



**North West
Ambulance Service**
NHS Trust



Procedure for complaints and external incidents

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Author:	Senior Patient Safety Manager / Head of Safety and Patient Experience	Version:	1
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Recommended by	Patient Experience Team
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Responsible Director	Director of Quality, Innovation and Improvement
Responsible Manager (Sponsor)	Senior Patient Safety Manager Head of Safety & Patient Experience
For use by	Patient Experience Team Clinical Safety Team 111 Clinical Governance Team All managers

This policy is available in alternative formats on request. Please contact the Corporate Governance Office on 01204 498400 with your request.

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Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	March 2018	May 2018	J Walsh / F Buckley	Review of the Making Experiences Count procedure following creation of Investigations Policy
1	May 2018	May 2018	J Walsh / F Buckley	Approved by EMT

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1.0 Introduction

The Trust is committed to investigations that seek to identify learning opportunities, implement improvements and prevent similar events happening in the future. Investigations are not about apportioning blame.

The Trust is committed to fair and proportionate investigation and adopts the Parliamentary and Health Service Ombudsman's Principles of Good Complaint Handling.

- getting it right
- being customer focused
- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

Our aim is to resolve complaints locally (internal – Stage 1). This means that the Trust is able to resolve the complaint to the complainant's satisfaction. From time to time the Trust may exhaust all attempts at local resolution and not be able to satisfy the complainant.

When this happens the complainant will be referred to the Parliamentary and Health Service Ombudsman or other agency (external – Stage 2).

2.0 Purpose

The way we learn and improve our services is through a series of feedback mechanisms which include;

- Complaints - a complaint can be made by a patient or person affected, or likely to be affected, by the actions or decisions of the North West Ambulance Service NHS Trust (from now on referred to as the Trust).
- Incidents raised by other responsible bodies (e.g. other health care providers or emergency services that are not raising the incident on behalf of the patient). These concerns are termed 'external incidents / Health Professional Feedback (HPF)'. These fall outside of complaint legislation but require investigation. This procedure will refer to these as externals.

The purpose of this procedure is to provide guidance on the process of handling and investigating complaints and external / HPF incidents (Appendices 1 & 2).

3.0 Making a complaint and raising an external incident

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3.1 Who can raise a complaint:-

A complaint may be raised by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:

- is a child (an individual who has not yet reached the age of 18)

In the case of a child NWAS must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child and that the representative is making the complaint in the best interests of the child.

- has died

In the case of a person who has died the complainant must be the personal representative of the deceased. NWAS needs to be satisfied that the complainant is the personal representative. Where appropriate the organisation, may request evidence to substantiate the complainant's claim to have a right to the information.

- has physical or mental incapacity

In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, NWAS needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.

- is a member of parliament (MP), acting on and behalf of and by instruction from a constituent.

3.2 Who can raise an external incident:-

An external incident can be raised by any responsible body that is not acting on behalf of the patient. This includes;

- A healthcare professional
- Any NHS or Social Care body
- Any care and/or nursing facility
- Any Emergency Service
- Any volunteer / educational organisation

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3.3 The time frame in which a complaint can be made

The time frame in which a complaint can be made is normally:

- 12 months from the date that the event happened, or
- 12 months from the date that the complainant first became aware of it

The time limit shall not apply if the Trust is satisfied that the complainant had good reason for not complaining within the time frame.

The decision to investigate complaints that fall outside of the time frame is at the discretion of the Patient Experience Manager.

Whilst it is still possible to investigate concerns that are not within the timeframe, we may offer a response based on the facts that we have available through our electronic data systems, rather than staff recollections of the events reported.

3.4 If someone needs assistance to make a complaint

Local Advocacy Services can help individuals make a complaint or express a concern about the Trust. Staff at these agencies can support individuals if they wish to make a complaint, and give advice about using the complaints process.

Advocacy services can also write letters on an individual's behalf, and attend meetings. Information relating to Local Advocacy Services is provided to complainants and published on the Trust's website.

3.5 Raising a complaint at the point of care

Often patients, carers, their representatives, other members of the public or other healthcare professionals complain directly to ambulance personnel regarding aspects of their experience at the point of care.

The immediate response of staff to verbal complaints made at the point of care is often critical to the complaint handling process. For example at the point of care, employees are often able to fully explain why an ambulance is delayed, or why care does not meet the patient's expectations.

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Any complaints handled at the point of care must be reported to the respective call centres and/or directly to the Patient Experience team by e-mailing details of the event to patient.experience@nwas.nhs.uk.

Where patients, carers, their representatives, other members of the public or other healthcare professionals are concerned about an aspect of the services provided by the Trust, a brief explanation and apology may be what is required.

There will be occasions when a patient remains dissatisfied with an apology and the explanation provided. In such cases the complainant must be provided with the contact details of the Trust's Patient Experience team.

Patient Experience Team
North West Ambulance Service
449-451 Garstang Road
Broughton
Preston
PR3 5LN

Telephone number: 0345 112 6500.

E-mail:

patient.experience@nwas.nhs.uk or nwasnt.NWASPatientexperience@nhs.net

The information required to progress the investigation as quickly as possible is;

- Name and contact details of the person affected
- Name and contact details of the complainant
- Is the complainant, complaining on behalf of the patient?
- Date and time of incident/event
- Location of the incident/event and/or journey details
- Brief summary of the complaint

Additional information for both staff and patients regarding Patient Experience are available on the intranet and by request to the Patient Experience team.

Should a complaint escalate outside of normal office hours, staff should advise the respective Emergency Operations Centre as soon as possible. The Duty Manager will assess the situation and may contact the on-call manager or Executive Director on call for advice or support.

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In all circumstances, the Patient Experience team must be also contacted via patient.experience@nwas.nhs.uk.

4.0 On receipt of a complaint

An administrator will record the details of the complaint/incident on the Trust's risk management system (Datix). Depending on the route of submission the complaint will receive initial acknowledgement either verbally, by e-mail or in writing within three working days of the complaint being received.

If a complaint is received verbally, either face to face or on the telephone the details of the complaint will be recorded in writing and shared with the complainant.

The administrator will complete a risk assessment using the Categorisation and Complexity Risk Table (Appendix 3) based on the information received about the event. Risk assessing will ensure that the subsequent handling and associated investigation are appropriate and proportionate to the severity of the complaint and the related risks.

Please see Appendix 2 for the external incident/health professional feedback process.

For complaints, a member of the Patient Experience team will contact the complainant to discuss the content of the complaint, request consent to progress the complaint if necessary, agree/share the communication plan, discuss timescales for resolution and seek guidance on what the complainant would like to see happen as a result of the complaint.

At this time the member of the Patient Experience team will complete the stakeholder communication plan. If the investigation is complex then an investigation plan will also be completed at this time. Details of which will be discussed with the complainant (see investigation – good practice guide).

It is essential at this stage that the complainant has a realistic expectation of when and how their complaint will be resolved; this is particularly relevant in times of high activity.

After initial acknowledgement the complainant will be forwarded, where necessary, a consent form. At first point of contact with the Patient Experience team ethnic monitoring and details of advocacy services will also be discussed.

If a complaint is considered high risk, the investigation officer will determine if the incident is externally reportable. If they consider that the incident may meet the Serious Incident framework they will notify the Patient Experience Manager and the Serious Incident team.

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4.1 Anticipated timescales for investigation

We aim to respond to all complaints in a timely manner. Sometimes we are unable to conclude an investigation in a timely manner due to the listed exceptions;

	Timescales in working days	Exceptions
Risk score 5	60	Police involvement Involvement/investigation by the coroner Complex investigation requiring more than 4 statements/recollections of events Complex investigation involving other organisation/s Unable to gain patient consent Complainant / key witness not contactable through a holiday etc.
Risk score 4	60	As per risk score 5
Risk score 3	40	Unable to gain patient consent Complainant/ key witness not contactable through a holiday etc.
Risk score 2	20	Unable to gain patient consent Complainant not contactable through a holiday etc.
Risk score 1	20	Unable to gain patient consent Complainant not contactable through a holiday etc.

Details of actions to be taken during times of high demand can be found in the Patient Experience escalation plan.

4.2 Complaints involving more than one organisation

When the Trust receives a complaint from a patient, their relatives, representative or a member of the public about one or more organisation, the Trust is committed to providing a single response with the other organisation/s involved.

If, on receipt of a complaint, it is found to be entirely in relation to another organisation, with the consent of the patient/complainant the complaint will be passed to the other organisation.

Alternatively if the complaint is partly in relation to the Trust and another organisation, then with the patient/complainant consent the complaint can be shared with the other organisation.

When determining the lead organisation the following factors will be taken into account;

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- which organisation has the most serious element complaint about them
- which organisation has the most issues within the complaint
- which organisation originally received the complaint
- whether the complainant has a clear preference for which organisation takes the lead

The subsequent investigation and resolution will be carried out jointly between the agencies and a single co-ordinated response will be sent from the lead organisation. Appendix 4 outlines the guidance for joint investigation.

If for any reason either organisation is delayed investigating the complaint, the lead organisation will discuss this with the complainant. In agreement with the complainant lead organisations will determine the best course of action. In some circumstances this may mean providing two or more complaint responses. This method of resolution is the exception rather than the rule.

4.3 Complaints from Members of Parliament

On receipt of complaints from Members of Parliament the Chief Executive’s Office will input the details of the complaint into Datix and notify the Patient Experience team who will be responsible for acknowledging the complaint on behalf of the Chief Executive Officer.

The Patient Experience team member handling the case will advise the MP’s office that in line with good practice the Trust will contact the patient or their family to discuss their concerns and, where necessary, gain consent.

4.4 Complaining to a Clinical Commissioning Group

If they wish, complainants can submit complaints to the Clinical Commissioning Group (CCG) rather than directly with the Trust.

Where the CCG receives a complaint about NWAS, it will work with the complainant to determine how to handle the case.

Decisions will be taken on an individual case basis, but will always involve a discussion with the complainant, and will ultimately reflect the complainant’s wishes.

In some cases, the complainant may agree that NWAS as the provider of the service is best placed to deal with the case. In other cases, the CCG may decide that it is best placed to handle the complaint itself.

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When the commissioning body receives a complaint about the Trust, the assigned Patient Experience team member will establish if the CCG has contacted the complainant to see if they have submitted the complaint to the Trust. In all cases, the commissioning body will be expected to retain an overview of how the complaint is handled. A complaint cannot be properly investigated unless the Trust has the opportunity to respond.

5.0 Communicating the investigation findings to complainants

Following investigation the Patient Experience team lead will liaise with the complainant to provide feedback/response. The method of conveying the feedback / response may be either verbal, written or at a meeting. If a complaint is closed verbally or as a result of a meeting, the Patient Experience Verbal Feedback Record (Appendix 7) must be completed and attached in the documents section of Datix.

Where a meeting is deemed to be appropriate, the Patient Experience team lead will offer to visit the complainant to discuss the findings of the complaint investigation. Although a meeting with the complainant in these circumstances is useful in providing a full explanation, this can be a difficult and distressing meeting. Once a meeting has been concluded an agreement will be reached about any follow up documentation e.g. meeting file note/verbal feedback form/letter and/or disclosure of records.

Responses must identify the issues raised in the complaint; provide a brief summary of the investigation, the outcome of the investigation, any actions taken as a result, and a summary conclusion.

The risk score of the complaint will determine the level of involvement different managers have in the complaint process (see Appendix 3 for further guidance).

Once the complaint response has been provided, the Patient Experience lead will ensure that the Datix record is closed in line with the Patient Experience record closure process (Appendix 6).

5.1 Communicating the investigation findings to staff

It will be the responsibility of local managers to ensure staff, have feedback at the end of the complaints process.

It is the responsibility of the Patient Experience team to ensure that local managers are aware of the outcomes including where no further action is required.

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5.2 Resolving the Complaint

All complaint responses will advise the complainant to contact the Patient Experience team if they are not completely satisfied with their complaint response. Response letters will also provide the details of the Parliamentary and Health Service Ombudsman.

If a complainant is dissatisfied with their complaint response, then further work may be undertaken locally (internal stage 1) to resolve the complainant's concerns. This may include a review of the original investigation, further investigative work, or a meeting to explain the findings.

When all avenues have been exhausted and it is clear that local resolution cannot be achieved, then the complainant will be informed that the Trust feels that they cannot provide resolution.

The details of the Parliamentary Health Service Ombudsman (PHSO) will again be provided and the complainant will be advised that they can seek an independent review of their complaint, if they remain dissatisfied with the response.

A request may be made to the PHSO in any case where:

- A complainant is not satisfied with the result of an investigation at local level
- The Trust has decided not to investigate a complaint because it was not made within the specified time frame.

Once the case has been assessed the PHSO will determine if any further action or investigation is required. In some circumstances the PHSO may decide not to investigate but ask the Trust to take further action.

Onward referral to the PHSO is an option open to patients, members of the public and families. This option is not available to other organisation in relation to external incidents.

The Patient Experience team are responsible for recording all contact with the PHSO on the Datix record using the PHSO section.

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5.3 Potential disciplinary proceedings

The investigation of complaints is entirely separate from the disciplinary process. Any action taken against staff as a result of a complaint will be made in accordance with the Trust's disciplinary procedures.

6.0 Handling Habitual and / or Vexatious Enquirers

In determining arrangements for handling habitual and/or vexatious enquirers, the Patient Experience Manager will:

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

It is emphasised that the procedures outlined below will only be used as a last resort and after all reasonable measures have been taken to try to resolve any on-going issues.

Regardless of the manner in which the complaint is made and pursued, its substance must be considered carefully and on its objective merit.

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

NWAS is committed to supporting the wellbeing of its staff. If a complainant is abusive or threatening, it is reasonable to ask them to moderate their behaviour. In some instances where behaviour is not moderated calls may be terminated.

It is good practice to inform a complainant that unreasonable, persistent or vexatious behaviour is unacceptable.

It is reasonable to request that a complainant communicates in writing and not by telephone. This will be at the discretion of the Patient Experience Manager or a nominated deputy. It is unreasonable to refuse to accept or respond to communications about a complaint unless it is clear that all practical possibilities of resolution have been exhausted.

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Refusal to moderate said behaviour is likely to result in further action by the Trust.

7.0 Redress

The Trust shall endeavour to provide appropriate redress to those who have made a complaint that is upheld. This may be in the form of an apology or other means deemed appropriate by the redress panel to put the complainant back in similar position to what they were in prior to the event and or complaint.

Further details are contained within the Trust's redress procedure.

8.0 Associated Documents

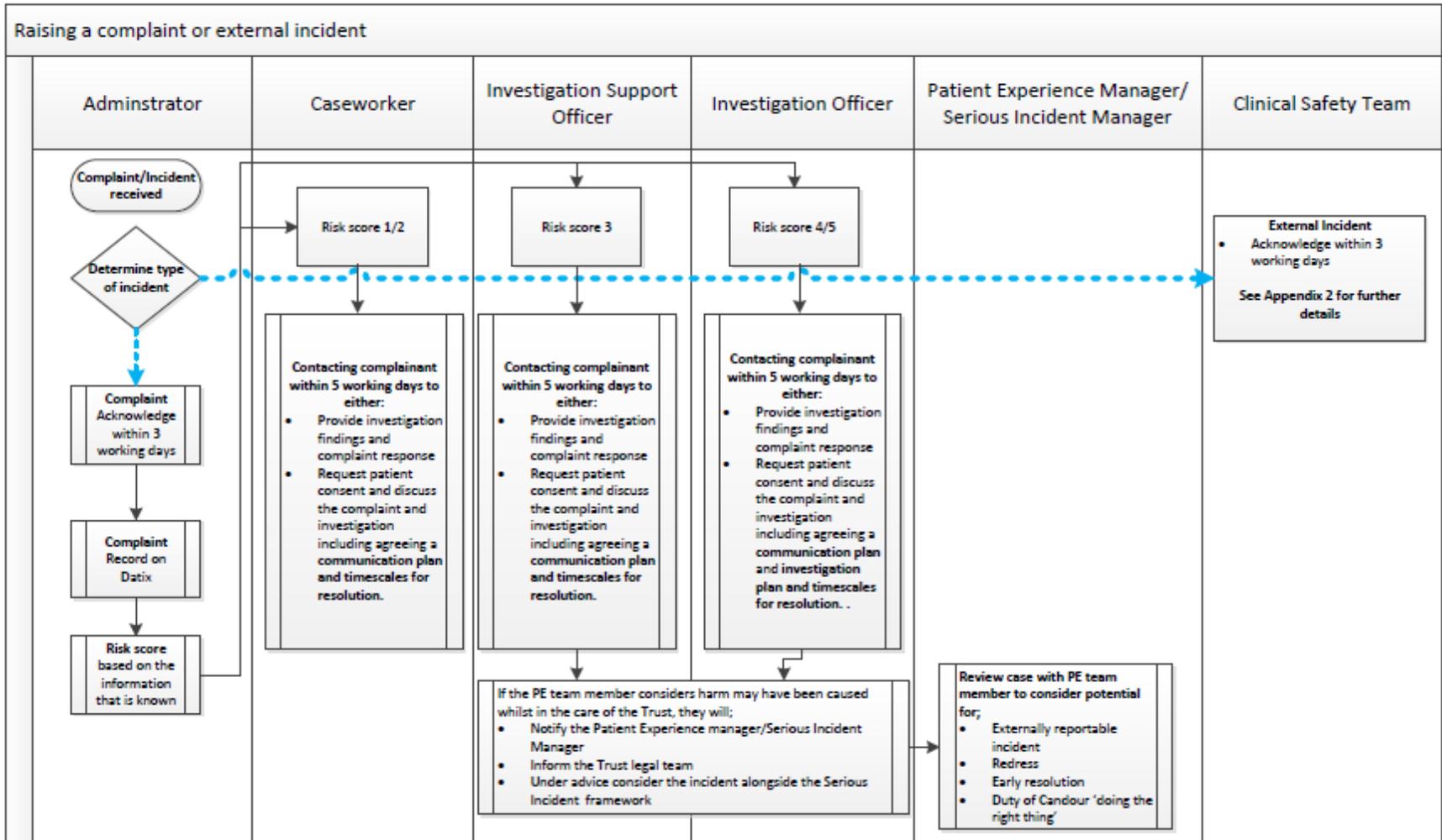
This procedure is linked to the documents detailed in Appendix 8 and therefore they should be referred to for further guidance as necessary.

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APPENDIX A

Raising a complaint or external incident process

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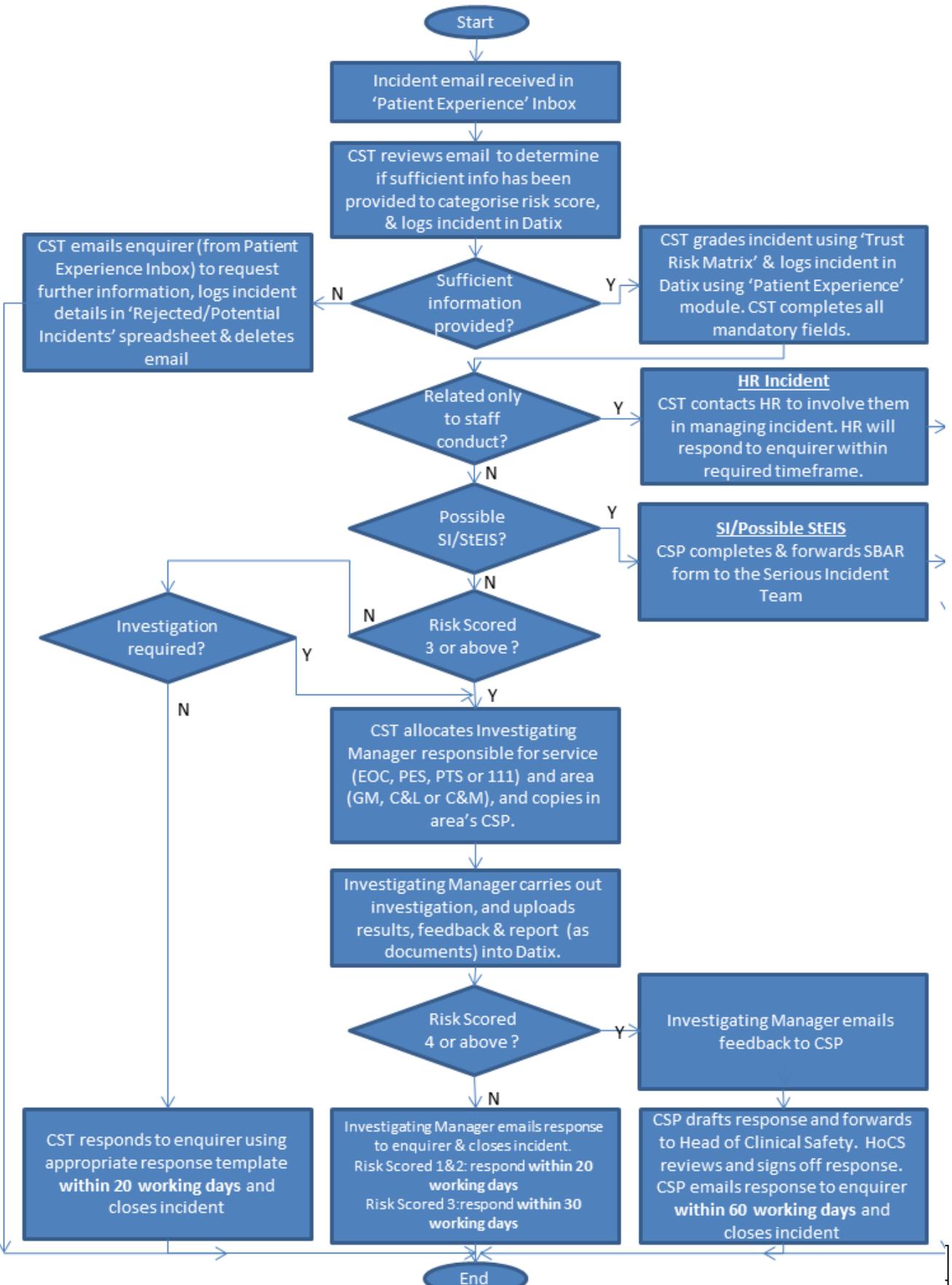


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APPENDIX B

External Incident flowchart

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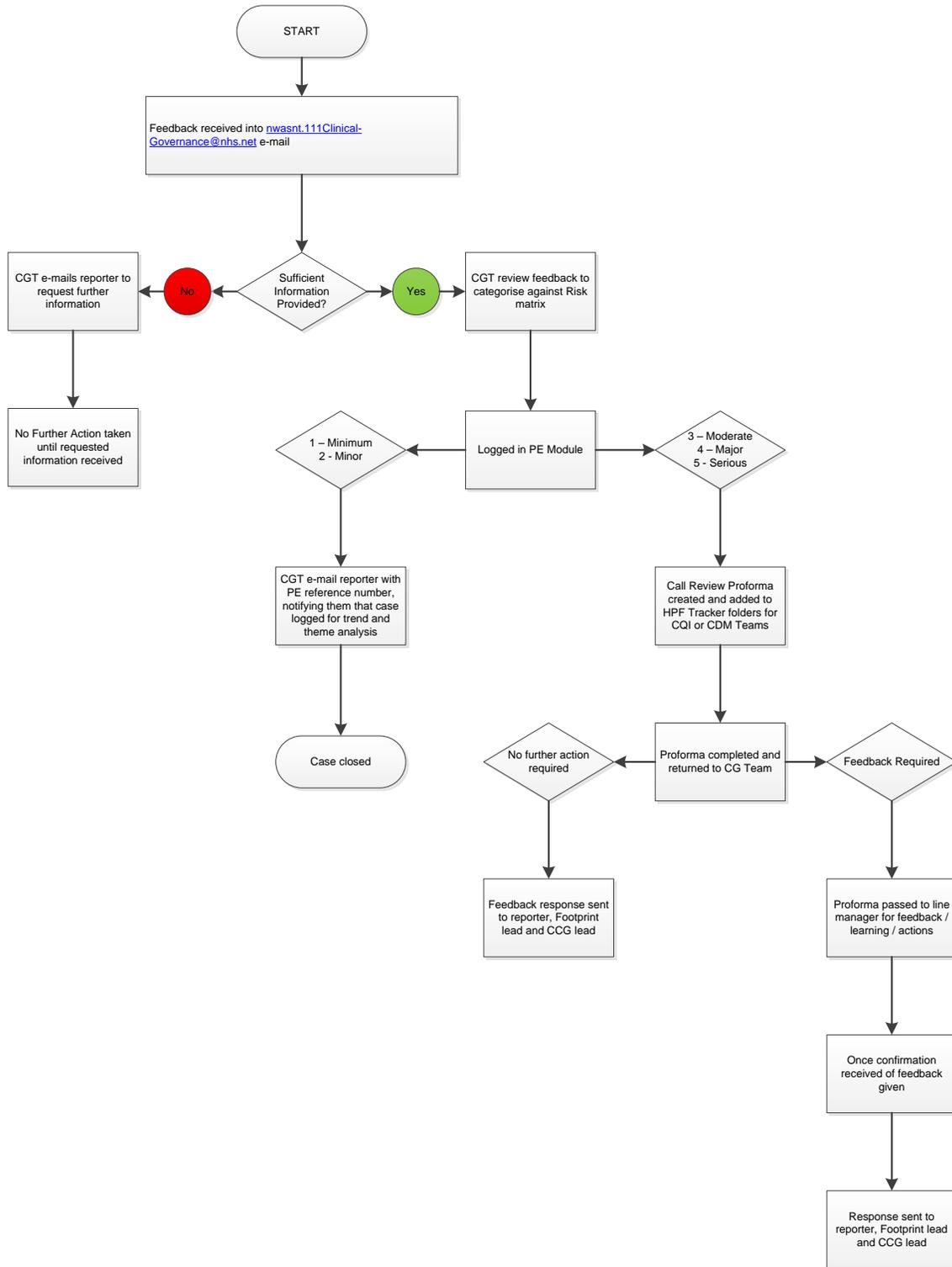
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Key

Acronym	Description
CSP	Clinical Safety Practitioner
CST	Clinical Safety Team
C&L	Cumbria & Lancashire
C&M	Cheshire & Merseyside
EOC	Emergency Operations Centre
GM	Greater Manchester
HoCS	Head of Clinical Safety
PES	Paramedic Emergency Service
PTS	Patient Transport Service
SBAR	Situation-Background-Assessment-Recommendation
SI	Serious Incident
StEIS	Strategic Executive Information System

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111 Healthcare Professionals Feedback Process



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APPENDIX C

Categorisation and Complexity Risk Table

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Category	Description	On receipt, inform	Aspects to be considered	Target completion dates	Level of Investigation approval
Serious 5	<ul style="list-style-type: none"> • Serious mis-management of patient care leading to death/life threatening illness/permanent injury/long term incapacity or disability (including staff being affected) • Meets the criteria within the Serious Incident Framework. • Delayed emergency response; Cat 1 calls Over 20 minutes Cat 2 calls Over 80 minutes • Professional gross misconduct (refer to disciplinary extraction) 	<ul style="list-style-type: none"> • Chief Executive • Director of Quality, Innovation and Improvement • Medical Director • Deputy Director of Quality • Head of Safety & Patient Experience • Head of Clinical Safety • Senior Patient Safety Manager • Patient Experience Manager • Serious Incident Manager • Clinical Safety Manager • Chief Consultant Paramedic • Head of Legal Services • Communications team • Investigation Officer • Director* • Head of Service* • Sector Manager* • Area Consultant Paramedic* • Associate Medical Director* 	<ul style="list-style-type: none"> • If the incident meets the Serious Incident Framework. • Consider multi-agency review • Area Consultant Paramedic review of clinical aspects 	60 Working days	<ul style="list-style-type: none"> • Report, recommendations and actions approved by HoS of responsible service line • Final outcome correspondence approved by; <p><i>Head of Safety and PE</i></p> <p>Director of Quality, Innovation and Improvement</p> <p>CEO</p>

*Please include these roles in notification e-mail from the service line the incident is in relation to.

**All MP complaints must be risk scored a minimum of category 3 for investigation and all letters must be signed by the CEO

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Major 4	<ul style="list-style-type: none"> Professional gross misconduct (refer to disciplinary extraction) Delayed emergency response; Cat 1 calls Between 15 & 20 minutes Cat 2 calls Between 60 & 80 minutes Cat 3 calls Over 180 minutes Delayed PCS response (Speak to within 1 hour / Contact within 2 hour dispositions >60 minutes) Serious mis-management of patient care leading to moderate injury/illness requiring hospitalisation and prolonged recovery period (including staff being affected) National Media Interest 	As per category 5	As per category 5	As per category 5	As per category 5
Moderate 3	<ul style="list-style-type: none"> Professional general misconduct (refer to disciplinary extraction) Delayed emergency response; Cat 1 Between 10 & 15 minutes Cat 2 Between 20 & 60 minutes Cat 3 Between 120 & 180 minutes Cat 4 More than 180 minutes Delayed PCS response (Speak to within 1 hour / Contact within 2 hour dispositions <60 minutes) Delayed PCS response (Speak to / Contact within 6 hour dispositions >60 minutes) 	<ul style="list-style-type: none"> Head of Safety and Patient Experience Senior Patient Safety Manager Patient Experience Manager Investigating Support Officer Operations Manager/Advanced Paramedic Sector Manager 111 Clinical Governance Team 	<ul style="list-style-type: none"> If the incident meets the Serious Incident Framework. Consider multi-agency review 	40 Working days	<ul style="list-style-type: none"> Report, recommendations & actions approved by Sector Manager or equivalent Final outcome correspondence approved by; <p style="text-align: right;"><i>Senior Patient Safety Manager</i></p>

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	<ul style="list-style-type: none"> Complaints received from Members of Parliament (minimum risk score; but may be higher due nature of incident). Mis-management of patient care leading to minor injury/ illness requiring treatment but no hospitalisation (including staff being affected). Local Media Interest 				
Minor 2	<ul style="list-style-type: none"> Staff attitude/conduct/behaviour falling below the standard expected by the Trust but on initial assessment is unlikely to constitute gross or general misconduct. Delayed emergency response; <ul style="list-style-type: none"> Cat 1 Less than 10 minutes Cat 2 Less than 20 minutes Cat 3 Less than 120 minutes Cat 4 Less than 180 minutes Delayed PCS response (Speak to / Contact within 6 hour dispositions <60 minutes) Mis-management of patient care / incorrect advice with no consequences (including staff being affected). Late transport causing distress and/or loss of appointment 	<ul style="list-style-type: none"> Patient Experience Manager Patient Experience Case Worker 	<ul style="list-style-type: none"> Consider multi-agency review 	20 working days	Operations Manager or equivalent.

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	<ul style="list-style-type: none"> • Non arrival of transport leading to missed appointment 				
Minimum 1	<ul style="list-style-type: none"> • Late transport causing minimal disruption • Use of lights and sirens / driving standards with no consequences • Referral to incorrect PCS with no consequences 	<ul style="list-style-type: none"> • Patient Experience Manager • Patient Experience Case Worker 	<ul style="list-style-type: none"> • Consider multi-agency review 	20 Working days	Operations Manager or equivalent.

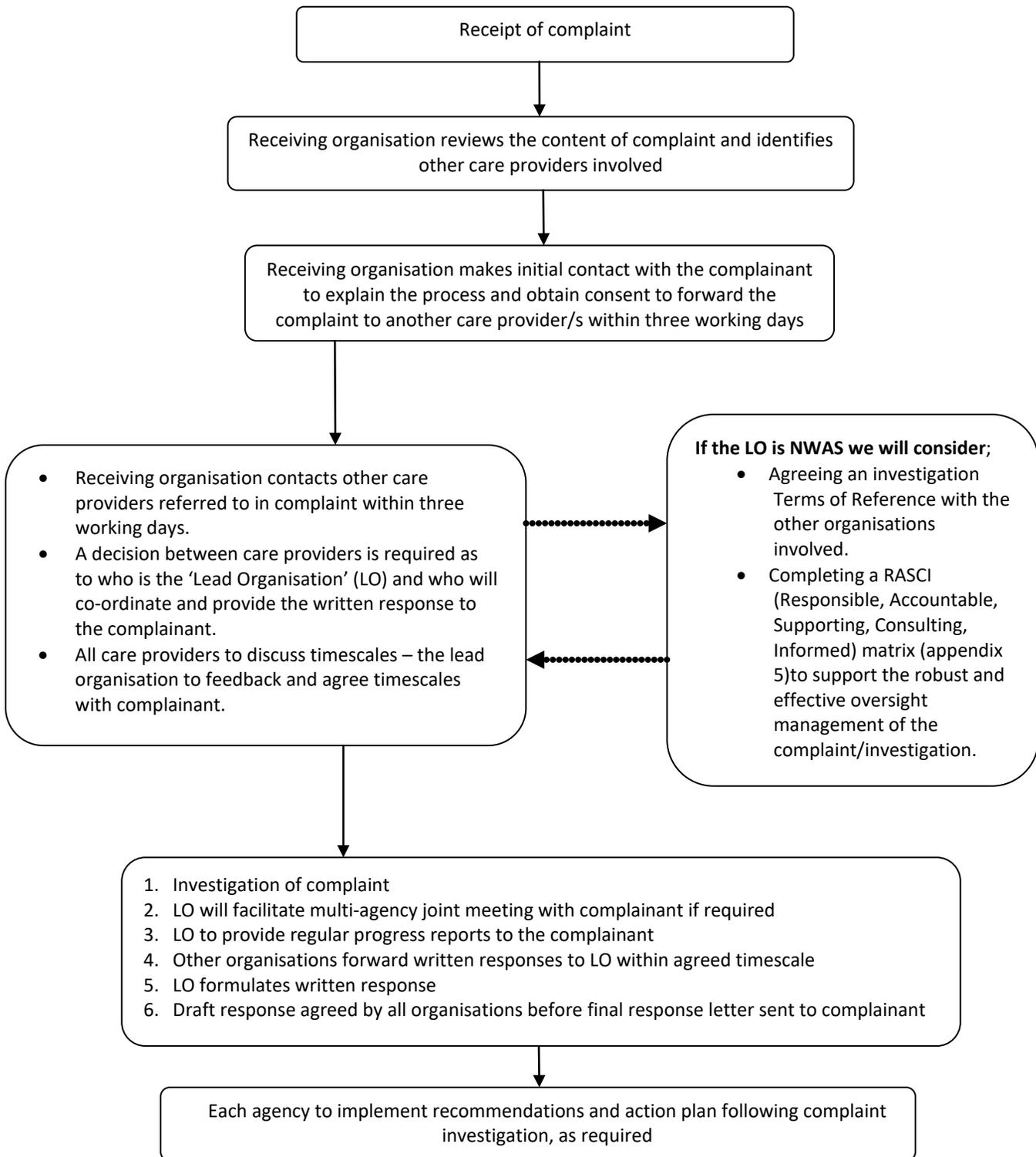
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APPENDIX D

Joint Investigation Flowchart

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Joint Investigation flowchart



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APPENDIX E
RASCI (Responsible, Accountable, Supporting, Consulting, Informed) matrix

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RASCI Guide

A RASCI matrix is used for the allocation and assignment of responsibilities to team members. This type of matrix can be used for both projects and investigations. In using the RASCI matrix for joint investigation, we are seeking to apply clarity to the investigation process by specifying who is Responsible/Accountable/Supportive/Consulted and Informed during the investigation. The only real rule is that the overall responsibility for the investigation lies with one accountable person only. This matrix can also be a useful addendum to the communication plan (investigation - good practice guide).

R = Responsible

Those who do the work to achieve the task. There is at least one role with a participation types of responsible, although others can be delegated to support in the work required. **Owns the task.**

A = Accountable to whom the R is accountable (also approver of investigation report)

The one/s ultimately answerable for the correct and thorough completion of the task, and the one who delegates the work to those responsible. In other words, an accountable must sign off (approve) work that the person responsible provides. There must be only one accountable specified for each task or deliverable.

S = Support

Those who provide support during the implementation/undertaking of the investigation task/s

C = Consulted

Those whose opinions are sought, typically subject matter experts; and with whom there is two-way communication. Has information and/or capability necessary to complete the work

I = Informed

Those who are kept up-to-date on progress, often only on completion of the task; and with whom there is just one-way communication. Do not need to be consulted.

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RASCI Matrix																				
Role Investigation task	NWAS					2nd Organisation					3rd Organisation					4th Organisation				
	Investigation Officer	Investigation Manager	manager 3	manager 4	manager 5	manager 1	manager 2	manager 3	manager 4	manager 5	manager 1	manager 2	manager 3	manager 4	manager 5	manager 1	manager 2	manager 3	manager 4	manager 5
Liaison with family, DoC/Being Open																				
Task 2																				
Task 3																				
Task 4																				
Task 5																				
Task 6																				
Task 7																				
Task 8																				
Task 9																				
Task 10																				
Task 11																				
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APPENDIX F

Patient Experience Record Closure Checklist

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Datix (Patient Experience Module) record closure checklist		Complete	
The Complainant			
1. Has feedback been approved and provided to the complainant (please complete appendix 6?)			
2. Is there more than one complainant requiring feedback –have all complainants received feedback?			
3. If applicable – has the signed response been added to Datix?			
Name & Reference			
1. Populate with a closed date			
2. Has the investigating manager (this is the PES/PTS/EOC manager that has provided you with assistance throughout the investigation) been recorded?			
Details of PE Record			
1. Final risk score (recorded in risk score field)			
2. Incident date			
3. Time of call/incident			
4. Day of week			
5. Have you recorded the incident number? This is the C3 or Cleric ID			
6. Complete relevant field if the case is related to an HCP call or a call pick up issue is identified.			
PES Call Prioritisation			
1. If the case relates to an emergency response complaint ensure all fields are populated.			
Location			
1. Have all of the location details been inputted?			
Subjects & sub-subjects			
1. Select one of the ten subjects (Please see primary subject and sub-subject links)			
2. Identify a sub-subject			
3. Populate as many areas as possible including staff group/area and outcome.			
**You can add as many subjects as you like, this is important to make the organisations Patient Experience data as informative and accurate as possible. This function is also helpful in identifying areas for learning/improvement			
4. Compliments should also be recorded within this section, i.e. if within the complaint there are aspects where the complainant has expressed a compliment, this should be included within the subject and sub-subjects			
People Involved			
1. Depending on the outcome of the investigation, are the individuals who caused the failure in the employee section of the record?			

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2. Whoever provided you with information throughout the course of the investigation should be featured in the other person involved section	
** For any part of the record that is not upheld, the employee should feature in the other person involved section NOT employees**	
Results of investigation	
1. What findings have been obtained, complete as many boxes as possible. It is recognised that not all boxes will be completed for every case.	
2. Select the appropriate tick boxes in the actions taken section.	
3. Select a complaint outcome to determine if the complaint will be upheld, partly upheld or not upheld.	
4. Ensure that the lessons learnt section has been completed	
Investigation outcome/feedback should be shared with the complainant and staff involved through their line manager	
Communication & Feedback	
This section is used to provide feedback to the investigating manager and or other interested parties. Information sent to the investigating manager should include the investigation outcome and feedback for the staff involved. ** this section can also be used throughout the course of the investigation to provide updates and feedback**	
StEIS Investigation details (if the incident was StEIS reportable)	
1. Coroners inquest	
2. Date of coroners inquest	
3. Was there a regulation 28?	

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APPENDIX G

Patient Experience Verbal Feedback Record

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Patient Experience Verbal Feedback Record

Please note that this form must be completed whenever a Patient Experience complaint record is closed as a result of a verbal contact with a complainant or their representative.

Call made/meeting conducted by	Date / time of call	Duration of call	PE Ref

Name of the person/complainant feedback was provided to;	
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<p><u>Details of conversation</u></p>

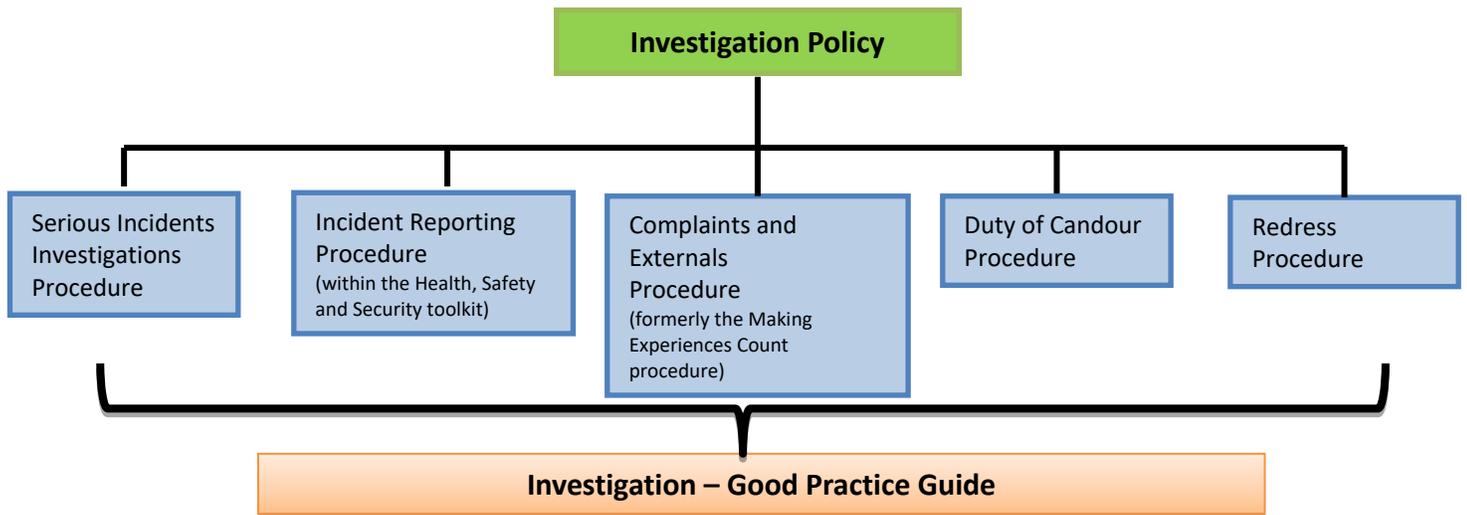
Was the complainant satisfied with the response?		Is a response in writing required?	
Can the PE record be closed?		Was the complaint upheld?	

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APPENDIX H

Investigation policy and associated procedures

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