



Procedure for the management of complaints and external incidents

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Author:	Senior Patient Safety Manager / Head of Safety	Version:	5
Date of Approval:	December 2020	Status:	Final
Date of Issue:	December 2020	Date of Review	December 2022

Recommended by	Executive Leadership Committee
Approved by	Executive Director of Quality, Innovation and Improvement
Approval date	December 2020
Version number	5
Review date	December 2022
Responsible Director	Executive Director of Quality, Innovation and Improvement
Responsible Manager (Sponsor)	Senior Patient Safety Manager Head of Safety / Patient Safety Specialist
For use by	Patient Safety Team Clinical Safety Team 111 Clinical Governance Team All managers

This Procedure 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
2	June 2019	June 2019	P Cumberland/Jane Walsh	
3	August 2020	December 2020	G Drummond / Jane Walsh	Scheduled review and update to procedure and appendices

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Complaints and External Incidents Procedure

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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 at the earliest opportunity. 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 for an independent review of the complaint handling (external – Stage 2).

2.0 Purpose

The way we learn from experience 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 incidents are handled outside of complaint legislation but require investigation. This procedure will refer to incidents of this nature 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).

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3.0 Making a complaint and raising an external incident

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

3.3 The timeframe in which a complaint can be made

The timeframe 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

If the Trust is satisfied that the complainant had good reason for not complaining within the time frame then the complaint can still be investigated.

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The decision to investigate complaints that are submitted outside of the timeframe is at the discretion of a Patient Safety Manager / Head of Safety.

Whilst it is still possible to investigate concerns that are not within the timeframe, Nwas may offer a response based on the facts available through primary information only i.e. 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. .

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 explain why an ambulance was delayed, or why care does not meet the patient's expectations.

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

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

Telephone number: 0345 112 6500.

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E-mail: patient.safety@nwas.nhs.uk

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 / concern

3.6 On-line complaint and External Incident form

As well as using the aforementioned telephone number, e-mail address and postal address to make us aware of an incident, we also have on-line forms that are available at; <https://www.nwas.nhs.uk/contact-us/> .

3.7 Complaints that require escalation outside of the core operating hours of the Patient Safety 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.

In all circumstances, the Patient Safety Team must also, be contacted at patient.safety@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.

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 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 that are risk scored 3, 4 and 5 a member of the Patient Safety Team will contact the complainant to discuss the content of the complaint and the case assessment (appendix 2 Investigation - good practice guide). Ordinarily contact will be established within 5 working days of receipt of the complaint. At times of high

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demand, this contact can be amended to within 20 working days. At times of high demand any delays will be communicated to the complainant.

The Patient Safety Team representative will agree the communication plan and discuss timescales for resolution with the complainant. If the patient is not the complainant they will seek to confirm that the complainant is acting on behalf of and in the best interest of the patient. The team will also seek to reconcile what a complainant would like to see happen as a result of the complaint.

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.

At first point of contact with the Patient Safety Team, ethnic monitoring will also be discussed with the complainant.

If a complaint is considered high risk, the investigation officer will determine if the incident is externally reportable. All complaints risk scored 4 & 5 are discussed with an executive lead at the Review of Serious Events (ROSE) meeting which is held weekly. This meeting seeks to determine if any reported high risk complaints / incidents meet the Serious Incident framework.

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 as quickly as anticipated due to the listed exceptions;

	Maximum 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 Complainant / key witness not contactable through a holiday and / or absence etc.
Risk score 4	60	As per risk score 5
Risk score 3	40	Complainant/ key witness not contactable through a holiday and / or absence etc.
Risk score 2	20	Complainant not contactable through a holiday and / or absence etc.
Risk score 1	20	Complainant not contactable through a holiday and / or absence etc.

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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 agreement 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 patient/complainant agreement the complaint can be shared with the other organisation.

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

- which organisation has the most issues highlighted, or the more serious concerns 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 handled 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, the lead organisation 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 inform the Patient Safety team. The Chief Executive's Office will also acknowledge all MP complaints and / or other enquires that they receive.

The Patient Safety 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, if the constituent making the complaint is not the patient ensure the complaint is in line with regulations.. .

4.4 Complaining to a Clinical Commissioning Group

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

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

When the commissioning body receives a complaint about the Trust, the nominated representative of the CCG will contact the complainant to see if they have also submitted the complaint to the Trust.

5.0 Communicating the investigation findings to complainants

Following investigation the Patient Safety lead will implement the principles of the being open procedure and liaise with the complainant to provide feedback/response. The method of conveying the feedback / response may either be verbal, written or at a meeting. If a complaint is closed verbally or as a result of a meeting, the Patient Safety 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 Safety 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 learning identified and 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 Safety lead will ensure that the Datix record is closed in line with the Patient Safety record closure process (Appendix 6).

5.1 Communicating the investigation findings to staff

It is the responsibility of local managers to ensure staff, have feedback at the end of an investigative process.

It is the responsibility of the Patient Safety lead 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 Safety Team if they are not completely satisfied with their complaint response.

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 have exhausted all attempts at providing resolution.

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

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

- A complainant is dissatisfied with the results of an investigation at a 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 Safety team are responsible for recording all contact with the PHSO on the Datix record using the PHSO section.

5.3 Potential disciplinary proceedings

The Complaints and Investigation Policy and Procedure for the Management of Complaints and External Incidents is entirely separate from the disciplinary process. Any action taken with staff as a result of a complaint will be made in accordance with the Trust's procedures.

6.0 Handling Habitual and / or Vexatious Enquirers

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

- Ensure that the Complaints and Investigation Policy and Procedure for the Management of Complaints and External Incidents has been correctly

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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 situations where a caller is abusive, threatening or hostile to the call handler, callers will be warned that their language/tone is offensive and if the behaviour continues the call will be terminated. If a caller's behaviour is not moderated after a second warning the call will be terminated.

In all instances of discriminatory or inappropriate sexual behaviour the first warning will be the point of termination.

It is reasonable to request that a complainant communicates in writing and not by telephone. This will be at the discretion of a Patient Safety 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.

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

In circumstances where a staff member has had cause to terminate a call and/or have been the subject of abusive behaviour, they are expected to complete an Incident Report Form. The matter will be reviewed and / or investigated and the staff member will be provided with support.

7.0 Redress

The Trust shall endeavour to provide appropriate redress to those who have made a complaint that is upheld or partly 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 a similar position to what they were in prior to the event and or complaint.

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

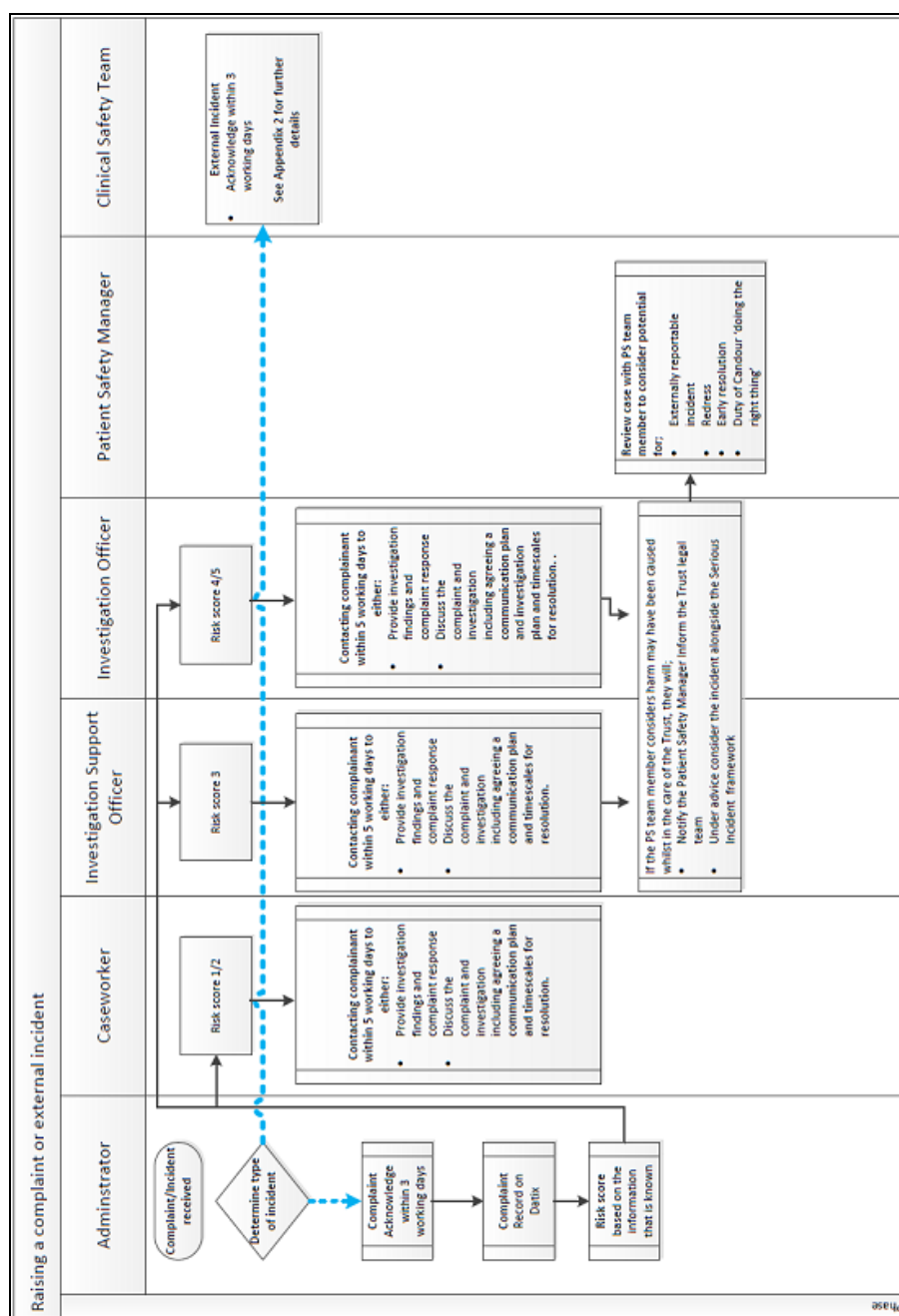
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8.0 Associated Documents

This procedure is linked to the documents detailed within Appendix 8. All investigators should refer to all documents for further guidance as and when necessary.

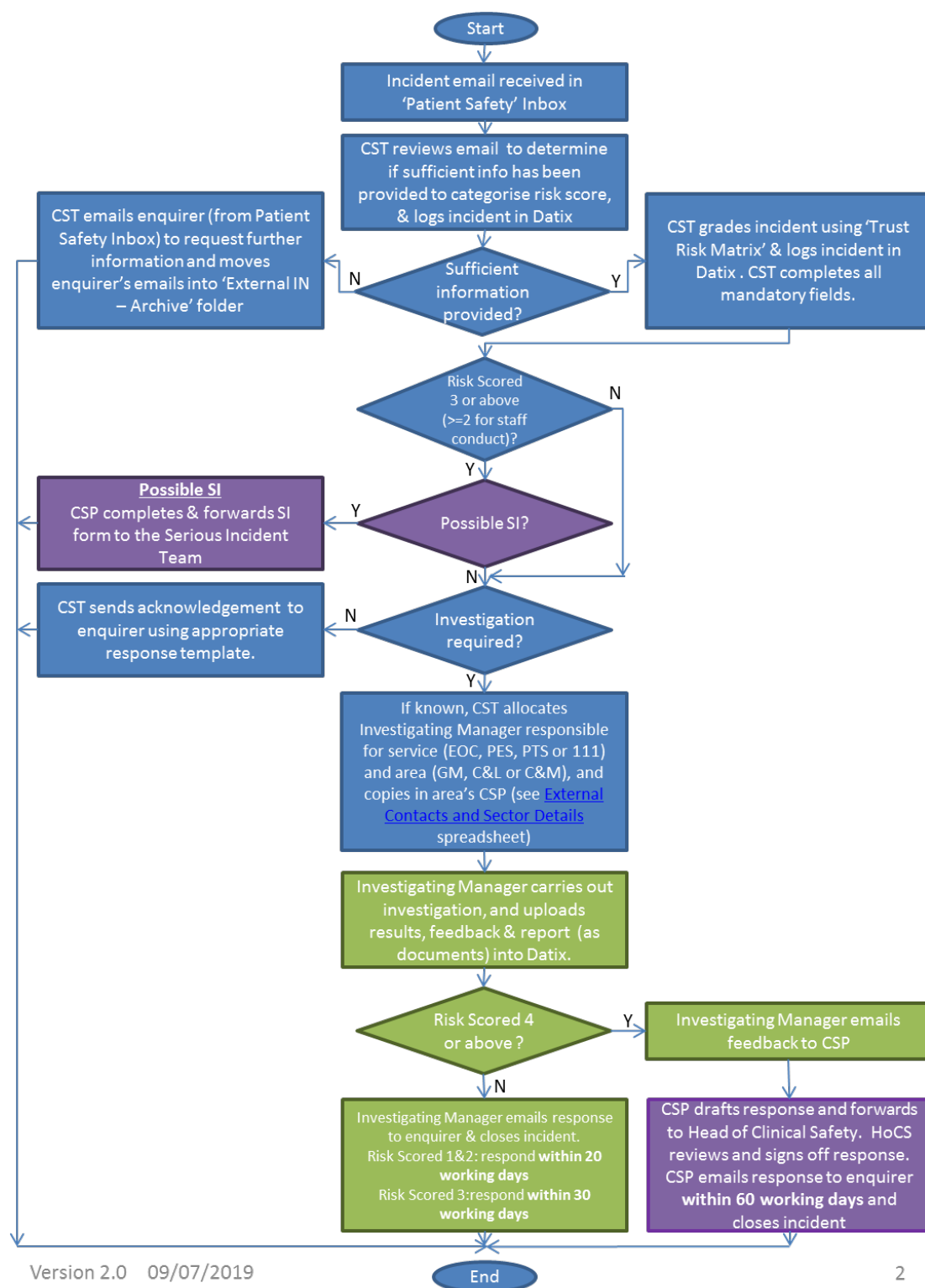
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APPENDIX 1 - Raising a complaint or external incident process



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APPENDIX 2 - External Incident /HPF flowchart



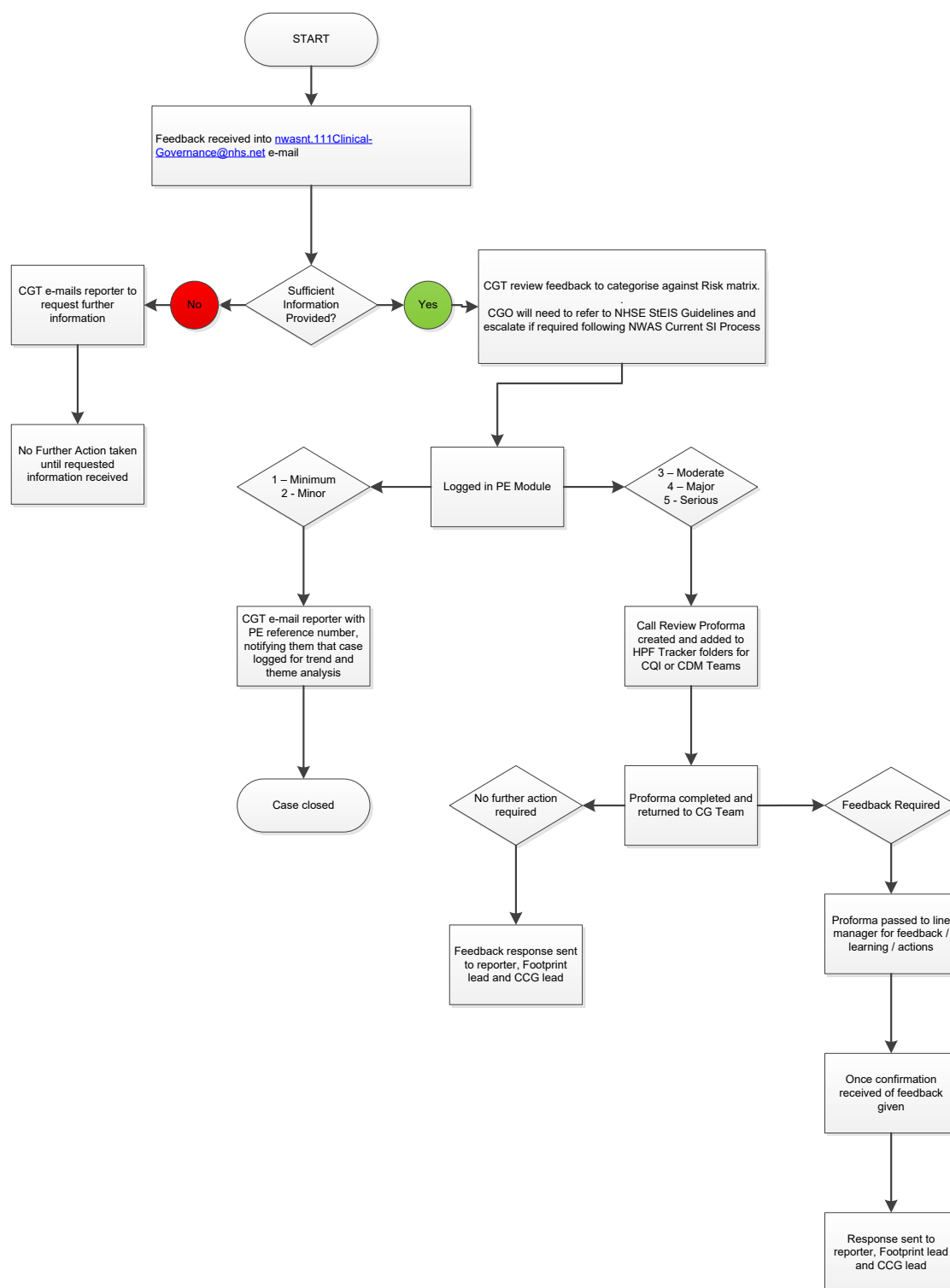
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Key

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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APPENDIX 3 – Trust Risk Table (October 2020)

Trust Risk Matrix (Consequence)

Domain	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Adverse Publicity/ Reputation/ Public Confidence	Rumours No public/ political concern	Local media area interest – short-term reduction in public confidence Local public/ political concern Elements of public expectation not being met	Local media interest – reduction in public confidence Damage to reputation Extended local/ regional media interest Regional public/ political concern	Regional/ national media interest with less than 1 day service well below reasonable public expectation Loss of credibility and confidence in organisation Independent external enquiry Significant public/ political concern Significant damage to reputation	National media interest with more than 1 day service well below reasonable public expectation MP concerned (questions in Parliament) Full public enquiry Total loss of public confidence in organisation Major damage to reputation
Business Programmes/ Projects	Temporary defects causing minor short term consequences to time and quality	Poor project performance shortfall in area(s) of minor importance (Performance may be related to time, cost & quality – either singularly or in combination of)	Poor project performance shortfall in area(s) of secondary importance (Performance may be related to time, cost & quality – either singularly or in combination of)	Poor performance in area(s) of critical or primary purpose (Performance may be related to time, cost & quality – either singularly or in combination of)	Significant failure of the project to meet its critical or primary purpose
Confidentiality/ Security	Patient information or other confidential information left unattended or was visible to unauthorised staff Computer left logged into a person account but no one was using the computer NWS network receive minor 'hacking' attempts that are safely blocked	Staff involved in a patient care overheard in a public area on Trust grounds speaking about a patient using the patients name Staff communicated excessive patient information to a third party as part of the care of that person, consent not having been specifically denied by the patient Computer logged into an account, but being used by a person other than the account holder. No patient information data entry, email usage or internet usage was performed	Staff communicated confidential and/ or sensitive information to other members of the Trust as part of 'gossip' Patient record is missing and cannot be found within a week Trust site security is breached and intruders could have had access to confidential information Computer logged into an account, being used by a person other than the account holder. Patient information data entry, email usage or internal usage was performed	Inappropriate/ accidental communication of obviously confidential information by staff to a third part unaware that the patient or the Trust specifically denied consent to disclose Multiple patient records go missing due to deliberate actions of intruders on Trust sites Trust networks security is breached but no confidential information or email account were accessible Diaries/ laptops/ computers with confidential information staff or patient are lost, stolen or missing	Deliberate disclosure to third party by a staff member who was aware that the patient or the Trust specifically denied consent to disclose Publication of any patient information or confidential information that was not specifically authorised by the patient or the Trust Trust network security is breaches and confidential or email accounts were accessible

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Clinical Audit <i>(Provision of Clinical Information)</i>	No or limited/ single disruption to the provision of timely and accurate clinical information across NNAS Meets local clinical audit standards	Minor disruption to the provision of timely and accurate clinical information on an individual CBU/ business area Minor discrepancy with local clinical audit standards	Reduction in the provision of timely and accurate clinical information in CBU's/ business areas Moderate discrepancy with meeting local clinical audit standards	Inconsistent production of timely and accurate clinical information across all CBU's/ business areas Non-compliance with local clinical audit standards agreed by NNAS Delay in participation with national and local quality frameworks	Failure to produce clinical information or participate within any local or national quality frameworks Non-compliance with national clinical and standards
Clinical: Medication Error	Incorrect medication dispensed but not taken	Wrong drug or dosage administered, with no adverse effects	Wrong drug or dosage administered with potential adverse effects	Wrong drug or dosage administered with adverse effects	Unexpected death or permanent incapacity Incident leading to long-term health problems
Complaint/ Concern/ Comment	Minimal injury/ no injury to patient Misunderstanding of an element of the service which can be corrected Local rapid resolution anticipated with no service change requirements No media/ MP/ legal interest anticipated	Minor injury to patient Single failure to meet internal standards with no consequence Local resolution anticipated, local service change may be required. No media interest or requests Potential for local media interest Compliant/ concern responded to within 24 hours	Moderate injury requiring professional intervention Single failure resulting in loss of appointment or care Local resolution achievable with support from all parties MP Complaint Local media statement requested Complaint/ concern responded to within 25 working days	Major injury leading to long term incapacity or disability Repeated failure to meet internal standards Local resolution anticipated. Unresolved concern or complaint (re-opened) Regional media statement requested National media interest anticipated Potentially StEIS reportable Complaint/ concern responded to within 25 working days	Incident leading to death Unacceptable level of quality of treatment/ service. Grossly substandard care Resolution expected to be protracted, major Trust-wide service change may be required National media statement requested Gross failure of patient safety. Gross failure to meet national standards StEIS reportable Inquest/ ombudsman inquiry Complaint/ concern responded to within 25 working days
Coroners' Inquest	Inquest very unlikely to bring any allegations against the Trust or employees	Non Contentious Inquest	Inquest	Increased likelihood of receiving a Coroner's Rule 43 letter Contentious Inquest Potential to issue Rule 43 Report against person or organisation	Coroner's Rule 43 letter received Contentious Inquests/ Public Enquires Potential to result in public national enquiry

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Delayed Response	<p>Late transport causing minimal disruption</p> <p>Referral to incorrect PCS with no consequences</p>	<p>Cat 1 less than 10 minutes</p> <p>Cat 2 less than 20 minutes</p> <p>Cat 3 less than 120 minutes</p> <p>Cat 4 less than 180 minutes</p> <p>Delayed PCS response (speak to/ contact within 6 hour disposition < 60 mins)</p> <p>Late transport causing distress and/ or loss of appointment</p> <p>Non-arrival of transport leading to missed appointment</p>	<p>Cat 1 Calls between 10&15 minutes</p> <p>Cat 2 Calls between 20&60 minutes</p> <p>Call 3 Calls between 120&180 minutes</p> <p>Cat 4 > 180 minutes</p> <p>Cat 3 HCP Calls: > 75 mins for HCP31H > 150 mins for HCP32H > 230 mins for HCP43H >300 mins for HCP44H</p> <p>Delayed PCS response (speak to within 1 hour/ contact within 2 hour disposition < 60 mins)</p> <p>Delayed PCS response (speak to/ contact within 6 hour dispositions > 60 mins)</p>	<p>Cat 1 Calls between 15&20 minutes</p> <p>Cat 2 Calls between 60&80 minutes</p> <p>Cat 3 Calls > 180 minutes</p> <p>Cat 3 HCP Calls: > 90 mins for HCP31H > 180 mins for HCP32H > 270 mins for HCP43H > 360 mins for HCP44H</p> <p>Delayed PCS response (speak to within 1 hour/ contact within 2 hour dispositions > 60 mins)</p>	<p>Cat 1 Calls > 20 minutes</p> <p>Cat 2 Calls > 80 minutes</p>
Environmental Impact	<p>Minimal or no impact on the environment (Small spillage or escape of non-clinical or non-harmful material on Trust premises)</p>	<p>Minor impact on environment (Spillage or escape of clinical or toxic waste with effects contained within unit or department)</p>	<p>Moderate impact on environment (Spillage or escape of clinical or toxic waste affecting an entire building)</p>	<p>Major impact on environment (Significant spillage or escape of clinical or toxic waste with effects contained to Trust property)</p>	<p>Catastrophic impact on environment (Significant discharge or escape of clinical or toxic waste with widespread effects beyond Trust property)</p>
Financial Inc. Claims	<p>Small loss</p> <p>Risk of claim remote (£0-£5,000)</p>	<p>Loss of 0.1-0.25% of budget</p> <p>Claim less than (£5,000-£10,000)</p>	<p>Loss of 0.25-0.5% of budget</p> <p>Claim(s) between (£10,000-£100,000)</p>	<p>Uncertain delivery of key objective</p> <p>Loss of 0.5-1.0% of budget</p> <p>Claim(s) between (£100,000-£1 million)</p> <p>Purchase failing to pay on time</p>	<p>Non-delivery of key objective</p> <p>Loss of >1% of budget</p> <p>Failure to meet specification/ slippage</p> <p>Claim(s) (>£1 million)</p> <p>Loss of contract/ payment by results</p>

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Infection Control and/ or Ill Health	Exposure to blood/ body fluids/ other sources of infection with no risk	<p>Exposure to blood/ body fluids/ other sources of infection with minimal risk/ no sickness</p> <p>Outbreak involving 3 or more people</p> <p>Physically unwell – GP treatment or treated by staff</p>	<p>Exposure to blood/ body fluids/ other sources of infection resulting in short term sickness (minimum 3 days)</p> <p>Outbreak causing disruption to service or short term closure (days/ weeks)</p> <p>Physically unwell – planned admission/ attendance at A&E (not blue light) or transfer to general medical ward</p> <p>Inoculation contamination with no infection</p>	<p>Exposure to blood/ body fluid/ other sources of infection resulting in very serious infection, long term sick leave</p> <p>Outbreak causing medium term closure (weeks/ months)</p> <p>Physically unwell – emergency admission to general hospital</p> <p>Inoculation contamination from infected person</p>	<p>Sudden or unexpected death (including where evidence may be related to exposure to infection)</p> <p>Outbreak causing long term closure or termination of service</p> <p>Inoculation contamination causing life threatening disease or death</p>
Information Risks	<p>Minimal or no loss of records containing person identifiable data.</p> <p>No significant reflection on any individual or body</p> <p>Media interest very unlikely</p> <p>Only a single individual affected</p>	<p>Loss/ compromised security of one record (electronic or paper) containing person identifiable data</p> <p>Damage to a team's reputation/ some local media interest that may not go public</p> <p>Serious potential breach and risk assessed high. For example, unencrypted clinical records lost – up to 20 people affected</p>	<p>Loss/ compromised security of 2-100 records (electronic or paper) containing confidential/ person identifiable data</p> <p>Damage to a services reputation/ low key local media coverage</p>	<p>Loss/ compromised security of 101+ records (electronic or paper) containing confidential/ person identifiable data</p> <p>Serious breach with particular sensitivity</p> <p>Damage to organisation's reputation/ local media coverage</p>	<p>Compromised security of a local application/ system/ facility holding person identifiable data (electronic or paper)</p> <p>Compromised security of an organisation/ Trust wide application/ system/ facility holding person identifiable data (electronic or paper)</p> <p>Damage to NHS reputation/ national media coverage</p> <p>Serious breach with potential for ID theft or over 1000 people affected.</p>
Moving/ Manual Handling Inc. Slips, Trips & Falls	<p>Malfunction/ fault with equipment</p> <p>Slipping, falling with no injuries</p>	<p>Minor injury as a result of moving or handling</p> <p>Short term staff sickness/ absence (less than 3 days off work)</p> <p>Slipping, falling with minor injuries requiring first aid only</p> <p>Short term staff sickness/ absence (less than 3 days off work)</p>	<p>Moderate injury to staff as a result of moving or handling</p> <p>Staff sickness – more than 7 days off work (RIDDOR reportable)</p> <p>Slip/ trip/ fall resulting in injury such as a sprain, requiring medical attention</p> <p>Staff sickness – more than 7 days off work (RIDDOR reportable)</p>	<p>Serious injury to staff resulting in long term damage</p> <p>Long term staff sickness (RIDDOR reportable)</p> <p>Slip/ trip/ fall resulting in injury such as dislocation/ fracture/ head injury, requiring medical attention and hospitalisation</p> <p>Long term staff sickness (RIDDOR reportable)</p>	<p>Unexpected death or permanent incapacity</p> <p>Incident leading to long-term health problem</p> <p>Unexpected death or permanent incapacity</p> <p>Incident leading to long-term health problem</p>

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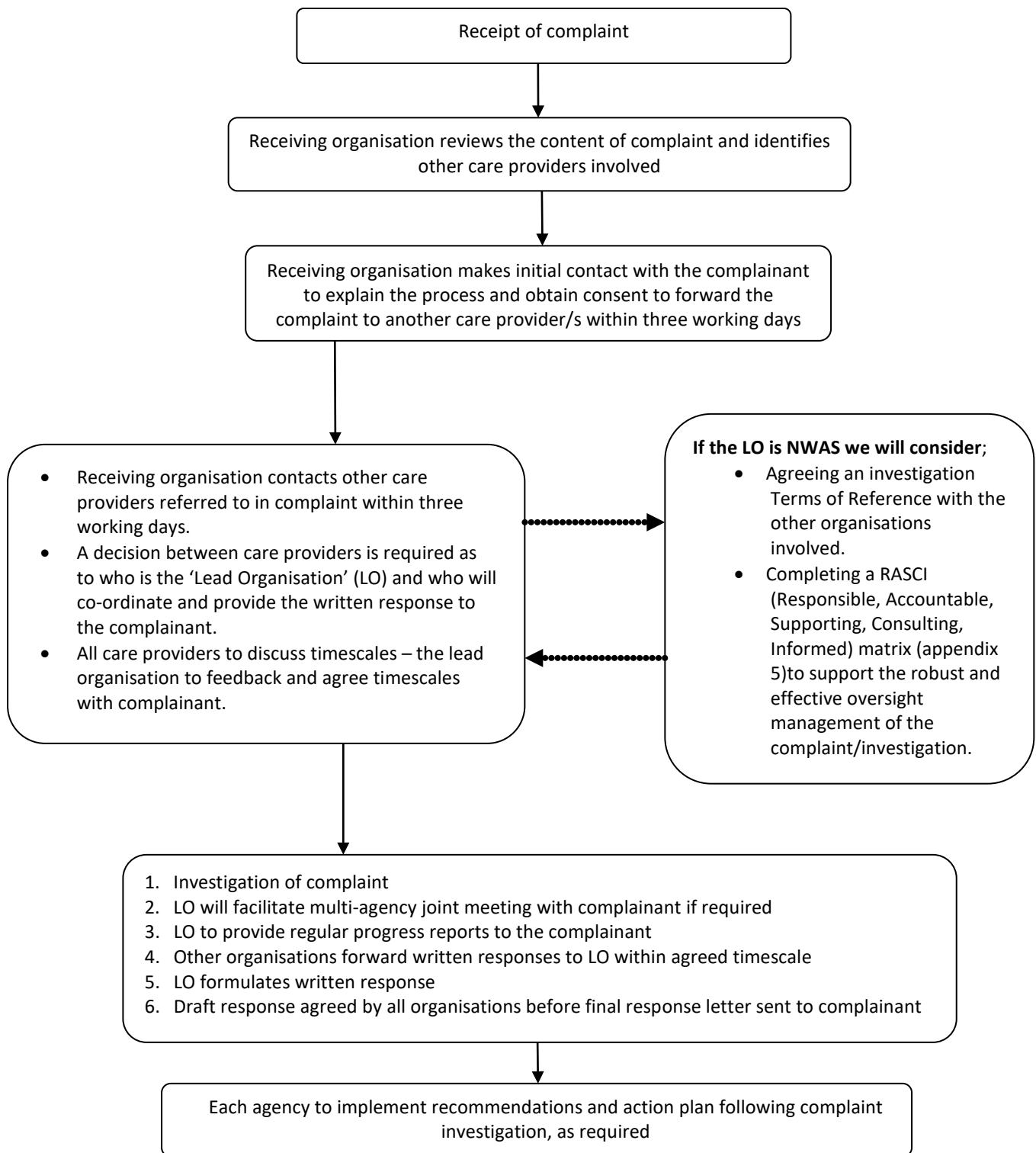
Patient Safety <i>(Harm to patients and/ or public, including physical and/ or psychological harm)</i>	<p>Minimal injury requiring no/ minimal intervention or treatment. For example, delay in routine transport for patient</p> <p>Minor injury not requiring first aid or no apparent injury</p>	<p>Minor injury or illness, requiring minor intervention</p> <p>Increase in length of hospital stay or treatment by 1-3 days</p> <p>Minor injury or illness, first aid treatment needed</p> <p>1-2 people affected</p>	<p>Moderate injury requiring professional intervention. For example, vehicle carrying patient involved in RTC</p> <p>Increase length of hospital stay or treatment by 4-15 days</p> <p>An event which impacts on small number of patients</p> <p>Some permanent harm up to a year</p> <p>3-15 people affected</p> <p>Possible RIDDOR/ MHRA/ StEIS Reportable Incident</p>	<p>Major injury leading to long-term incapacity/ disability</p> <p>Increase in length of hospital stay or treatment by >15 days</p> <p>Serious mis-management of patient care with long-terms effects</p> <p>16-50 people affected</p> <p>Potentially StEIS reportable</p>	<p>Death/ life threatening harm</p> <p>Serious mis-management of patient care leading to death/ life threatening harm/ permanent injuries/ long term incapacity or disability or irreversible health effects</p> <p>A significant event which impacts on a large number of patients – more than 50 people affected</p> <p>StEIS reportable</p>
Physical Violence/ Aggression Inc. Hostage Situation	<p>Minimal or no impact</p>	<p>Physical attack/ assault such as pushing, shoving, pinching, slapping, hair pulling etc.</p> <p>Causing minor injury (not requiring immediate medical assessment or treatment)</p> <p>Threats to prevent staff member leaving property but is persuaded and allows exit</p>	<p>Assault on patients, public or staff which may have physical health/ psychological implication on the victim</p> <p>Injury may require A&E or GP assessment but no further treatment</p> <p>Deliberate delay in the departure of staff using minor threats or physical obstruction</p>	<p>Serious assault resulting in physical injuries that require hospital treatment</p> <p>Deliberate delay in the departure of staff using significant threats or physical obstruction</p>	<p>Homicide or attempted homicide resulting in death or serious prolonged injury or disability</p> <p>Staff member held hostage using physical force</p>
Service/ Business Interruption	<p>Loss of ability to provide services (Interruption of >1 hour)</p>	<p>Loss of ability to provide services (Interruption of >8 hours)</p>	<p>Loss of ability to provide services (Interruption of >1 day)</p>	<p>Loss of ability to provide services (Interruption of >1 week)</p>	<p>Permanent loss of service or facility</p>
Staff Competence	<p>Staff are adequately equipped with the appropriate skills, knowledge and competence to undertake their duties</p> <p>Staff attendance at mandatory/ key training</p> <p>Insignificant effect on delivery of service objectives due to failure to maintain professional registration (less than 10 staff)</p>	<p>Minor error due to a lack of appropriate skills, knowledge and competence to undertake duties</p> <p>Insignificant staff attendance at mandatory/ key training (Within 5%)</p> <p>Minor effect on delivery of service objectives due to failure to maintain professional development or status (between 11-50 staff)</p>	<p>Moderate error due to limited skills, knowledge & competence to undertake duties</p> <p>Poor staff attendance for mandatory/ key training (6 – 10%)</p> <p>Moderate effect on delivery of service objectives due to failure to maintain professional development or status (between 51-100 staff)</p>	<p>Serious error or due to limited skills, knowledge & competence to undertake duties</p> <p>Regular poor/ low attendance at mandatory/ key training (11 – 20%)</p> <p>Major effect on delivery of service objectives due to failure to maintain professional development or status (between 101-250 staff)</p>	<p>Critical error due to limited skills, knowledge & competence to undertake duties</p> <p>Significant/ inconsistent low uptake of attendance at mandatory/ key training (>21 or 2 months+)</p> <p>Significant effect on delivery of service objectives due to failure to maintain professional development or status (more than 250 staff)</p>

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Staff Safety <i>(Harm to staff and/or contractors, including physical and/or psychological harm)</i>	<p>No time off work</p> <p>Minor injury not requiring first aid or no apparent injury</p>	<p>Minor injury, illness, Mental Health issue or first aid treatment needed</p> <p>Requiring intervention</p> <p>Short term staff sickness/ absence (less than 3 days off work)</p>	<p>Moderate injury, illness, Mental Health issue requiring hospital treatment/ outpatient appointments/ assessment of social care needs</p> <p>Staff sickness – more than 7 days off work</p> <p>Possible RIDDOR/ MHRA/ StEIS reportable incident</p>	<p>Major injury, illness, Mental Health issue requiring long term treatment or community care intervention</p> <p>Long term staff sickness</p> <p>More than 15 staff affected</p> <p>Post-traumatic stress disorder</p>	<p>Death</p> <p>Life threatening injury or illness or harm</p> <p>Permanent injury/ damage/ loss of limb/ long term incapacity or disability</p> <p>StEIS</p>
Staffing Levels	<p>Short-term low staffing levels that temporarily reduces service quality (less than 1 day)</p>	<p>Low staffing levels that reduces the service quality (1-5 days)</p>	<p>Late delivery of key objective/ service due to lack of staff/ capacity</p> <p>Unsafe staffing level (1-2 weeks)</p> <p>Staff Turnover</p>	<p>Uncertain delivery of key objective/ service due to lack of staff</p> <p>Unsafe staffing level (more than a month)</p> <p>Loss of key staff</p> <p>Staff Turnover</p>	<p>Non-delivery of key objective/ service due to lack of staff</p> <p>Constant ongoing unsafe staffing levels or competence</p> <p>Loss of several key staff</p>
Statutory Duty/ Inspection	<p>No or minimal impact or breach of guidance/ statutory duty</p>	<p>Breach of statutory legislation</p> <p>Reduced performance rating if unresolved</p>	<p>Single breach in statutory duty</p> <p>Challenging external recommendations/ improvement notice</p>	<p>Enforcement action</p> <p>Multiple breaches in statutory duty</p> <p>Improvement notices</p> <p>Low performance rating</p> <p>Critical report</p>	<p>Multiple breaches in statutory duty</p> <p>Prosecution</p> <p>Complete systems change required</p> <p>Zero performance rating</p> <p>Severely critical report</p>

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APPENDIX 4 - Joint Investigation Flowchart



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APPENDIX 5 - RASCI (Responsible, Accountable, Supporting, Consulting, Informed) matrix

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																				
<div>Role</div> <div>Investigation task</div>	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																				
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APPENDIX 6 - Patient Safety Record Closure Checklist

Datix (Patient Safety Module) record closure checklist	Complete
The Complainant	
1. Has feedback been provided to the complainant Documented in case assessment or verbal closure record)	
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 been recorded? (This is the local PES/PTS/EOC manager providing opinion or the PS team lead/CIU if local teams have not provided information. When no manager has been nominated/disclosed the named HoS should feature.	
GDPR	
All questions within this field should be populated	
Details of Record	
1. Final risk score (recorded in risk score field)	
2. Incident date	
3. Time of call/incident/event	
4. Day of week	
5. Have you recorded the incident number? This is the C3,Cleric or Adastra 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. Ensure all fields are populated	
Location	
1. Have all of the location details been inputted? Are they accurate?	
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 Safety data as informative and accurate as possible. This function is also helpful in identifying areas for learning/improvement	

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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?	
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**	
3. Where possible the patient and complainant contact details should be completed with <ul style="list-style-type: none"> NHS number Address Date of Birth Date of Death (if applicable) Demographic information 	
Results of investigation	
1. What findings have been obtained, complete as many fields as possible. It is recognised that not all boxes will be completed for every case. (If information only provided this should also be populated as this may help inform/identify public engagement projects).	
2. Select the appropriate tick boxes in the actions taken section.	
3. Select a complaint outcome to determine if the complaint is upheld, partly upheld or not upheld. (This field is mandatory and should be populated for all records)	
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?	

NB:-

- **Populating fields within the record during the course of the investigation will make the closure procedure less time consuming.**
- **Working through the record using a systematic method will help to ensure important data fields are not missed.**

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