, QCG, CCGs, ELT

Appendix 8 – Consent Flowchart



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