



Making Experiences Count Policy

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1. Introduction

- 1.1 The South Western Ambulance Service NHS Trust takes any form of complaint extremely seriously and will always aim to deal with all expressions of concern responsively, efficiently and effectively in order to secure swift local resolution.
- 1.2 In line with the new NHS and Social Care Complaints Regulations 2009, the Trust has rebranded the above as compliments, comments, concerns and complaints received as Making Experiences Count (MECs). These are referred to as the '4 C's' and offers a unified and person-centred approach.
- 1.3 The Trust will ensure that any complainant is treated fairly and valued equally, irrespective of their age, gender, race, ethnicity or national origins, domestic circumstances, social and employment status, religion or belief, sexual orientation, disability or on other grounds which cannot be justified.
- 1.4 The Trust will also ensure that any member of staff involved in a complaint is supported and treated fairly and valued equally irrespective of their age, gender, race, ethnicity or national origins, domestic circumstances, social and employment status, religion or belief, sexual orientation, disability or on other grounds which cannot be justified.
- 1.5 The Trust is wholeheartedly committed to learning from MECs and will implement changes, where practicable, to put things right to prevent future problems when weaknesses are identified and lessons are learnt.
- 1.6 This positive stance of receiving and handling MECs will be actively publicised and promoted to encourage patients, their relatives and carers to share their views and experiences and feedback with the Trust to stimulate a more patient led, responsive ambulance service.
- 1.7 MECs are viewed as an important part of the Trust's Patient and Public Involvement (PPI), Equality and Diversity, Communication, Safeguarding and Risk Management Strategies.
- 1.8 The Trust are committed to achieving an effective complaint handling process, which is defined as:
 - Getting it right;
 - Being customer focused;
 - Being open and accountable;
 - Acting fairly and proportionately;
 - Putting things right;
 - Seeking continuous improvement

2 Purpose

2.1 The purpose of this policy is to:

- Ensure the Trust is fully compliant with the law;
- Replace the previous Complaints Policy in accordance with the legislative changes to the NHS and Social Care complaints regulations implemented on 1 April 2009;
- Demonstrate commitment to the Ombudsman's principles
- Capture and record patient experience including those of relatives and carers;
- Report upon trends so that lessons learnt are fed into service development to create patient centred services.
- Encourage staff to develop reflective practice by highlighting the patient experience;
- Encourage staff to embed learning and continuous development through experiential learning¹;
- Support the contemporary approach of discovery interview techniques to fully understand what is most important to patients; seeing things through the eyes of the patient;
- Replace the Trusts' previous Complaints Policy, and reflect the seamless approach taken when responding to the patient and public need, in a person focused and timely manner, in accordance with the legislative changes to the NHS and Social Care complaints regulations implemented on 1st April 2009;
- Reflect the contemporary approach by the Trust in capturing the opinions and experiences of patients, relatives and carers we serve to better inform service development and enhance improvements.

3. Scope of Policy

3.1 This policy is aimed at all Trust staff and volunteers and applies to all MECs received regarding the South Western Ambulance Service NHS Trust. This includes services provided by the Urgent Care Service for Dorset and Somerset based at St Leonards in Dorset.

3.2 It covers any MEC made about the Trust's staff, and volunteers working on its behalf, relating to the Trust's core services of Emergency Ambulance Service, Urgent Care Service (UCS) including the relevant Minor Injury Units (MIUs) and Local Treatment Centre's (LTCs) managed by the Trust and the Patient Transport Service (PTS).

3.3 In the event that a MEC is received relating to more than one organisation, the receiving organisation will liaise with the other(s) concerned to co-ordinate a response as requested by the complainant. This may include a joint response from nominated 'lead' organisation, or direct contact from each organisation with the complainant to facilitate local resolution. The principles of and procedures outlined

in the MEC Policy will apply irrespective of whether the complaint relates to multi agency involvement or sole agency involvement.

- 3.4 The Department of Health (DH) suggest that it is good practice for all bodies involved in delivering health (and social care) to work together to respond to complaints and comments about their services. The Trust will ensure it works in close collaboration with all NHS Trusts to ensure the patient or relatives/carers receive a 'one stop shop approach' to their complaint.
- 3.5 This arrangement allows for swift local resolution with an inclusive and comprehensive investigation covering all aspects of the Patient experience.
- 3.6 This policy does not apply to staff complaining about Trust procedures. The Trust's Grievance Policy covers any complaints regarding Trust procedures.
- 3.7 The policy does not apply when one health or social care professional complains about another health or social care professional; internal or external to the Trust. These types of complaints or concerns are handled by the Trust's Risk Department as an Adverse Incident (AI).

4. Principles

- 4.1 If patients, carers, relatives and the public are not satisfied with the treatment or service they have received from the Trust, they are entitled to raise a MEC and receive an appropriate and agreed response.
- 4.2 The Trust has a responsibility and duty to provide patients, relatives, carers and advocates with prompt answers to MECs in an open, honest and transparent way and based on robust investigations.
- 4.3 Under the complaints legislation, each responsible body must designate an appropriate member and seniority of staff to be responsible for:
 - Ensuring compliance with the arrangements under the Regulations and in particular ensuring that action is taken in the light of the outcome of a MEC
 - Managing the procedure for handling and considering MECs.
- 4.4 All verbal or written responses will include an expression of regret, a chronological event of what has happened, a summary of what will be done to deal with any poor performance and information on where to seek independent advice and advocacy, as well as independent review.
- 4.5 The Trust will signpost any complainant to the Independent Complaints Advisory Service (ICAS) and the Parliamentary and Health Service Ombudsman as appropriate during any complaints process.
- 4.6 Alternative formats will be offered to those who fall within 'hard to reach groups'

e.g. deaf, blind, visually impaired, etc.

- 4.7 The Trust will appropriately publicise guidance on accessing the Trust's complaint service. The Trust will utilise printed materials and electronic resources alongside its regular engagement exercises.
- 4.8 Staff will be encouraged to engage with patients and/or their carers in the spirit of "Being Open" and signpost any potential feedback to the MEC team.
- 4.9 The Trust is always striving to become more patient focused and strongly believes in implementing continuous improvements based on the experiences of all patients, their relatives and carers.

5. Definition of terms

5.1 Making Experiences Count – The 4 C's'

5.2 Compliments, Comments, Concerns, Complaints

These four important mechanisms for patients, carers, relatives and members of the public to have their say have been assimilated into one reporting strand known as the 4 C's.

5.3 Compliments

These form important assurance for the Trust in public recognition for staff contribution to excellence in service standards and continuing public confidence in the Trust.

5.4 Comments, Concerns and Complaints (MECs)

The Trust takes all feedback seriously and these three important mechanisms for patients and members of the public to have their say have been assimilated into one reporting strand. The new procedure complies with new legislative requirements and provides a more robust and thorough investigation process to ensure all complainants receive an honest, open and clear response to their issues.

5.5 Patient Advice and Liaison Service (PALS)

The PALS data reflect less intense time requirements for issues such as requests for leaflets, signposting to other agencies, lost property etc. Further guidance on this process can be found in the Trust's PALS Policy.

6 MEC Handling Process (Appendix A)

6.1 This process involves:-

- Acknowledging the complaint within 3 working days following date of receipt;
- Signposting to ICAS to support the complainant;
- Issuing appropriate complainant support literature;

- Advising staff and providing appropriate supportive literature;
- Agreeing a complainant plan. Complainant is advised that all aspects of care can be subject to investigation alongside wider holistic aspects;
- Time set aside to ensure complainant feels able to discuss their feedback and appreciates that the Trust takes all feedback seriously and that they are being listened too.
- Assuring consent and gaining appropriate documentation to support this, in order to facilitate appropriate and effective feedback;
- Investigating the issues raised and recording the findings within an investigation report;
- Identifying any lessons to be learnt and disseminated, these are recorded on a remedial action plan;
- Feeding back the results of the investigation and lessons learnt to the complainant;
- Undertaking or facilitating as appropriate, Local Resolution meetings with complainants if further resolution is required;
- Providing a final response to the complainant (or advocate) and staff;
- Signposting to the Ombudsman.

7 Responding to complainants appropriately, respectfully, fairly and in a dignified manner

- 7.1 Complainants must be reassured that any care and/or treatment will not be compromised, now or in the future, if they raise a MEC. Appropriate advice will be given and contact numbers provided to ensure complainants feel supported throughout the process and in the future contact with the Trust.
- 7.2 Each complainant will receive a copy of the Trust publication, entitled: Respect and Dignity; our commitment to you...your commitment to us. This reinforces the reassurance as outlined above in 7.1.
- 7.3 The Trust will make certain their systems and processes ensure that patients, their relatives and carers, are not discriminated against when complaints are made.
- 7.4 For this reason the Trust will seek complainants' views on how well their complaint was handled, via a patient satisfaction questionnaire. The questionnaires will be monitored and analysed with further improvements implemented where appropriate.
- 7.5 In addition to this, systems are in place to prevent discrimination occurring, including:
- The MEC files are kept in locked cabinets within the Making Experiences Count Team, which have restricted access from all Trust personnel.
 - Computer records of all complaints received are recorded on the Trust's

DATIX database software system. Password access is required for this, which is restricted to those staff members handling MECs, PALS, incidents/adverse incidents or claims.

- Representatives of the Trust attend a variety of external meetings (such as community and voluntary sector groups, user groups, Independent Complaints Advocacy Service events). This provides another method for gathering feedback, recognising that complainants who are vulnerable may raise their concerns via these methods rather than directly to the Trust.
- The Trust website provides information and access for complainants to make a complaint or raise concerns. Translation tabs are clearly highlighted on the front page of the site to enable access for those whose first language is not English.

- 7.6 The Trust signposts all complainants to the Independent Complaints Advisory Service (ICAS) and the Parliamentary and Health Service Ombudsman as appropriate during the complaint handling process.
- 7.7 ICAS is a free, independent service providing information to anyone who wishes to raise a MEC. ICAS will, if required, deal with the MEC on behalf of the complainant and/or offer impartial information on how to raise a MEC.
- 7.8 Details of ICAS are included in all acknowledgement letters that the Making Experiences Count team issue to complainants.
- 7.9 In addition to the offer of assistance from ICAS, other support (e.g. provision of a registered interpreter and/or translator for patients whose first language is not English) may need to be considered. The support required will be dependent on the individual specific requirements of the complainant. The Trust has invested in Language Line to provide these services and contact details are printed on the Trust's weekly Bulletin. In addition, the Making Experiences Count team has full contact details.
- 7.10 The Parliamentary and Health Service Ombudsman is responsible for investigating MECs that have not or cannot be resolved by the Trust. Escalation to the Ombudsman is referred to as Stage 2.
- 7.11 The Ombudsman's principles are:
1. Getting it right
 2. Being customer focused
 3. Being open and accountable
 4. Acting fairly and proportionately
 5. Putting things right
 6. Seeking continuous improvement

- 7.12 The published trio of documentation to support the Ombudsman's principles are the 'Principles of good complaints handling', the 'Principles of good administration', and the 'Principles for remedy'.
- 7.13 The Trust will not tolerate any discrimination of any kind against any person or organisation that has made a complaint or raised a concern.
- 7.14 All Trust staff must be aware of the six strands of equality:
- race;
 - age;
 - gender;
 - sexual orientation;
 - disability;
 - religion or belief.

8. Engaging with the community

- 8.1 The Trust seeks to actively engage with the community at every opportunity, and demonstrated through the Patient and Public Involvement and Community Engagement Strategy, Patient Representative Panel, website, public events and Trust publications such as 24/7. These all offer an opportunity to gain patients, relatives and carers experiences.
- 8.2 The Trust's Strategic Communications and PR Department utilize the multi-purpose mobile public relations vehicle specially designed to engage with members of the public out in the heart of the numerous communities covered by the Trust. This resource is used to capture feedback on services for the Trust to help overcome the barriers to securing feedback on emergency services e.g. inappropriate to seek feedback during emergency and life-threatening events.

9. Responsibilities

- 9.1 In accordance with the NHS (Complaints) Amendment Regulations 2009, the Chief Executive has overall statutory responsibility for complaints.
- 9.2 The Chief Executive is the Board Executive lead for complaints.
- 9.3 The Senior Quality Patient Experience Manager is responsible for the clinical scrutiny and advice for all appropriate MECs with devolved responsibility to the Trust's Clinical Advisors for the Urgent Care Service.
- 9.4 Directors of each function within the Trust are responsible for ensuring MEC investigations are carried out thoroughly and within strict timeframes by their respective staff and that these are completed in line with Trust policy.
- 9.5 The Director of Corporate Services strategic responsibility for the Making

Experiences Count team that sits within the Corporate Services Directorate.

- 9.6 The Chief Executive delegates responsibility for the management of the MEC function to the Senior Quality Patient Experience Manager who is the clinical lead for the Making Experiences Count team. The Senior Quality Patient Experience Manager may seek guidance from the Medical Director in regard to clinical issues relating to the Urgent Care Service.

The Senior Quality Patient Experience Manager is also tasked with promoting face to face contact and discussion with complainants where appropriate,

- 9.7 The Quality Patient Experience Manager manages the day to day functions of the Making Experiences Count team which comprises of; compliments, comments, concerns and complaint investigations; reporting and identifying lessons for embedding within the Trust; identifying risk areas from complaints investigations; recommending and communicating remedial actions in consultation with the Senior Quality Patient Experience Manager.

- 9.8 The Patient Experience Officers support the administrative function of the Making Experiences Count function which comprises the handling of the Trust's MEC investigations.

- 9.9 Trust Investigating Officers are nominated by their relevant Operational Manager. The investigating officers should be suitably experienced managers who have sufficient knowledge and experience in the area being investigated.

- 9.10 The Investigating Officers are responsible for ensuring that any action required, as a result of remedial actions identified, is communicated to staff and acted upon.

- 9.11 Trust Investigating Officers are responsible for ensuring due diligence in conducting an investigation. This means the investigating officer will be considered responsible if patients/complainants raise further issues or the complaint is escalated to the Ombudsman.

- 9.12 The investigation report should be thorough, impartial and the findings supported by all available evidence e.g. PCRs, statements

- 9.13 Investigating officers have a responsibility for ensuring that resolution is achieved as far as practicable or likely or actual MECs received and to co-operate with the Chief Executive, Senior Quality Patient Experience Manager or other Patient Experience team members.

- 9.14 Investigating officers and local managers are responsible for ensuring that any learning in the form of remedial action is taken forward, where practicable, to prevent the re-occurrence of the issues raised in the complaint.

- 9.15 Assigned Trust staff must investigate MECs in a timely manner, as requested by either the Senior Quality Patient Experience Manager or a member of the Patient Experience team, and to have due regard to the sensitivities of both the enquirer

and those complained about. Targets for responses will be set within the Trust.

- 9.16 All employees, paid and voluntary, have a duty to respond and cooperate with the MEC team or any other investigating officer in a timely fashion when they are involved or responding to investigations.
- 9.17 The Trust Board will have overall responsibility for:-
- Leadership and promotion of Being Open;
 - Scrutiny and seeking assurance that appropriate and legally compliant systems and processes are in place for complaints handling;
 - Scrutiny and seeking assurance that the NHS (Complaints) Amendment Regulations 2009 requirements are adhered to;
 - Scrutiny of quarterly patient experience reports for all MECs and PALS with a particular focus on quality.
 - promoting a climate of openness;
 - ensuring prompt MEC reporting and investigation;
 - being assured that clear explanations are provided to patients who have raised a MEC;
 - being assured that the NHS (Complaints) Amendment Regulations 2009 requirements are adhered to;
 - ensuring through the Board Cycle that there are quarterly reports for all MECs.
- 9.18 The Learning From Experience Group (LFEG) ensures an integrated approach to the management of risks arising from MECs, incidents and claims. Providing a forum to monitor the implementation and sharing of lessons learnt from the investigation of MECs, incidents and claims and making recommendations where appropriate.
- 9.19 The Quality and Governance Committee will receive quarterly reports for all MECs and PALS.

10. Responding to informal concerns (face to face or direct to Local Treatment Centres, Minor Injury Units, ambulance administrative centres or ambulance stations)

- 10.1 In the spirit of openness and in conjunction with the Being Open policy, all Trust staff should attempt to address any feedback raised by patients, relatives, carers or members of the public on the spot. If appropriate, line managers should be alerted.
- 10.2 Front line staff, doctors and all other clinicians must notify the relevant operational Manager immediately, who will notify the Trust's Making Experiences Count team if during office hours. Feedback received out of hours must be forwarded to the

Duty Managers in the two Clinical Hubs (999 Communication Control Centre's) who will escalate to the Duty Director if deemed appropriate.

- 10.3 All members of staff, whether full time or contracted, are actively encouraged to liaise with the Making Experiences Count team at Trust HQ in Exeter, Devon to seek advice, guidance and clarification. A variety of mechanisms have been put into place to enable easy access to information 24 hours e.g. website, intranet, etc.
- 10.4 MECs can be raised:-
- Verbally – either in person or by telephone
 - By letter to the Trust
 - By fax
 - By email
 - By website
 - By completed feedback forms known as 'tell us about it';
 - Face to face
 - At special planned Trust events attended by public relations mobile exhibition unit'
 - At public meetings.
 - Via Other Health Care Trust PALs/Complaints services
- 10.5 The Trust has invested in personal issue handbooks to staff produced by the Department of Health. These publications are called 'positively diverse' and are multi lingual emergency phrase books.
- 10.6 The Trust has further produced and distributed a 'needs for cultural and spiritual awareness' booklet to raise awareness of issues which might be of concern to different religious cultural needs. This is posted on the Trust intranet site.
- 10.7 A MEC should be made within twelve months from the incident date. In certain cases this can be extended at the discretion of the Senior Quality Patient Experience Manager in consultation with the Chief Executive. Detailed investigation of a MEC tends to become more difficult and factually unreliable as time passes but the Trust is committed to being fair and upholding a person's dignity and so respects the difficulties experienced by some people during a difficult experience which have involved the death of a loved one. Therefore, the Trust will always seek to respect each request on a case by case basis.

11. Internal investigations, statements and reports

- 11.1 Details received in the complaint communiqué and facts from the relevant control centre computer software system e.g. Aداstra form the basis of the Making Experiences Count team actions. Relevant staff member/s are contacted to instigate a thorough investigation, to obtain written report(s) and/or statement/s to enable a full and comprehensive response to be sent to the complainant.
- 11.2 A copy of the MEC correspondence will be sent to the appropriate manager who may arrange a one to one meeting with those members of staff identified as part of the incident. The staff involved will receive details of the feedback at this meeting to ensure a supportive and fair blame environment is provided throughout the process. Staff will also be provided with details of the Trust's Guidance on Supporting Staff Involved in Adverse Incidents, Complaints or Claims.
- 11.3 The Making Experiences Count team requests Investigating Officers to return internal investigations and reports to them within ten working days.
- 11.4 If, for any reason, there is a delay in responding to a MEC, investigative staff must notify the Making Experiences Count team who will contact the complainant to negotiate an agreed extension to the timescale for completing the investigation.
- 11.5 Investigating staff must provide an accurate final report based upon objective facts. These are extracted from the investigation notes, Patient Clinical Record, appropriate software programmes, relevant statements from witnesses (colleagues and/or members of the public, healthcare professionals etc) and or any other appropriate sources of information.
- 11.6 Whilst key points raised in the Complainant Plan must be addressed, the Investigating Officer is encouraged to review any aspects of the Patient Experience that may provide opportunities for improved care and future service development.

12. Guidance on providing a response to a complaint

- 12.1 The response should be as conciliatory as possible, including appropriate apologies/expressions of regret.
- 12.2 The response should be clear, accurate, balanced, simple, fair and easy to understand. It should avoid technical terms, but where technical terms are used to describe a situation, events or condition, an explanation of that term must be provided.
- 12.3 All the points raised in the MEC must be addressed.
- 12.4 An outcome, or explanation of planned action, must be included where the investigation finds that something could/should have been done differently, or if

there is anything to be done as a result of the MEC.

- 12.5 The response must be written in plain English, must not contain any jargon or unexplained medical terminology. Any medical terminology must be explained.
- 12.6 An apology may not always be appropriate if the Trust finds the MEC to be unfounded or invalidated. However, the Trust will always apologise for any perceived distress and will treat all complainants with respect.
- 12.7 An apology often goes a long way and can help resolve a MEC quickly, avoiding further communication and escalation.
- 12.8 Full details must be given of any investigation conducted in partnership with other Health Care providers to ensure that the entire patient experience and concerns raised are dealt with effectively; whilst minimizing any complexities caused by multi agency involvement.

13. The Final Response

13.1 Timescale

The timescale for responding to MECs has been removed in accordance with the legislative changes to the NHS and Social Care complaints regulations implemented on 1 April 2009. However, the Trust will set internal key performance indicators to ensure as timely a response as practicable. This will differ depending on the complexity of each complaint.

14. Complainant not satisfied with final response

- 14.1 If a complainant remains dissatisfied with the final response they are encouraged to contact the Trust again outlining their further concerns. If a follow up letter is received, the Senior Quality Patient Experience Manager will consider if it is appropriate to request further internal investigations, statements and reports from staff. Providing further information to complainants may enable final closure of the MEC.
- 14.2 A minority of complainants can be unreasonably persistent or behave unacceptably in pursuing their complaints. The Trust has a persistent complaints policy to manage unacceptable behaviour.

15. Meetings with complainants

- 15.1 At any point in the MEC handling process, the Senior Quality Patient Experience Manager may consider arranging for the complainant to meet with appropriate staff. This will only be offered after discussion with, and agreement of, the key respondents concerned. The complainant may bring a member of their family, a

friend or advocate to this meeting. Following the meeting a final letter summarising the content of the meeting and the agreement reached should be forwarded to the complainant as soon as practicable.

15.2 Trust staff that would offer face to face resolution will include:

- The Chief Executive
- The Director of Delivery
- The Medical Director
- The Deputy Clinical Director
- The Director of Corporate Services.
- A Head of Operations
- Urgent Care GP Clinical Advisors
- The Senior Quality Patient Experience Manager or deputy
- Operational and clinical Investigating Officers

15.3 Staff directly involved in the incident under investigation are not required to meet the complainant due to the 24/7 nature of their ambulance service shifts and the complexities of backfilling operational staff across such a large geographical service.

16. Referral to the Health Service Ombudsman

16.1 If the complainant remains dissatisfied with the outcome of the Trust's investigation the complainant can ask the Health Service Ombudsman to review the complaint.

16.2 If the Ombudsman decides the MEC is valid, an initial investigation will commence.

16.3 This will result in a statement of complaint setting out the matters the Ombudsman will investigate. The Ombudsman will review all Trust documentation and appoint external clinical assessors. The investigator may interview the complainant, staff and any other relevant witnesses. This investigation can take up to nine months.

16.4 The result will be a detailed report will be sent to the complainant, to the Trust, and to the Secretary of State for Health.

16.5 There is no appeal against the Ombudsman's findings. The Ombudsman's decision is final and binding.

16.6 The Ombudsman has legal powers to advise the Trust to (non exhaustive):

- Compensate if appropriate;
- Return the complainant to the position they would have been in if the maladministration or poor service had not happened (if possible);
- Remedy injustice or hardship.

- 16.7 The Ombudsman will make a public announcement and publicise nationally the failings of the Trust if it so wishes.

17. Important factors to consider

17.1 Patient confidentiality and consent

If complainants are acting on behalf of a patient, personal health information must not be disclosed to the complainants. The Making Experiences Count team will obtain appropriate consent prior to the release of any clinical information.

17.2 Power of Attorney – vulnerable adults²

This does not cover permission as required by the Trust for the investigation of a complaint and for authority to disclose personal information to a third party.

- 17.3 If a MEC is received on behalf of a patient who has dementia, any other form of mental incapacity, or a learning disability, confirmation of this condition must be sought from the:

- GP, if the patient is not an in-patient;
- Consultant responsible for the patient's care whilst an in-patient.

17.4 MECs regarding deceased patients

With a MEC relating to the treatment and care of a deceased patient, information is shared only with the next of kin, the Making Experiences Count team will obtain appropriate consent prior to the release of any clinical information. If there is any discrepancy, Making Experiences Count team members will access the patient's Patient Clinical Record (PCR) and any other records held by the Trust to act in accordance with whomever has been recorded as the next of kin.

17.5 Children

When a MEC is made by a step-parent/carer or foster-carer on behalf of a child in their care, it must be determined with the complainant who has parental responsibility for the child with proof provided to the Trust. The case will never be discussed or any information released to a person who does not have parental responsibility.

- 17.6 In all of the above situations, under the NHS (Complaints) Amendment Regulations 2009, the final decision about how to proceed rests with the Senior Quality Patient Experience and Quality Patient Experience Manager who will, if appropriate, seek guidance and assistance from the Trust's Caldicott Guardian with regards to the Data Protection Act and patient confidentiality. The Trust must be satisfied that the complainant is acting in the patient's best interest. In certain cases, it may be necessary to seek advice from the Trusts Information Governance manager and/or the Trust solicitor.

18. Complaints received from Members of Parliament

- 18.1 When complaints are made by Members of Parliament (MP) on behalf of their constituents, if patient has visited an MP in their surgery, written to them requesting their representation on their behalf in making a complaint, or contacted them by telephone, consent is not required under the current complaints regulations. In most cases the MP encloses a copy of the constituent's letter.
- 18.2 If the MP states that they have received their constituent's permission, the Trust will take this in good faith and assume this to be the case and therefore there is no requirement to seek permission.
- 18.3 Information is only disclosed on a need to know basis. Nothing more than the relevant information pertaining to the complaint is given in the final response.
- 18.4 If an MP is representing a constituent who is acting on behalf of a patient, then permission must be obtained from the patient. Information must never be disclosed without the permission of the patient. If the MP has obtained this permission then they must provide the Trust with proof of the written document.
- 18.5 In all of the above situations, under the NHS (Complaints) Regulations 2009, the final decision about how to proceed rests with the Senior Quality Patient Experience Manager who will, if appropriate, seek guidance and assistance from the Trust's Caldicott Guardian with regards to the Data Protection Act and patient confidentiality. The Trust must be satisfied that the complainant is acting in the patient's best interest. In certain cases, it may be necessary to seek advice from the Trust's Information Governance Manager or solicitor.

19. Training of Patient Experience team

- 19.1 The Trust recognizes the importance of employing appropriately trained and motivated staff to manage the MEC handling for patients, relatives and carers. Investment and roll out of continuous training programmes for those staff handling MECs must take place to ensure complainants receive a high quality service. These training programmes for the Making Experiences Count team will include a mixture of the below (non exhaustive):
- Two day core induction which includes mandatory subjects e.g. local records management, data protection, code of conduct, customer care, equality and diversity, etc.
 - In-house letter writing styles and plain English seminar
 - Mediation and reconciliation training
 - Respect and Dignity seminar
 - DATIX software training
 - Two day third manning with front line ambulances and patient transport services
 - Half a day 999 Control Room Skills
 - Emergency Life Skills & Defibrillation
 - In-house presentations and briefings by other directorates e.g. Risk,

Governance

- Presentation and briefings from Local Counter Fraud Specialist teams
- Mentoring and coaching on the job by experienced team members e.g. learning by doing

20. Training of Investigating Officers

- 20.1 Training is available for all Investigating Officers through the Making Experiences Count Team Senior Managers. Many will be already trained through Trust systems to investigate other matters such as disciplinary, capability or serious incidents.
- 20.2 This is supported by key Policy documentation such as the Guide to Investigations.
- 20.3 Staff who are required to meet complainants to seek early resolution may contact the Senior Quality Patient Experience Manager for guidance.

21. Leadership

- 21.1 Strong and visible leadership for the Making Experiences Count team will be demonstrated at Board level with regular reports provided by the Director of Corporate Services.
- 21.2 This post holder is the Board lead for the Senior Information Risk Owner and is responsible for Chairing Risk Watch meetings.

22. Learning from MECs

- 22.1 The Trust will embed investigation findings to continuously improve services. This will be reported within:
- 22.2 **Board of Directors quarterly report**
Providing details of the 4 C's received and outcomes by PCT areas under the four headings of:
1. Clinical Care;
 2. Communication;
 3. Access and waiting;
 4. Security, vehicles and driving issues.
- 22.3 These four areas are further sub coded to identify specific trends:

Clinical Care

- Clinical assessment and management plan;
- Medicines management;

- Triage A&E;
- Triage UCS.

Communication

- Attitude of staff;
- Breakdown of communication;
- Information provided by Trust staff;
- Confidentiality.

Access and waiting

- Delayed A&E response times;
- Delays involving UCS;
- PTS booking issues;
- PTS transport issues.

Security, vehicles and driving issues

- Driving issues;
- Cleanliness and comfort of vehicles;
- Lost property;
- Other security issues.

- 22.4 All remedial actions, as highlighted by the officers responsible for conducting the investigations, are recorded on a remedial action template.
- 22.5 The Investigating Officer is responsible for ensuring the remedial is acted upon.
- 22.6 The Making Experiences Count team are responsible for seeking confirmation of completed remedial actions.
- 22.7 The Senior Quality Patient Experience Manager is responsible for monitoring the action plans produced. Further the Senior Quality Patient Experience manager is responsible for evaluating patient feedback and evaluating learning opportunities.
- 22.8 The Senior Quality Patient Experience Manager reviews MECs received each quarter to review remedial actions and improvements that have been made following investigations. These will be presented via the 'You Said, We Did' template as well as being published in other Trust documents, such as the Clinical News, Trust Bulletin, and the Trust's Learning Zone.
- 22.9 Membership by the Senior Quality Patient Experience Manager on the Trust's Learning from Experience Group (LFEG) will ensure the Making Experiences Count and PALS data analysis, trends and outcome actions links into the Trust's integrated Governance reporting mechanisms.
- 22.10 Patient Experience Reports will be scrutinized by the Trust Quality Governance Committee and the Director of Corporate Services or representative of the team will present these quarterly.

- 22.11 Articles derived from opportunities for learning will be disseminated in the Trust's Clinical News publication, Learning Zone, Chief Executive's Bulletin and the Reflect Newsletter when there are aspects of learning from incidents which are beneficial to share. These will be anonymous and staff will be encouraged to share their experiences, where through reflective study they may feel that lessons can be learnt and passed on.
- 22.12 Further opportunities for Learning which impact on other Trust bodies, such as the Vehicle, Equipment and Uniform Working Group, Palliative Care Group will be investigated and discussed with the relevant lead manager for inclusion in further meetings.
- 22.13 The Senior Quality Patient Experience Manager will sit on the Clinical Effectiveness Group alongside other Clinical Manager working groups to ensure opportunities for learning and disseminated as widely as possible amongst the clinical and educational development teams.
- 22.14 **Chief Executive Directorate reports**
Regular inter-departmental meetings will scrutinize the patient experience reports to interlink the outcomes to the Trust's risk reporting systems and processes. The identification of trends will allow further tactical, operational or strategic developments.
- 22.15 **Learning From Experience Group (LFEG)**
Membership of the Senior Quality Patient Experience Manager on the Trust's Learning from Experience Group (LFEG) will ensure the MEC data analysis, trend and outcome action reporting, links into the Trust's Integrated Governance Risk Department data sets and reporting.
- 22.16 **DATIX Reports**
The Senior Quality Patient Experience Manager reviews MECs received each quarter to identify remedial actions and improvements that have been made following investigations. These will be presented via the 'You Said, We Did' publication as well as being published on the Trust's plethora of communication channels annually.
- 22.17 **Discovery Interviews**
The Senior Quality Patient Experience Manager reviews MECs received each quarter to identify remedial actions and improvements that have been made following investigations and from these it is anticipated that a number of discovery interviews will be carried out and reported in Trust publications.
- 22.18 **Governance Committee**
The Patient Experience Reports will be scrutinised by the Trust's Quality Governance Committee.
- 22.19 **Annual Report**
The Trust will provide an annual report regarding the Patient Experience this is

presented to the Trust's AGM in a public meeting.

23. Support for staff

The complaint process does not seek to apportion blame but is in place to ensure that learning takes place when the delivery of care does not meet the expectations of the patient/carer. As being involved in a MEC can be upsetting to staff, the Trust has produced Guidance on Supporting Staff Involved in Adverse Incidents, Claims or Complaints, all staff that are involved in any investigatory process should be signposted to this document.

- 23.1 Line managers should be aware of the possible need to offer appropriate support, particularly in an environment focused on learning from the experience and implementing remedial actions, training or systems to prevent similar issues re-occurring. Consideration should also given to including support through peers, management or signposting to the confidential counselling service.
- 23.2 All staff have a responsibility to work towards resolving feedback to the satisfaction of the complainant.
- 23.3 To enable staff to contribute appropriately, the Senior Quality Patient Experience Manager will provide a variety of training and awareness sessions.
- 23.4 When required, the Senior Quality patient Experience Manager and Quality Patient Experience Manager will provide guidance, help and direct support to staff that are investigating, involved in or responding to MECs.

24. Monitoring

- 24.1 The Director of Corporate Services will monitor compliance with this policy, reporting by exception within the Trust's new Performance Framework to the Chief Executive at monthly one to one meetings as well as the Corporate Performance Report received monthly at the Board.
- 24.2 The Senior Quality Patient Experience manager and Quality Patient Experience manager will further monitor compliance with this Policy and will address individual exceptions with the targeted provision of additional support and guidance.
- 24.3 The Joint Commissioning Board will monitor and receive patient experience reports that include details on the legislation and associated policy, procedures and processes for ensuring changes are made. These are referred to as top impact actions.
- 24.4 The patient experience report highlights the patient surveys and their feedback which provides evidence and assurance of the Trust ensuring patient relatives and carers are not treated differently as a result of feedback.

- 24.5 The Investigating officers' scope of practice will be monitored by the Senior Quality Patient Experience Manager and the Quality Patient Experience Manager. Any significant issues identified as a result of this monitoring will be included within the Annual Patient Experience Report.
- 24.6 The Senior Quality Patient Experience Manager will undertake an annual audit to ensure that the Trust's requirements with regard to the processes in place to adhere to the NHS regulations for the handling of MECs are fully met. The conclusions and any recommendations arising from the audit will be included within the Annual Patient Experience Report.
- 24.7 The Trust Data Quality Group monitor and champion all data quality issues to ensure accurate and robust reporting.
- 24.8 Any monitoring, auditing or dip testing which uncovers procedures not followed will be rectified by putting a remedial action plan in place to fully implement all recommendations. This plan will be performance managed by the Senior Quality Patient Experience Manager to ensure future compliance.
- 24.9 A quarterly Patient Experience Report will be sent to the Trust's Quality Governance Committee and Learning from Experience Group and will report on:
- the effectiveness of the feedback generated by MECs on the Trust service developments;
 - the efficacy of the Trust MEC handling procedures for both staff and complainants;
 - compliance with the MEC handling process; including internal and external communications and collaboration with other organisations when necessary;
 - the Trust's data quality dip testing requirements
- 24.10 The Annual Patient Experience Report will be sent to all key stakeholders who are included in the Strategic Communications and PR assurance reporting matrix e.g. Local Involvement Networks (LINKs) for scrutiny and comment on the effectiveness of the organisations' processes for handling MECs and feedback.
- 24.11 MEC handling satisfaction questionnaires will be sent to all complainants in conjunction with other resolution paperwork, if deemed appropriate. Any feedback from these forms will be recorded, analysed and reported within the quarterly Patient Experience report.
- 24.12 Urgent Care patient satisfaction questionnaires are sent out to 1% of users of the service as part of the contract monitoring requirements for the Joint Commissioning Board who scrutinize service delivery.
- 24.13 Within the Trusts Annual Report, data and information from the Patient Experience Report will be included which outline the compliments, comments, concerns and complaints received for the year. It will identify any trends and service changes that have been made in a response to the issues raised by patients, relatives and

carers and members of the public.

25. Claims

- 25.1 There is a separate policy on the management of Claims. It is noted however that a MEC investigation can run alongside a claim investigation.
- 25.2 The Making Experiences Count team will advise the Risk Department of any potential claims arising from a MEC.

26. Disciplinary Processes

- 26.1 The MEC handling procedure is a separate and distinct process from disciplinary proceedings. Staff involved in a MEC investigation should be supported throughout the process and the key differences between this process and any disciplinary or capability investigations should be clearly defined at the outset of any investigation.
- 26.2 The MEC handling process cannot be used in staff disciplinary matters. If MECs raised relating to a particular member of staff result in disciplinary action they are passed to the Director of HR and Workforce Development who carries out all investigations under the appropriate Trust policies.

27. Appreciations Procedure

Actions, letters of appreciation and thanks will be handled by the Chief Executive Directorate as Compliments. Each member of commended staff will receive a personal email from the Chief Executive with public acknowledgement via inclusion on the Trust's intranet site which will contribute to their e-KSF portfolio. The total number of appreciations will be incorporated into the quarterly patient experience reports to the Board of Directors and within the Trust's annual report

28. References

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Department of Health, Listening, Responding, Improving – Guide to better care – Feb 2009
- Department of Health, Understanding What Matters – May 2009
Parliamentary and Health Service Ombudsman's - Principles of Good Complaint Handling

- Parliamentary and Health Service Ombudsman's - Principles of Good Administration
- Parliamentary and Health Service Ombudsman's - Principles for Remedy
- Parliamentary and Health Service Ombudsman's - Improving public service: a matter of principle – December 2008
- The NHS Constitution - 2009
- National Audit Office – Feeding Back? Learning from complaints handling in health and social care
- Healthcare Commission – Spotlight on complaints – February 2009
- NHS Litigation Authority - Letter re apologies and explanations – May 2009
- National Patient Safety Association (NPSA) Being open when patients are harmed – September 2005

29. Associated Documentation

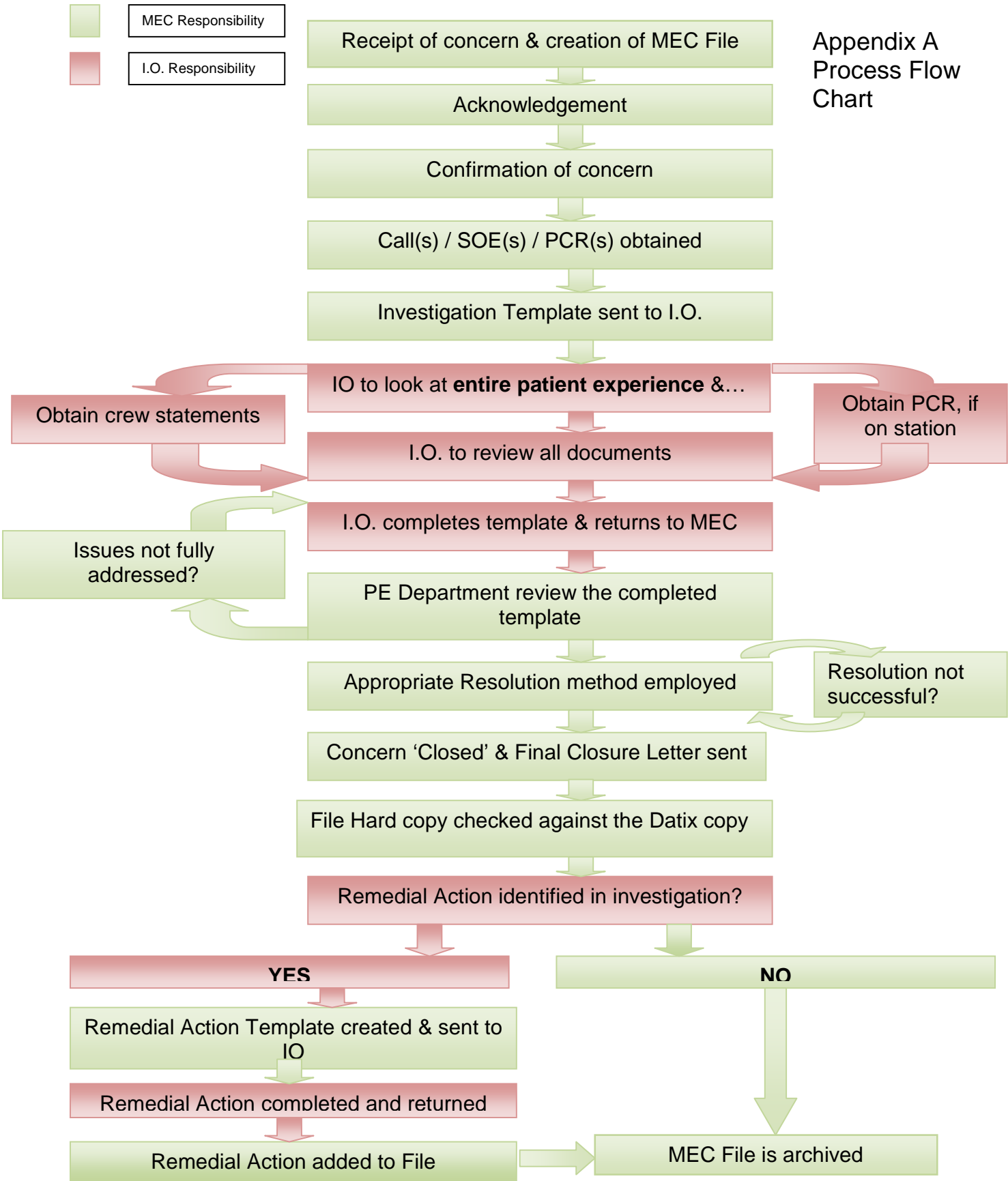
- Being Open Policy
- PALS Policy
- Patient and Public Involvement and Community Engagement Strategy,
- Persistent Complaints Policy,
- Being Open Policy;
- Risk Management Strategy;
- Claims Policy
- Guidance on Supporting Staff Involved in Adverse Incidents, Claims or Complaints;
- Guide to Investigations;
- Incident Reporting Policy
- Grievance Policy
- Information Governance
- Equality and Diversity Strategy
- MEC Investigation Template for Investigating Officers
- Learning From Experiences Procedure
- Safeguarding Policy
- Stress Management Policy
- Employment Policies
- Remedial Action Plan Template

This document replaces the Trusts:

- Complaints Policy

Review date September 2013

Appendix A
Process Flow
Chart



Version Control Sheet

Version	Date	Author	Summary of Changes
2	Aug 2010	David Partlow	<p>Changed name of responsible individual</p> <ul style="list-style-type: none"> • Contents page included • Appendix A Flow chart added • 1.2 minor alteration to wording • 1.6 minor alteration to wording • 1.8 minor alteration to wording • 2.1 purpose of policy is not for staff to report incidents, this is covered by AI Policy • 3.2 added (PTS) • 3.3 reworded to ensure policy is followed irrespective of whether complaint is sole or multi agency • 3.5 re-worded • 3.7 added “social care” • 4.3 complaint changed to MEC • 4.4 apology changed to expression of regret • 4.7 more detailed • 4.8 added encouragement of staff engagement in “Being Open” • 6 added reference to Flow chart at Appendix A • 6.1 further defined timescales • 6.1 provided greater definition of complainant plan and benefit derived therein • 6.1 added bullet to ensure complainant feels appreciated and taken seriously • 6.1 minor adjustments to wording of further bullet points • 6.1 minor adjustments to wording of further bullet points • 6.1 minor adjustments to wording of further bullet points • 6.1 minor adjustments to wording of further bullet points • 7.1 expanded to include support provided and provision of respect and dignity leaflet • 7.4 Patient Experience to MEC • 7.7 minor alteration to wording • 8.1 minor alteration to wording • 9.3 change in job titles • 9.5 change in job titles • 9.6 deleted • 9.7 change to 9.6 change in job titles • 9.8 change to 9.7 change in job titles • 9.9-9.13 change to 9.8-9.12 • 9.14 change to 9.13 change in job titles • 9.15 change to 9.14 • 9.16 change to 9.15 change in job titles • 9.17 change to 9.16

			<ul style="list-style-type: none"> • 9.18 change to 9.17 include being Open • 9.19 change to 9.18 • 9.20 change to 9.19 change governance committee to quality and governance committee • 10.1 include reference to Being Open, PE to MEC • 10.2 change OLM to relevant manager, PE to MEC, Complaints to feedback • 10.3 PE to MEC • 10.4 minor alterations and inclusion of via other agencies departments • 10.7 change job title • 11.1 PE to MEC • 11.2 inclusion of staff in feedback loop • 11.3 PE to MEC • 11.4 PE to MEC • 11.5 increase evidence list • 11.6 inclusion of encouragement for IO to address whole patient experience • 12.1 include expression of regret • 12.8 added paragraph dealing with investigations for multi agency concern • 14.1 change in job title • 15.1 change in job title • 15.2 change in job titles • 17.1 PE to MEC • 17.4 PE to MEC, removal of at time of death • 17.4 more detail on consent added. • 17.6 change in job titles, added Information Governance manager • 18.5 change in job titles • 19.1 PE to MEC • 20.1 PE to MEC, inclusion of capability, SUI to SI • 20.2 referral to policy added • 20.3 change in job titles • 21.1 PE to MEC, change in job titles • 21.2 remove lead on SI panels • 22 complaints to MECs • 22.6 PE to MEC • 22.7 Expansion of SQPE manager role • 22.8 change in job titles, inclusion of learning zone • 22.9 change in job titles, data sets to governance mechanisms • 22.10 change in job titles • 22.11 opportunities for learning will be disseminated added • 22.11 reference to learning zone, Bulletin and reflect added • 22.12 new paragraph added, dissemination of wider learning • 22.12-22.17 changed to 22.14-22.19 • 22.13 new paragraph added, clinical effectiveness group • 22.15-22.17 change in job titles • 22.18 governance committee to quality governance committee
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			<ul style="list-style-type: none"> • 22.19 minor change to text • 23 expansion of paragraph • 23.2 complaint changed to feedback • 23.3 change to job title • 23.4 change to job title • 24.1 change to job title • 24.2 deleted • 24.3-24.13 changed to 24.2-24.12 • 24.5 change to job title • 24.6 change to job title • 24.8 change to job title • 24.9 governance committee to quality governance committee • 24.11 complaint to MEC • 24.11 questionnaires sent with resolution letters not monthly • 24.12 remove timescales • 25.1 complaint to MEC • 25.2 PE to MEC • 26.1 expand paragraph to outline support for staff • 27 letter change to email, internet instead of newsletter • 29 add Being Open policy •

¹ SWAST Learning From Experience Group established in 2008 and refreshed in 2009 to lead this important work stream for the Trust.

² Expert advice is provided by the Trust Information Governance Manager and the Trust Solicitors if required and appropriate.