

Complaints, Concerns, Comments, Compliments and Enquiries Policy

This document describes the process for reporting, investigating and managing complaints, concerns, comments, compliments and enquiries

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Definitions that apply to this Policy

Concerns	A complaint may be classified as a 'concern' when it is made orally and is resolved to the satisfaction of the complainant not later than the next working day after the day on which the concern was raised. All other cases must be managed as a complaint in accordance with this policy. A record of all concerns must be kept, investigated and any learning embedded within the organisation.
Complaint	<p>A complaint may be made orally, in writing or electronically.</p> <p>A complaint is an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by Leicestershire Partnership Trust or its staff affecting an individual for which a response must be provided.</p> <p>If a complainant is uncertain whether their complaint falls within the scope of complaint arrangements, LPT Customer Services Team will provide advice.</p>
Compliment	A compliment is any expression of satisfaction or gratitude for the quality of service provided to service users, relatives, carers or members of the public or their representative.
Comment	A comment can be a remark or observation that does not require a formal response.
Enquiry	An enquiry is a question/query regarding NHS services that may require signposting to the appropriate organisation/service.
Service Concern	A service concern is a complaint or concern from a responsible body e.g. GP, Consultant etc.
Safe haven	An agreed set of administrative arrangements for ensuring the safety and secure handling of confidential patient information. All services should use safe haven principles when despatching and receiving personal data. Refer to the Record Keeping policy for further information regarding despatching identifiable data.
Due Regard	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Abbreviations that apply to this Policy

CQC	Care Quality Commission
DH	Department of Health
GP	General Practitioner
ICAS	Independent Complaints Advocacy Service
LPT	Leicestershire Partnership Trust
MP	Member of Parliament
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
PALS	Patient Advice and Liaison Service
PCT	Primary Care Trust

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

1.0 Summary

Leicestershire Partnership Trust (LPT) aims to provide the highest quality care to its' service users. We encourage feedback about our services and welcome both positive and negative feedback.

Feedback from people who use our services helps us to confirm what we are doing right and to identify what we are doing wrong in order to continually improve the services we provide.

This policy applies to compliments, comments, concerns, enquiries and complaints received from service users and the public about the services provided by LPT.

This policy complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and has been updated to take account of the Equality Act 2010 and the NHS Constitution.

2.0 Introduction

Leicestershire Partnership Trust (LPT) recognises feedback as being a valuable tool for improving the quality of services it provides. It also helps to identify possible equality, diversity and human rights issues that may adversely impact on service delivery across the organisation. The purpose of this policy is to ensure that all complaints, concerns, comments, enquiries and compliments received by LPT about the services that it provides to service users and the general public are managed consistently. The principal aim is to resolve complaints and concerns as fairly and as quickly as possible and to identify lessons learnt from complaints and concerns to prioritise service improvements and to continually improve the quality of service delivery.

The national NHS complaints system is described in the Department of Health document, *'Listening, Responding, Improving: A guide to better customer care'* (February 2009) and in the Local Authority and Social Services and National Health Service Complaints (England) Regulations 2009.

This system demonstrates a way of handling complaints that aims to:

- resolve complaints more effectively by responding more personally and positively to individuals who are unhappy;
- ensure that opportunities for services to learn and improve are not lost.

The Chief Executive of LPT holds overall accountability for the management of complaints and concerns, delegating the responsibility to the Director of Quality and Innovation (Chief Nurse).

All LPT staff hold responsibility to apprise themselves of and to comply with this policy.

3.0 Purpose

The purpose of this policy is to ensure that all complaints, concerns, comments, enquiries and compliments received by LPT about the services it provides to its service users and the general public are managed fairly and consistently.

This policy sets out the standards and expectations of LPT in relation to the management of complaints and concerns to ensure full compliance with the regulations. Complaints from members of staff, volunteers and independent contractors are not covered by this policy. This policy is mandatory and applies to all staff (temporary and permanent) who work for or on behalf of LPT.

The objectives of this policy are to ensure that:

- anyone wishing to raise an enquiry, concern, comment, compliment or complaint can do so easily;
- complaints, comments, enquiries and concerns are dealt with efficiently;
- complaints, comments, enquiries and concerns are appropriately investigated;
- anyone raising a complaint, comment, enquiry or concern are treated with dignity, respect and courtesy;
- those subject to or those raising an issue are provided with support and assistance and are not discriminated against;
- anyone raising a complaint or concern receive, so far as is reasonably practical, assistance to enable them to understand the procedure in relation to complaints or advice on where they may obtain such assistance (reasonable adjustments will be made wherever possible to achieve this);
- the process of handling complaints and concerns is fair, open and transparent for staff and complainants alike;
- anyone raising a complaint, concern or enquiry receive a timely and appropriate response;
- complainants are told the outcome of the investigation of their concerns;
- action is taken as necessary, in the light of the outcome of a complaint, concern or comment;
- confidentiality is maintained in accordance with the Data Protection Act 1998 and the NHS Code of Conduct;
- lessons are identified and there is evidence of sharing and learning to improve services for service users and staff;
- LPT is in a position to co-operate with any investigation undertaken by the Parliamentary and Health Service Ombudsman;
- complaints involving more than one NHS organisation and joint complaints relating to health and social care are handled in a co-ordinated manner.

4.0 Duties within the organisation

4.1 Chief Executive

The Chief Executive holds overall accountability for the management of complaints and concerns, providing leadership to ensure arrangements for the handling of complaints is effective within LPT. The Chief Executive of LPT will agree and sign-off all complaint responses, delegating this function to an executive director in his absence

4.2 Trust Board

The LPT Board has a legal responsibility for LPT policies and for ensuring that they are carried out effectively.

4.3 Corporate Patient Safety and Experience Committee

The Committee will receive reports on complaints and concerns activity data and outcomes following investigation and where appropriate will make recommendations.

4.4 Divisional Directors/ Clinical Divisional Directors

Directors will;

- ensure implementation and compliance with this policy across their division;
- ensure that division staff are trained so that feedback (both positive and negative) relating to services provided within divisions is dealt with according to procedure;
- advise division staff in the resolution of complaints and concerns;
- ensure that complaints and concerns are thoroughly investigated, (identify investigator and monitor investigation);
- quality assure and locally agree appropriate responses that address all issues, prior to returning to customer services for sign off by the Chief Executive;
- ensure documentation is completed and stored in line with information governance policy;
- ensure lessons are learnt across the division and the organisation via clinical governance and performance arrangements;
- identify resources required to support action plans and change required following complaints and concerns;
- report feedback (positive and negative) activity via performance reports;

4.5 Head of Service/Service Managers/ Team Leaders

Heads of Service/Managers and Team leaders will:

- respond to complaints and concerns that front line staff are unable to deal with;
- ensure that meetings with complainants take place as necessary and that complainants receive regular updates and feedback;
- be available and accessible to service users, the public and staff for support in complaints and concerns handling;
- investigate complaints;
- keep Divisional Directors/ Clinical Divisional Directors and the Customer

Services Team up to date and informed of all positive and negative feedback;

- ensure investigation results are feedback to staff.

4.6 All Staff

All staff will:

- apprise themselves of and comply with this policy;
- be aware of the standards of service expected of them;
- identify potential sources of negative feedback and attempt to alleviate any problems and resolve issues where possible to avert issues before they escalate;
- respond to any negative feedback in a positive manner;
- review their practice as a result of any complaint or concern raised or received;
- seek support from a more senior member of staff, if they encounter difficulties in finding a resolution to an issue;
- report all compliments, concerns and complaints brought to their attention to the Customer Services Team within 1 working day in line with this policy;
- co-operate with investigations and provide factual, written, dated and signed statements as appropriate;
- attend local resolution meetings, as appropriate;
- attend training as required.

4.7 Customer Services Team

The **Customer Services Manager** is the 'Complaints Manager' as referred to in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and is responsible for handling and considering complaints in accordance with the arrangements under these Regulations.

The **Customer Services Team** will

- Provide a single point of contact for people wishing to complain
- Resolve concerns where possible to avert issues before they escalate
- Make available complaints and concerns leaflets and information
- Handle concerns and complaints following policy and in accordance with the NHS Complaints (England) Regulations 2009
- Coordinate a coherent single approach across LPT and other local health and social care organisations
- Ensure arrangements are in place for people with other (than English) first languages, communication or capacity difficulties to raise concerns or complain
- Advise complainants on other agencies available for support – e.g. Independent Complaints Advocacy Service (ICAS)
- Provide impartial advice on aspects of the resolution of complaints
- Log complaints, enquiries, comments concerns and compliments using Safeguard system
- Monitor processes to ensure timescales are adhered to

- Monitor action plans arising from complaints
- Facilitate learning from complaints across LPT
- Facilitate training on complaints, concerns, comments and Compliments
- To arrange customer services training as appropriate.

5.0 Training.

The Customer Services Team will facilitate training to staff, as appropriate to ensure they are fully aware of what being open, receptive, empathetic and responsive means and that they are able to respond appropriately to concerns, comments and complaints. Equality, diversity and human rights awareness will form a key element of any training.

6.0 Concern and Complaint Framework

6.1 Who can raise a concern or complaint?

A concern may be raised or complaint may be made by any person, or their representative, who has been affected by, or is likely to be affected by, any action of LPT.

Complaints and/or concerns from members of staff and independent contractors are not covered by this policy. Complaints from other NHS bodies for example, GP's, Consultants are not included in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and will be handled as 'service concerns' following the same process as complaints (see 18.)

A concern may be raised or complaint made by a person acting on behalf of a patient/service user who: has died; is a child; is not physically or mentally capable of making the complaint; or when the person affected has asked the representative to act on his/her behalf.

Service users may seek assistance in raising a concern or making a complaint from the LPT Customer Services Team, the Citizens' Advice Bureau and the Independent Complaints Advocacy Service (ICAS).

Staff must not allow someone raising a concern or complaint to prejudice the care they provide for them. Service users, their relatives and carers will not be treated differently as a result of raising a concern or making a complaint; staff should view it as a positive experience that provides an opportunity to resolve issues and make changes to improve the quality of services we provide.

Service Managers should determine whether it is appropriate to reallocate the member(s) of staff providing ongoing care for the complainant if there is the potential that the position of staff or the complainant could be compromised as a result of a concern having been raised or a complaint being made.

Where LPT receives what appears to be a cross-boundary complaint (i.e. it is from

someone who receives both health and social care services or from different healthcare organisations e.g. a GP or acute hospital, the Customer Services Team will contact the complainant for their consent to copy the complaint to the other organisation(s) involved.

An important principle of complaints management is that all health and social care organisations work together to ensure co-ordinated handling and to provide the complainant with a single response that represents each organisations final response. For further information refer to 'Joint Working for the Handling of Inter-Organisational Complaints Protocol' (Appendix 2), see also 6.4 Inter-Organisational Complaints.

6.2 Time Limits for Making a Complaint

It is important that complaints are made as soon as possible after the event has occurred. Usually, complaints can only be investigated if they are:

- made within 12 months of the event; or
- made within 12 months of the complainant realising that he/she has something to complain about.

There is discretion to waive this timescale if, in the opinion of the Customer Services Manager:

- the complainant has good reasons for not making the complaint within the given period or
- it is still considered possible to investigate the complaint effectively and fairly;
- delays are due to equality and diversity considerations such as long term illness, interpretation and translation issues.

6.3 Exclusions to the Complaints Procedure

Complaints arrangements exist to provide a means to express dissatisfaction with services received. Regulation 8 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 deals with those circumstances whereby the formal complaints procedure should not apply or should cease. These include:

- Arising out of LPT's alleged failure to comply with a data subject request under the Data Protection Act 1988, or request for information under the Freedom of Information Act 2000.
- A complaint made by an employee of LPT, or contracted to LPT, about any matter relating to his contract of employment, employment or pension issues.
- A complaint cannot be used by health organisations or local authorities against other health organisations or local authorities.
- A complaint which is being or has been investigated under the complaints regulations, or by the Health Service Commissioner under the 1993 Act.

A complaint can be investigated even if disciplinary action is being considered or taken against a member of staff. LPT will be committed to have regard to good practice around restrictions in providing confidential/personal information to the complainant. Although the complaints handling arrangements will operate alongside disciplinary arrangements, the two arrangements will remain separate.

On receipt of a complaint where legal action is being taken or the police are involved, discussions must take place with the relevant authority (for example, legal advisors, the Police or the Crown Prosecution Service) to determine whether progressing the complaint might prejudice subsequent judicial or legal action. If so, the complaint will be put on hold, and the complainant will be advised of this fact by the Customer Services Team. If not, an investigation into the complaint should take place to ensure the potential implications for patient safety and/or organisational learning are investigated as quickly as possible to allow urgent action to be taken to prevent similar incidents arising.

6.4 Inter-Organisational (Multi-Agency) Complaints

When a complaint is received which concerns LPT and another health and/or social care organisation to the Joint Working Protocol for the Handling of Local Inter-Organisation Complaints (July 2009) (Appendix 2) will apply. This protocol has been agreed by University Hospitals of Leicester, Leicestershire Partnership, Leicester City Council, Rutland County Council, NHS Leicester City and Leicestershire County and Rutland, Leicestershire County Council and East Midlands Ambulance Service.

The Department of Health has agreed with the Department for Children, Schools and Families that complaints about children's social care will not be included within the 2009 reform of the NHS and adult social services complaints arrangements.

6.5 Management of a Concern

Concerns may be raised directly with any staff member or via the Customer Services Team.

Issues which can be resolved to the complainant's satisfaction not later than the next working day after the day on which the issue was made (a working day is defined as Monday – Friday, 9am – 5pm excludes Bank and Public Holidays) are classed as concerns and should be managed as follows:

- Offer an immediate apology where appropriate.
- Staff must listen carefully and show empathy. Be alert to confidentiality issues and seek consent where necessary, and always be responsive to specific individual needs.
- Staff must recognise their limitations in being able to deal with a concern and seek support, guidance and advice when required e.g. interpreting/translation, another division/ directorate, Customer Services Team or a more senior manager.

- Identify themselves by name and status.
- Confirm and agree the actions to be taken and within agreed time frames with the complainant.
- The Customer Services Team must be notified of all concerns via the 'Record of Concern/Complaint Form' which should be fully completed and faxed to the Customer Services Team within one working day of receipt so that they can be logged for reporting purposes, lessons learnt identified and shared, and changes made as appropriate.
- Concerns that are unresolved, or where the complainant wishes the concern to be dealt with as a complaint, should be forwarded to the Customer Services Team within one working day of receipt, so that they can be acknowledged and managed within the formal complaints process.

6.6 Management of a Complaint

NOTE: All complaints which fall outside of the definition of 'concerns' will be managed as follows, regardless of whether they are reported verbally or in writing.

LPT's objective is to address all complaints within 25 working days, with the exception of those cases which are highly complex and/or require multi-agency involvement. Any extended timescale will only be agreed by the Customer Services Team in negotiation with the complainant and investigation lead. **NOTE:** the timescale must be agreed by the complainant, it cannot be imposed.

Complaint letters received anywhere other than Customer Services Team, must be immediately faxed (within 1 working day of receipt) to the Customer Services Team using the safe haven fax (**0116 2950843**) or securely emailed to **customer.services@leicspart.nhs.uk**

If the complaint is made verbally staff must complete a 'Record of Concern/ Verbal Complaint Form' which must be immediately faxed to the Customer Services Team using the safe haven fax (**0116 2950843**). The Customer Services Team will seek verification of the record with the complainant. A copy of the verbal complaints form will be sent to the complainant by the Customer Services Team for accuracy checking and signature prior to being logged as a complaint.

If the Customer Services Team receives a complaint they will:

- Review the issues raised to determine if it should be processed as a complaint by assessing if, among other things, it is merely asking for information or seeking financial recompense, rather than seeking an explanation.
- Forward it to relevant service area (e.g. to Information Governance, Litigation Department etc.) if the letter is found not to be a complaint.
- Determine if confidentiality issues arise and if consent is required (e.g. if complaint is being raised by a third party, and not by the service user).
- Acknowledge the complaint within three working days of receipt enclosing a copy of the LPT complaint leaflet and offer the complainant the opportunity

to discuss, either by telephone or face to face, how the complaint is to be handled i.e. written response, resolution meeting

- Identify key areas of concerns for which the complainant seeks a response.
- Agree with the complainant how the complaint will be investigated within what timescales and how the investigation findings will be fed back to the complainant (e.g. by means of a letter or a meeting).
- Identify the most appropriate lead where one or more division/ directorates or organisations are involved, to ensure a co-ordinated approach to the investigation and response. Forward the complaint to the appropriate division/ directorate within three working days.
- Identify any issues of potential discrimination that may require the advice/support of the Integrated Equality Service.
- Identify any issues of potential vulnerability that may suggest concerns in relation to vulnerable adults or children and obtain the advice/support of the Head of Safeguarding for these areas.
- Identify if any of the issues raised are also part of the incident reporting process and discuss with the Lead for Patient Safety.
- Identify any potential claim for compensation and liaise with the Lead for Corporate Compliance.

When these stages have been completed, the Customer Services Team will log the complaint, which will represent the start of the agreed time period in which a written response should be made to the complainant.

The Customer Services Team will send the complaint by the most appropriate route to the relevant division/ directorate. Information to be forwarded will include: -

- Copy of the Complaint Management Plan(see Appendix 3) detailing response timetable and key areas of complaint to be addressed.
- Copy of the letter of complaint and any subsequent exchange of correspondence.
- Copy of a draft response letterhead template

Divisional Staff

On receipt of the complaint detail, if the designated division/ directorate feels they should not be the lead, or they consider that input from other division/ directorates or agencies is required, they should notify the Customer Services Team within 1 working day.

The designated divisional lead will progress the complaint investigation within the service and ensure key staff are notified/involved as necessary. This will include allocating an Investigating Officer to investigate what went wrong and why, offering an apology where appropriate.

Where appropriate, key staff, shall be asked to provide statements to assist in the investigation. These statements shall clearly include:

- the name of the person making the statement;
- the individual's position and how long in post;
- the date the statement was made;
- the name of the complainant/ service user;
- the individual's response to all relevant points of complaint;
- signature of the individual giving the statement.

By the end of the designated investigation period the divisional investigation lead will produce and submit to the Customer Services Team;

- a draft response, using the draft response letterhead template which will acknowledge where mistakes have been made if appropriate and will tell the complainant what will be done to put things right and/or reduce the possibility of this happening again in future. (See also 9.0)
- a completed complaint management plan template (Appendix 3) which identifies where any mistakes have been made and/or an opportunity for learning and what action will be taken to address and prevent reoccurrences.

7.0 Consent and confidentiality

The service user's (or their representative's) consent is required before sharing confidential information with another body or organisation. This should be done at the time the complaint is received, whatever its format. This will best ensure that the complaints process is not delayed whilst waiting for consent. The complaint investigation process will not commence until consent is received. Consent can be granted by the service user over the telephone to a member of the Customer Services Team or written consent will be sought by the Customer Services Team. Where consent is provided verbally, a written record of this discussion must be recorded on Safeguard.

7.1 Complaints or concerns received which fall wholly within the remit of another organisation

On occasion a complaint or concern will be received which is concerned in its entirety with a different organisation. This may be due to a lack of understanding about which organisation is responsible for which service. The Customer Services Team will acknowledge receipt of the complaint and seek consent to forward the complaint to the relevant organisation either verbally or in writing no later than 3 working days after receipt. When consent is received and logged the correspondence will be forwarded to the relevant Complaints Manager / Customer Services Team. In transferring complaints between agencies (including the Health Service Ombudsman), it is particularly important to ensure that service user confidentiality is maintained at all times.

7.2 Members of Parliament

Where a Member of Parliament (MP) acts on behalf of a service user who is a constituent, who has, whether in writing, by telephone or in person sought that MP's assistance, written consent should be sought from the service user in the usual way. The Customer Services Team will acknowledge receipt in the normal way, but will also inform the constituent that, unless they advise otherwise, LPT will be responding to their concerns via their MP.

7.3 Service Users

It is not necessary to obtain express consent for the use of a service user's personal information to investigate a complaint. The complaint letter or verbal complaints form will be treated as expressed consent for an investigation to commence. Care must be taken at all times throughout the procedure to ensure that any information disclosed about the service user is confined to that which is relevant to the investigation of the complaint and only disclosed to those individuals who have a demonstrable need to know it for the purpose of investigating the complaint.

7.4 Third Parties

The duty of confidentiality applies equally to third parties who have given information or who are referred to in the service user's records. Only information which is relevant to the complaint should be considered for disclosure and then only to those within the NHS who have a demonstrable need to know it in connection with the complaint investigation. Disclosure of information provided by a third party outside the NHS also requires express consent.

7.5 Capacity for Consent Purposes (Adults)

Where a person is raising issues on behalf of the service user, consent must be obtained from the service user before the findings of the investigation will be shared with the complainant.

In the case of a service user who is deceased, consent must be sought from the next of kin.

Extreme care must be taken when complaints are raised by third parties acting on behalf of the service user. Wherever the service user retains mental capacity, express consent must first be sought (refer to 6.7). Where mental capacity does not exist in a service user aged 18 years or over, this should be verified with the clinician responsible for providing care. A check must be made to ascertain whether a Lasting Power of Attorney (LPA) for the service users personal welfare is in place. If so, consent must be sought from the attorney who will make a decision on behalf of the service user. If there is no LPA in place, liaison between the Customer Services Team, the Caldicott Guardian and the Safeguarding Team will take place to review if there are best interest issues.

7.6 Capacity for Consent Purposes (Children and young people)

A child aged under 16 and a young person aged 16 or 17 should be deemed to have the competence to consent if they have sufficient understanding and intelligence to consent. In relation to the former this is deemed as being 'Gillick competent'. If the service user is under 18 years of age LPT have a duty to ensure that they are satisfied that there are reasonable grounds for the complaint being made by the representative instead of the service user.

7.7 Complaints where it is in the interests of the service user to delay the response to the complaint

There may be occasions where it is not in the best interests of the complainant, who is the service user, to respond to their concerns within normal timescales.

In cases such as this, the team treating the service user must raise this with the Customer Services Team as soon as it becomes apparent during the complaints process that it would not be in the best interests of the service user to receive the response to their complaint. The Customer Service Team will raise this with the Head of Service who will assign a senior clinician, not connected to the clinical service or treatment of the service user to assess whether it is in the service users best interests to delay the response to the complainant where there is a risk that engagement with the complaints process will be detrimental to their mental health. As a result of the investigation the Senior Clinician will advise as to a timescale to revisit the case to reassess when it is appropriate to send the response letter.

7.8 Staff

LPT recognises it owes a duty to its staff to respect their rights to anonymity in written complaint responses where there is no demonstrable need for an individual to be personally named. However, it is admissible to identify an individual by their post or title, where such detail is necessary within the context of the response for purposes of clarity.

A demonstrable need to personally identify staff members may arise where:

- an individual bears overall responsibility for the service user's healthcare (e.g. a Consultant);
- an individual has been identified by the complainant and the issues concerning the individual require a direct response.

Where a demonstrable need arises on the part of one staff member this does not automatically give rise to the need to name other staff members in the same response. Each disclosure of an individual's name must be determined on its own merits.

Wherever staff members are identified and whenever statements prepared by staff

members are used in whole or in part in response letters, the staff members shall be made aware of this and provided with a copy of the response letter.

7.9 Correspondence

All correspondence with complainants should be marked 'Private and Confidential' and/or 'Personal'. Any correspondence containing copies of medical records must be sent by Special Delivery post.

8.0 Local Resolution Meeting

The Customer Services Team and the designated divisional investigation lead will consider whether a meeting with the complainant will assist local resolution of the complaint. No meeting shall proceed unless it has been fully discussed with the complainant, and the purpose and format of the meeting has been fully agreed. For each meeting, a chair shall be appointed (this will usually be a senior manager). A member of the Customer Services Team will attend where appropriate. Accessibility considerations will be given prior to the meeting to ensure the complainant is provided with any reasonable adjustments for example a BSL signer, information in larger print, room is accessible etc. Advice can be provided by the Integrated Equality Service if required.

NOTE: The Being Open policy deals with communicating 'patient safety incidents' with service users, their families and carers and should be read in conjunction with this policy.

At the meeting, someone from the team investigating the complainant should:

- ask the complainant what they think went wrong and why;
- say sorry for what happened;
- explain exactly what went wrong and, where possible, why things went wrong;
- tell the complainant what will be done to prevent recurrence;
- let the complainant ask any questions.

Notes of the meeting must be taken and will clearly identify;

- date and time of the meeting;
- where the meeting was held;
- those present;
- the purpose of the meeting;
- record of the discussions;
- outcome including any follow up action agreed.

Meeting notes must be written up, approved by the relevant division/ directorate lead and quality assured and sent to all participants at the meeting within ten working days. A copy of the meeting notes should also be sent to the Customer Services Team.

9.0 Response Letters and Organisational Sign-off

Copies of all statements/file notes obtained during the investigation must be forwarded to the Customer Services Team for inclusion within the main complaints file at the same time as the draft response is sent.

The draft response must be written on the draft response template by an appropriate senior member of staff within the division.

The draft response to the complaint shall be returned to the Customer Services Team for final quality assuring, to ensure all issues raised have been addressed and that the format is in an approved 'house style', professional, sympathetic and understandable, within the prescribed time frame.

Once the draft has been quality assured, it will be returned to the appropriate Divisional Director for sign off before being forwarded by the Customer Services Team to the Chief Executive for signature.

10.0 Time Delays

In exceptional circumstances, the Customer Services Team will liaise with the complainant if delays in providing a response are unavoidable, and agree an acceptable extended timeframe.

The Customer Services Team will ensure appropriate interpretation and translation services (ITS) are available. This will include information in an accessible format such as large print, braille, easy read etc. Please refer to ITS resources on the staff intranet.

11. Re-Opened/Un-resolved Complaints

If a complainant is dissatisfied with the response to their concerns, they will be asked if they prefer a further written response or a local resolution meeting to address their outstanding concerns, if a meeting has not previously been held, by the Customer Services Team in liaison with the appropriate Head of Service for that Division (see 8.0).

The same standards for administration, investigation and response will apply as for the initial complaint.

If the complainant is not content with the outcome of their complaint they are able to seek an independent review by the Health Service Ombudsman.

12. Complaint Handling When there Is An Inquest and/or a Serious Incident

The fact that a death has been referred to the Coroner does not mean that investigations into a complaint need to be suspended.

The Coroner recognises the importance of addressing concerns with relatives at the earliest opportunity.

However, the cause of death must not be discussed in any way. This is the purpose of the inquest. All other issues may be addressed.

It is important that communication is clear and ongoing to reduce the risk of conflicting information being provided to be the complainant.

13.0 Health Service Ombudsman

The role of the Health Service Ombudsman in the complaints procedure is to find out why a complaint about the NHS has not been resolved locally and to identify what action needs to be taken to achieve resolution.

The Health Service Ombudsman may also choose to investigate the substance of the complaint themselves and make recommendations of how the case might be resolved.

The Health Service Ombudsman base their decisions on Principles of Good Complaint Handling.

The Ombudsman Process will check that everything has been done to resolve the issues locally and will make a range of decisions at the conclusion of an independent review, including:-

- referring the review back to the provider – this would occur when there are still steps that can be taken locally to resolve a complaint;
- before taking the matter on, the Ombudsman will consider several factors: What went wrong? What injustice has this caused? What is the likelihood of achieving a worthwhile outcome?
- if the ombudsman believes there is a case to answer, they will direct the organisation to put things right.

Requests from the Ombudsman for information will be co-ordinated by the Customer Services Team.

14.0 Vexatious Complainants

On rare occasions and despite best efforts to resolve a complaint, the person making it can become aggressive or unreasonable. All personnel dealing with vexatious complainants are reminded of the principles of good practice and the general procedures outlined in the main policy. These include the need to maintain detailed records of all communications and the need to maintain a polite and sympathetic approach wherever it is practicable to do so without compromising LPT's position or

conceding liability.

Vexations complainants can fall into the following categories:

- people who make frequent complaints about a variety of different things;
- people who persistently make the same complaint with minor differences, but never accept the outcome of any investigation into their complaint;
- people who are seeking an unrealistic outcome and intend to persist until such an outcome is achieved;
- people who make the same complaint from slightly different angles or via different routes (eg Chief Executive, Members of Parliament and Councillors) in the hope of getting a different response or applying pressure – such action can happen consecutively or concurrently.

Vexatious complaints are also likely to include (but are not limited) some or all of the following:

- contact is frequent and often lengthy and complicated taking up excessive time and committing the organisation to an unreasonable and unrealistic commitment of resources;
- the complainant behaves aggressively and provocatively towards members of staff;
- the complainant changes aspects of the complaint or the desired outcome part way through the investigation and/or after Independent Review.

If, having responded to the complaint, the complainant remains dissatisfied and declines to follow the procedures defined within this policy for the management of complaints, then the Customer Services Team should indicate that the matter is now closed and that no further correspondence will be entered into unless a fresh complaint is being raised, which is not related to that which has been through the procedure, and which could not have been raised with the original complaint.

Staff should not be expected to tolerate verbal abuse from complainants either over the telephone or face to face. If a complainant is abusive over the telephone, staff should first identify the caller (if possible) and advise them that they are not prepared to continue with the call if the abuse continues. If the complainant continues with the abuse, staff should state “I am ending this call” and put the telephone down. An incident form should be completed in line with the Trust’s incident reporting process.

In the case of persistent abuse, the complainant should be advised in writing that all future communications will be in writing only (subject to accessibility considerations). All such incidents shall be fully documented in line with the Trust’s incident reporting process.

If it is likely that an individual who is attempting to investigate a complaint is considered to be at risk of violence because of previous incidents then appropriate steps must be taken to create a safe environment for any face to face interviews with the complainant.

Wherever appropriate, the complainant shall be advised that the interview will be immediately terminated in the event of any risk of violence or threatening behaviour.

Under the provisions of Health and Safety legislation, the employer is under an obligation not to knowingly place an employee at risk and therefore in the last resort, LPT could refuse to investigate the complaint. If there were to be a challenge to such a decision, LPT would have to demonstrate that it acted reasonably.

When using any of the above approaches to manage contact with unreasonable or aggressive people, it is important to explain what you are doing and why, and to keep a detailed record of the ongoing relationship.

15.0 Comments

LPT encourages its service users and their representatives (carers etc) to make comments about the services it provides through a variety of mechanisms for example, comment cards, internet feedback forms etc. Comments will be logged on Safeguard by the Customer Services Team and actioned as appropriate.

16.0 Enquiries

An enquiry is a question/query regarding NHS services that may require signposting to the appropriate organisation/service. LPT receives a variety of requests on a daily basis via telephone, letter, email and/or via the website. All enquiries will be logged onto Safeguard and actioned appropriately within 5 working days of receipt.

17.0 Compliments

A compliment is any expression of satisfaction or gratitude for the quality of service provided to service users, relatives, carers or members of the public or their representatives. Compliments will be sent by divisions on a monthly basis for logging by the Customer Services Team.

18.0 Concerns raised by other organisations

When this occurs this is categorised as a service concern and will be logged by the Customer Services Team but will be investigated and responded to by the Head of Service / Divisional Director.

19.0 Due Regard

This policy has been screened in relation to paying due regard to the general duty of the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation, advance equality of opportunity and foster good relations and as such this particular policy has no specific impact on any protected characteristic or equality group.

This is evidenced by ensuring all staff implementing this policy will have received appropriate training including equality, diversity and human rights awareness, together with support from the Integrated Equality Service. Information is provided in an appropriate format to reduce any adverse impact such as large print, braille, alternative language ((refer to Trust Interpretation and Translation Service).

In addition to the examples highlighted above, equality monitoring of all relevant, protected characteristics to whom the policy applies will be undertaken. This will help identify any specific adverse or positive trends in respect of any relevant equality group and contribute to providing lessons learnt outcomes to improve service delivery.

This policy will be continually reviewed to ensure any inequality of opportunity for service users, patients, carers and staff is eliminated.

20.0 Monitoring Compliance with the Policy

This document will be audited by the Customer Services Manager;

- Benchmarking against National Standards (K041)
- Monitoring the timescales to respond to complaints and concerns via monthly performance reporting.
- Annual survey will be completed on complainants to receive their feedback.
- Review of lessons learned and action plans and provide Board reports to demonstrate improvements made as a direct result of complaints and concerns.
- Service user/patients will review a sample of anonymised complaint responses on a quarterly basis to ensure these answer the initial complaint.

Compliance with the policy will also be audited via divisional governance processes.

21.0 References and Associated Documentation

This policy was drafted with reference to the following:

The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009

Department of Health 'Listening, Responding, Improving: A guide to better customer care' (February 2009)

LPT Record Keeping Policy

Being Open

NHS Constitution

LPT Patient Information Policy

National Patient Safety Agency Root Cause Analysis Investigation Tools

Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Not applicable	Comments
	Will any sections of this Policy satisfy one or more criteria of the NHSLA Risk Management Standards?*	Yes	
	If Yes – Have you attached the relevant self-assessment(s) for those criteria as an appendix?*	Yes	
	* for further guidance consult the Trust Lead for Corporate Risk Assurance: Richard.Apps@leicspart.nhs.uk		
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Key Points / Changes to the Policy		
3.	Rationale		
	Are reasons for development of the document stated?	Yes	
4.	Development Process		
	Does the front page include a sentence which summarises the contents of the policy?	Yes	
	Is the method described in brief?	Yes	
	Are people invited in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users? (with representatives from all relevant protected characteristics)	Yes	
5.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the relevant CQC outcomes identified?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
6.	Evidence Base		

	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Is there evidence to show that there has been due regard under the Equality Act 2010, and in working towards the Trust's equality objectives? (e.g. attach the equality analysis as summary of evidence)	Yes	
	Are supporting documents referenced?	Yes	
7.	Approval		
	Does the document identify with committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
8.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
9.	Document Control		
	Does the document identify where it will be held?	No	
	Have archiving arrangements for superseded documents been addressed?	No	
10.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
11.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so it is acceptable?	Yes	
12.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	No	

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name	Melanie Foster Green	Date	13.06.2012
Signature			

Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	
Signature			

Appendix 1a

Self Assessment Sheet: **Concerns & Complaints**

Criteria: Standard 2 Criterion 3

As a minimum, the [approved](#) documentation must include a description of the:

<u>Criteria:</u> All organisations must have an approved documented process for listening, responding and improving when patients, their relatives and carers raise concerns and complaints.	<u>Self Assessment, Compliant?</u>	<u>Comment/evidence</u>
Your documented process must include:		
a) duties	Yes	Section 4.0 pages 13-15
b) how the organisation listens and responds to concerns and complaints from patients, their relatives and carers	Yes	Whole document
c) how joint complaints are handled between organisations	Yes	Section 6.4 page 17 Appendix 2
d) how the organisation makes sure that patients, their relatives and carers are not treated differently as a result of raising a concern or complaint	Yes	Section 6.1 page 15
e) how the organisation makes improvements as a result of a concern or complaint	Yes	Section 1.0 page 11 Section 2.0 page 11 Section 3.0 page 12 Section 6.5 pages 17-18 Section 6.6 pages 18-20 Section 8.0 page 23 Appendix 3
f) how the organisation monitors compliance with all of the above.	Yes	Section 20 page 28

Appendix 2



University Hospitals of Leicester 
NHS Trust



Leicestershire County and Rutland
Community Health Services

Leicester City



East Midlands 
Ambulance Service
NHS Trust



PROTOCOL FOR THE HANDLING OF LOCAL INTER-ORGANISATIONAL COMPLAINTS

Between:

Partner Agencies:

- 1. Leicestershire Adult Social Care Services**
- 2. Leicester City Adult Social Care Services**
- 3. Leicestershire County and Rutland PCT**
- 4. Leicestershire Partnership Trust**
- 5. NHS Leicester City**
- 6. University Hospitals Leicester**
- 7. Rutland County Council**
- 8. East Midlands Ambulance Service**

Version 5

7th July 2009

Principles of Good Complaints Handling

The fundamental principles of a complaints process are to:

- Provide a unified approach across all providers – from public, private, voluntary and charitable sectors – to the handling of peoples' complaints;
- Resolve complaints promptly, as close to the point of delivery as possible, ensuring responses are honest, evidence-based and explain the reasons for decisions, acknowledging mistakes and apologising where appropriate;
- Be customer focussed – emphasising early resolution and effective handling, so minimising the strain and distress for all those involved;
- Provide effective support, providing guidance and advice about advocacy or mediation service, where appropriate;
- Provide open and accessible information, ensuring that complainants can easily access the service dealing with complaints;
- Provide opportunity for learning and developing – ensuring complaints are viewed as a positive opportunity to learn from experience in order to drive continual organisational improvement and prevent similar occurrences in future.
- The complaints process will be managed to ensure equality of access and experience irrespective of grounds of age, disability, gender, race, religion or belief and sexual orientation

In accordance with:

- The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009
- Listening, Responding, Improving – a guide to better customer care (DH 2009)
- Reform of Complaints' Handling in Health and Social Care – key messages for boards, members and senior management teams (DH 2009)
- Data Protection Act 1998
- Freedom of Information Act 2000
- Human Rights Act 1998

PROTOCOL FOR THE HANDLING OF LOCAL INTER-ORGANISATIONAL COMPLAINTS

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1. Introduction

- 1.1 A commitment to high standards in the management of complaints is fundamental to ensuring that service users are provided with a prompt and consistent response.
- 1.2 The duty for Social Care Services and Health bodies to co-operate with each other in the management of complaints has resulted in the formation of a working relationship between partners to work together to provide responses to complainants.
- 1.3 This management protocol is seen as an effective means of clarifying the respective roles and responsibilities of partner organisations to provide a co-ordinated, responsive and effective service for complainants. As such, the protocol aims to reduce possible confusion for complainants about how complaints will be investigated and by whom.
- 1.4 This document sets out the framework for the joint handling of formal complaints that cover both Health and Social Care issues and is to be used when a complaint that covers both health and social care is received by any of the partner agencies.
- 1.5 In circumstances when all parties agree that the joint protocol cannot be applied, then each organisation will respond separately.
- 1.6 This protocol supplements, but does not replace, the complaints policies of the partner organisations and should be read in conjunction with organisation-specific policies.

2. Who can complain?

- 2.1 A person/s wishing to make a complaint must do so within 12 months of an incident happening or of becoming aware of the matter complained about (subject to the discretion of the complaints manager) and will be from:
- 2.2 A person (or their representative) who receives or has received services and/or, a person affected or likely to be affected by the action, omission or decision of the responsible body, which is subject to the complaint.

2.3 A complaint may be made by a representative acting on behalf of the person who:

- has died
- is a child (in relation to Health services provided, not Social Care)
- is unable to make the complaint themselves because of physical incapacity or the lack of capacity within the meaning of the Mental Capacity Act 2005 or,
- has requested the representative to act on their behalf.

3. Direct Payments/Individual Budgets/Self Funders

3.1 Complaints made by self funders, individuals receiving direct payments and individual budgets (once the service user has taken control of their care provision) are excluded from the procedure. However, the procedures will cover complaints raised in relation to the process, e.g. allocation of funding or the support provided by the Local Authority to enable the person to manage the direct payment.

4. Healthcare Independent Contractors (General Practitioners, Dentists, Pharmacists and Opticians)

4.1 If a complaint is wholly an Independent Contractor complaint, the Complaints Manager of the appropriate PCT will deal with this complaint in liaison with the relevant Independent Contractor through the locally agreed process.

4.2 Where a complaint is a joint social care and Independent Contractor complaint the receiving Complaints Manager will acknowledge within 3 working days of receipt and seek consent for the sharing of information for the complaints investigation.

4.3 Discussion will take place between relevant Complaints Managers to co-operate and agree who will take the lead role in inter-organisational complaints.

4.4 Where a complaint is in part an Independent Social Care Provider/care Standards complaint the receiving Complaints Manager will acknowledge the complaint, upon receipt of consent, subsequent tasks should be carried out by the Complaints Manager in accordance with the management protocol. Each case will be considered on a case by case basis.

5. Independent Social Care Provider/Care Standards Complaints

- 5.1 If a complaint is wholly an Independent Social Care Provider/Care Standards complaint, the receiving complaints manager will acknowledge receipt of the complaint and request the complainant's consent to forward the details to the relevant provider service. If consent is not received, contact details for the provider service will be given to the complainant for direct contact.
- 5.2 Once the Independent Provider complaints investigation has been finalised, should the complainant remain dissatisfied with the response, then the option to seek further input from the commissioning service should be made available. These will be considered on a case by case basis. If this, however, is not possible the complainant should then be referred back to the provider for referral to the next stage of the Independent provider complaints process.
- 5.3 Where a complaint is in part an Independent Social Care Provider/Care Standards complaint the receiving complaints manager will acknowledge the complaint, within 3 days of receipt and seek consent for the sharing of information for the complaints investigation. Upon receipt of consent, subsequent tasks should be carried out by the Complaints Manager in accordance with the management protocol.

6. The Responsible Person

- 6.1 The regulations state that the *responsible person* is the Chief Executive of the organisation and is responsible for ensuring compliance with the complaints arrangements and for signing off all responses to complaints. This function can, however, be delegated. In terms of signing off complaints responses, the delegated role of responsible person remains as currently stands.

7. The Complaints Manager (or Equivalent)

- 7.1 The Complaints Manager is responsible for managing the complaints procedure. The Complaints Manager can be the same person as the responsible person and this function remains unchanged.
- 7.2 For each partner organisation, the designated Complaints Manager (or equivalent) is responsible for implementing this protocol. Each complaints manager should clarify who is responsible for implementing this protocol if he/she is absent.

- 7.3 Each Complaints Manager will co-operate with other Complaints Managers and agree who will take the lead role in inter-organisational complaints.
- 7.4 The designated Complaints Manager is responsible for ensuring that any learning points/actions for their organisation are brought to the attention of senior management for implementation and monitoring. Monitoring of these learning points/actions should be through each organisation's reporting arrangements.
- 7.5 In the unlikely event that Complaints Managers are unable to reach agreement about any matter covered by this protocol, they should each refer the matter promptly to the relevant Senior Managers/Directors in their respective organisations for resolution.

8. Role of the Lead Partner (Organisation subject to the primary focus of the complaint)

- 8.1 To acknowledge the complaint, within 3 days of receipt and, if not already obtained, seek consent for the sharing of information for the complaints investigation. The lead partner should carry these tasks out in accordance with the management protocol.
- 8.2 To agree with the complainant (and, where required, their advocate or representative) the proposed investigation plan, timescales and the complainant's desired outcome(s), in the format of a 'Complainants Action Plan (CAP)' (see Section 14 and Appendix 3). As part of this plan, the lead partner should ensure the complainant is kept fully informed of progress and any proposed changes.
- 8.3 To ensure that the complainant is advised of any timescale delay for the final response, outside the agreed timescales of the CAP.
- 8.4 To ensure the complainant is aware of advocacy agencies able to offer assistance (see Appendix 6 for approved advocacy agencies - this list is not exhaustive and

further information can be provided on advocacy services from the relevant Complaints Manager).

- 8.5 To act as the contact point for the complainant on behalf of all partner organisations involved.
- 8.6 To collate the outcome of each partner organisation investigation, draft the final response and gain approval of the draft from each partner organisation prior to signature on behalf of all partner organisations.
- 8.7 To ensure that the response includes, where deemed appropriate, details of any lessons learnt and actions taken/to be taken in response to the complaint. The final letter should also reiterate the complainant's option to contact the Ombudsman.
- 8.8 To be responsible for arranging a meeting with the complainant, if required, as part of the resolution process.
- 8.9 To advise all partner organisations of any interim correspondence from the complainants and any feedback from the complainant following the final response letter.

9. Role of Secondary Partner(s) (Other organisations subject to the complaint)

- 9.1 To ensure their organisation carries out a full investigation including identifying lessons learnt and actions to be taken - these actions to be monitored through the organisation's own reporting arrangements.
- 9.2 Regular liaison with the lead partner to advise of progress and provide a summary of outcomes of the investigation.
- 9.3 Agree the draft final response prepared by the lead partner.

10. Complaint received which falls wholly within the remit of another partner organisation

- 10.1 On occasions a complaint which is concerned in its entirety with Social Care Services is sent to a Health body, or vice versa. This may be due to lack of understanding about which body is responsible for which service, or because the complainant chooses to entrust the information to a professional person with whom s/he has a good relationship.
- 10.2 The Complaints Manager will acknowledge receipt of the complaint either verbally or in writing within three working days of receipt and seek consent to forward the complaint to the appropriate organisation.
- 10.3 Once consent is received and logged, the Complaints Manager will forward the complaint to the relevant partner Complaints Manager(s). If consent is not received, contact details for the partner organisation will be given to the complainant for direct contact.

11. Complaint received that covers both health and social care issues

- 11.1 On receipt of the complaint (written or oral), the Complaints Manager will acknowledge the complaint, within 3 days of receipt and seek consent for the sharing of information for the complaints investigation. (See Section 13 and Appendix 1). The acknowledgement should explain that the organisations concerned will investigate and provide a single joint response and ensure the complainant is aware of advocacy agencies able to offer assistance.
- 11.2 *Upon receipt of consent, the receiving Complaints Manager will complete the inter-organisational complaint management form, contact the partner organisation(s) and agree the Lead Partner. This information will be communicated to the complainant, including contact details.*
- 11.3 The Lead Partner will undertake subsequent tasks in line with the management protocol.

12. Flowchart for the Handling of Joint Organisation Complaints

- 12.1 Complaints made orally which are resolved to the complainant's satisfaction, within one working day, fall outside of the complaints procedure.

Complaint received and acknowledged within 3 days. Appropriate consent obtained for sharing information with other agencies.

The protocol sets out the factors that determine which organisation will take the lead. Once this is decided, the lead Complaints Manager contacts the complainant to discuss, agree and complete the Complainants Action Plan (CAP – See Appendix 3)



Complaints Manager contacts the other organisations involved to determine how the complaint is best dealt with, assess the risk and how the complaint will be investigated in line with the Grading process (see Section 15)



Complaints investigation completed and joint response agreed between respective complaints managers. Signed response issued to the complainant as agreed, reminding the complainant of their right to take the matter to the Health Service Ombudsman or Local Government Ombudsman if they are still unhappy



Action plans are prepared to demonstrate learning and organisational improvement where appropriate. These should be shared across the organisations concerned.

13. Complainants' consent to the sharing of information between agencies

- 13.1 Nothing in this protocol removes the obligation to ensure that information relating to individual service users and patients is protected in line with the requirements of the Data Protection Act, Caldicott principles and the confidentiality policies of each signatory organisation. It is for this reason that the complainant's consent must always be sought before information relating to the complaint is passed between organisations. Moreover, the complainant is entitled to a full explanation of why his/her consent is being sought and the information shared should be treated with respect and in confidence.
- 13.2 Consent to the passing on or sharing of information under this protocol should be obtained, in writing, wherever possible. Where this is not possible, the complainant's verbal consent should be recorded and logged and acknowledgement forwarded to the complainant.
- 13.3 If the complainant withholds consent to the complaint being passed to the other organisation, the Complaints Manager of the organisation receiving the complaint will seek to engage with him/her to resolve any issues or concerns about remit and responsibility and offer any liaison which could contribute to the resolution of the matter of concern. The complainant should be reminded of his/her entitlement to contact the other organisation direct.
- 13.4 The only circumstances in which a complainant's lack of consent could be overridden would arise if the complaint included information which needed to be passed on in accordance with Safeguarding Children, Protection of Vulnerable Adults procedures or any criminal activity.
- 13.5 A form is attached to this protocol as Appendix 2, which records the consent of complainants for their case records to be disclosed for the purpose of complaints investigations.
- 13.6 The Lead Partner will ensure that all complaints records are stored, and disposed of, in compliance with the Data Protection procedures.
- 13.7 *It should be noted that the investigation of the complaint can commence without consent being obtained but, except in the circumstances detailed in 13.4, no information is to be shared between parties without consent to do so.*

14. The Complainant Action Plan (CAP)

- 14.1 The Complaints Manager for the lead agency will be responsible for drawing up the CAP and liaising with the equivalent Complaints Manager from the other organisations involved.
- 14.2 When appropriate (refer to Complaint Grading Process – Section 15), the CAP will be issued to the complainant. The complainant should be advised that, if this is not a true record, they must contact the Complaints Manager within 5 working days and make arrangements for this to be amended.
- 14.3 The CAP will specify one point of contact for the complainant, normally the Complaints Manager from the lead organisation. It will be used to agree timescales, taking account of the guidance timescales referred to within the Complaint Grading Process (see Section 15). The CAP will identify any support needed e.g. advocacy and how this is best provided.
- 14.5 This document would be used as the basis of the investigation and for the 'Complaint Grading process'. It will also be referred to at the end of the complaints management process in order to ensure that all aspects of the complaint had been addressed, within the agreed period of time, and as a way of closing the complainant or concluding the investigator's involvement with the complaint.
- 14.6 It should be noted that each CAP is organic, and some aspects may change as the complaint progresses. A proposed template for producing the individual complainant action plan is included in Appendix 3.
- 14.7 Throughout the process there would be regular communication with complainant as and when required (at agreed stages as outlined in the action plan).

15. Complaint Grading

15.1 Complaints made orally which are resolved to the complainant's satisfaction, within one working day, fall outside of the complaints procedure. These complaints are recorded locally and only reported to the complaints team where they are repeated complaints of similar issues or repeated complaints from the same person or are considered to have potentially serious implications. Good practice would suggest that, where appropriate, lessons learnt are recorded and fed back to the Complaints Manager.

15.2 Once the complaint has been graded and agreement has been reached and recorded via the complainant plan then the investigation will begin.

15.4 Grading the complaint will help to ensure that it is dealt with in the most appropriate way. The process described below sets out a proposed process using a Red, Amber, Green system which will determine the most effective way of handling the complaint. The process also describes how learning will be captured and monitored, as well as who would have lead responsibility for overseeing the complaint. Timescales are issued as guidance only.

Complaints graded as green would be those that are fairly straightforward that would require a minimal level of intervention. They should be the type of complaint that can be resolved, requiring a minimal level of fact finding prior to a prompt remedy or resolution being provided. Complaints graded as green would not normally require the Complainant Action Plan to be issued but the details of the complaint should be outlined in the acknowledgement letter.

Guidance for timescales: 2-5 working days

Complaints graded as Amber would be regarded as complex and require a higher level of intervention. Complaints graded as Amber would normally be serious enough to warrant a face to face meeting with the complainants as well as a full detailed analysis of the complaints investigation. A Complainants Action Plan would also be developed for all complaints of this type.

Guidance for timescales: 2-25 working days

Complaints graded as Red would be regarded as highly complex and, as such, require the highest level of intervention. Complaints of this type can significantly affect the reputation of the agencies involved. It is proposed this type of complaint would be investigated independently and overseen at Senior Management level.

Guidance for timescales: 2-65 working days

16. Responses

- 16.1 *A written response should be sent for all complaints, even where the investigation process included a meeting with the complainant.*
- 16.2 *All responses are to be shared with all parties involved BEFORE being sent to the complainant. The lead organisation is responsible for ensuring that this happens.*
- 16.3 *All responses should be quality checked prior to release to the complainant.*

This check should ensure the following:

- *Accuracy and attention to detail*
- *Consistency*
- *All concerns have been addressed*
- *No conflicting information*
- *No apportionment of blame by one party of another party*

17. Closure of complaints and/or complainant feedback

17.1 In the event that all the investigating partners of a complaint are unable to mutually agree the resolution of a complaint, or are unable to unanimously agree a way forward in expediting the resolution of a complaint, the complaint will then be escalated to the next tier of management, (Line Manager, The Head of a Service or Director) for arbitration and/or conflict resolution. If again, at this higher level of complaints management a unanimously agreed resolution cannot be achieved then the complaint will be escalated again until this can be achieved.

17.2 A letter will be drafted to confirm closure of complaints, and, if appropriate and agreed, a feedback survey form will be issued to the complainant in order to review effectiveness of the process.

18. Learning from complaints

18.1 All agencies are fully committed to facilitating organisational learning and development through complaints resolution. Resolving the individual complaint is only part of the process.

18.2 Taking positive steps regarding identification, communication, procedural and operational or strategic issues, within and across each agency, is vital in ensuring a relevant and positive complaints service.

18.3 All complaints services will use the process of annual reporting to support effective communication between agencies and share learning. These will include any findings and recommendations that have an inter-organisational impact.

18.4 Recommendations, learning and changes in practice as a result of complaints will be held centrally by the relevant Complaints Manager, and reported on periodically. Complaints activity will be reported separately by all complaints services in accordance with their own agreed procedures.

19 Monitoring and Review

19.1 Complaints Managers from all partner organisations will liaise regularly to monitor learning outcomes from health and social care complaints

19.2 Complaints Managers from all partner organisations to review this protocol on an annual basis or earlier if changes to legislation or a partner's local policy and procedure necessitates a review.

20. Unreasonable, Vexatious or Unreasonably Persistent Complaints

20.1 An unreasonable or unreasonably persistent complainant is someone who remains dissatisfied despite their complaints having been thoroughly investigated and fully responded to. The Ombudsman's Office describes this as complainants who, because of the frequency or nature of their contacts with an agency, hinder the consideration of their, or other people's, complaints.

20.2 Unreasonable or vexatious complaints may include the following:

- The same complaint with minor differences but the complainant will not accept the outcome of any investigation into their complaint.
- Matters where the complainant is seeking an unrealistic outcome.
- The complaint arises from a historic and irreversible decision or incident.
- Frequent, lengthy, and complicated contact which is stressful for staff.
- Refusal to specify the grounds of the complaint despite offers of help from staff.
- The complainant behaves in an aggressive manner to staff when presenting their complaint.
- The complainant changes aspects of their complaint partway through the Investigation.
- The complainant continually makes or breaks contact with the agency.
- Making unnecessarily excessive demands on the time and resources of staff whilst a complaint is being looked into e.g. excessive telephoning or sending emails to numerous council staff, writing lengthy complex letters every few days and expecting immediate responses.
- The complainant persistently approaches the agency through different routes about the same complaint, in the hope that they will secure a different response.
- This list is not exhaustive and so only covers some of the main kinds of behaviours and actions that come to the agency's attention.

20.3 Where a complainant is deemed to be persistent, vexatious or unreasonable, this will be considered on a case by case basis and agreed procedures implemented, in line with local policy.

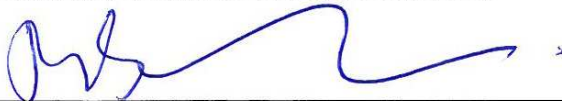
20.4 *In circumstances relating to a duty of care to staff and / or service users or patients, other parties involved should be made aware of the persistent, vexatious or unreasonable complainant.*

21. Signatories

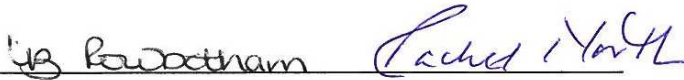
Each organisation has submitted this protocol to the relevant responsible person/s for agreement. This agreement has been recorded within the relevant organisation. Therefore the Complaints Manager may sign for and on behalf of the responsible person.



Leicestershire Adult Social Care Service:



Leicester City Adult Social Care Services:



Leicestershire County and Rutland PCT:



Leicestershire Partnership Trust:



NHS Leicester City:



University Hospitals Leicester:



Rutland County Council:



East Midlands Ambulance Service

Example Acknowledgement Letter

Name

Address

Our ref:

Dear

Re: Joint Organisation Complaint

I would like to formally acknowledge receipt of your complaint, which was received on *date*, regarding *summary of complaint*.

Following our telephone conversation please find enclosed the agreed action plan for your complaint. If you feel that this is not a true reflection of your complaint, please make any amendments that you feel are necessary and then return this in the freepost envelope supplied. Please advise us of any changes within 5 working days. As this plan will be used to guide the officers investigating your complaint, you will need to be satisfied that it reflects all the concerns that you would like to have investigated.

As I explained to you, although I will be co-ordinating the response to your complaint the other organisations involved will be assisting me with their investigation. As such, we need to obtain your consent for us to share information, purely related to this investigation. Therefore, before we can commence our full investigation, could you please sign the enclosed consent form and return it to us in the freepost envelope provided.

By having a single point of contact, it is hoped that this will enable us to work towards resolving your complaint more efficiently and should make the whole experience of making a complaint simpler and responsive to people's needs.

***If acting for service user*:** I understand from our conversation that you are acting on behalf of the service user *name of service user* and so would ask that they complete and return the consent form enclosed so that I can record their written consent for this to happen. Please note that any investigation can only start when this form has been signed and returned to me. Please find enclosed a freepost envelope for your convenience.

We will endeavour to support you throughout this process however, should you feel you would like support from an external body, we can provide you with details of a relevant advocacy service.

If you require any advice regarding your complaint please do not hesitate to contact me. I can be reached on *telephone number*.

Yours sincerely

Complaints Manager

Statement for the disclosure of personal records

Name (include title):	On behalf of (where appropriate):
Address:	Date of Birth:
Telephone number: (Home): (Mobile):	Email:
I hereby give my consent to the disclosure of the following records:	
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> GP Dental Pharmacy Ophthalmic Hospital Ambulance Psychiatric Social Care </div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><input type="checkbox"/></div> <div style="text-align: center;"><input type="checkbox"/></div> <div style="text-align: center;"><input type="checkbox"/></div> <div style="text-align: center;"><input type="checkbox"/></div> <div style="text-align: center;"><input type="checkbox"/></div> <div style="text-align: center;"><input type="checkbox"/></div> <div style="text-align: center;"><input type="checkbox"/></div> <div style="text-align: center;"><input type="checkbox"/></div> </div>	
<p>Held by the following organisations:</p> <p>_____ (Organisation)</p> <p>_____ (Organisation)</p>	
<p>In order to assist the investigation of my complaint, which is being co-ordinated by:</p> <p>_____ (name of Lead Complaints Manager)</p>	

The reason for, and the implications of this, have been explained to me by the above named Complaints Manager. I understand that information exchanged as agreed by me must be used solely for the purpose for which it was obtained.

Signed: _____ Date: _____

If someone is acting on your behalf, we will also need consent for them to do so. The contact details of your representative will be used unless you advise otherwise.

Their name: _____

Contact details: _____

I agree that the above named person will act on my behalf for the purpose of the representing me with this complaint.

Signed: _____ Date: _____

Complaint File Reference:

Date Complaint Received:

Complaint Received By:

Draft Due Date:

Final Due Date:

Inter-Organisation Complaint Management Form

Complainant Details:

Suggested Priority Category:

10**25****60**

Name (include title):

Telephone number:

(Home):

(Mobile):

(Email):

Address:

Complainant's Relationship to Service User:

Consent Required?

Consent Requested?

Inter-Organisation details:

Lead Organisation Name & Address/Contact:	Organisation Name & Address/Contact
Organisation Name & Address/Contact	Organisation Name & Address/Contact
Advocacy / Interpreter or Additional Support Required: Contact:	
Summary of Complaint:	

Issues to be addressed:

Issue to be Addressed	Responding Organisation	Comments / Identified Actions

Date complaint received:

Complaint file reference

Complaint Received by:

Date of discussion and agreement on actions with complainant:

/

/20

Complainants Action Plan

Complainant details

Name (include title):

Address:

Telephone number:

Email:

(Home):

(Mobile):

Preferred method of contact (e.g. telephone, letter, email)

Service User details (if different from complainant)

Name (include title)

Address:

Date of birth:

ID number (if known):

Advocacy / interpreter or additional support required:

Summary of complaint (use separate sheet if required):

Desired outcomes (what would you like to happen as a result of your complaint):

Preferred feedback following investigation:

(Tick as appropriate)

Meeting

Letter

Phone Call

Email

For office use only:

It was agreed that the following issues would be investigated:

Agreed timescales for addressing the issues (based upon the initial information provided):

Approved Advocacy Agencies

ICAS (Independent Complaints Advocacy Service)

Business Box
Oswin Road
Braunstone
Leicester
LE3 1HR

Tel: 0845 650 0088

ICAS is a free and confidential service that is independent of the NHS and tailored to individual client need. Patients who want and are able to raise their concerns are empowered to do so. Patients with more complex needs have access to specialist advocates who can support them through the official complaints process.

Akwaaba Ayeh

40 Chandos Street

Leicester LE2 1BL

Tel: 0116 247 1525

Carers of Leicestershire Advocacy & Support Project (CLASP)

Unit 19, 4th

Floor Matrix House

7 Constitution Hill

Leicester LE1 1PL

Tel: 0116 251 0999

Alzheimer's Society

Leicester City Office

The Lodge, 46 Humberstone Gate

Leicester LE1 3PJ

Tel: 0116 251 0366 / 0116 262 7937

Leicestershire Action for Mental Health Project (LAMP)

65 Regent Road

Leicester LE1 6YF

Tel: 0116 255 6286

Leicestershire Ethnic Elderly Advocacy Project (LEEAP)

33 Chandos Street

Leicester LE2 1BL

Tel: 0116 275 5515

Mosaic: Shaping Disability Services

2 Richard III Road

Leicester LE3 5QT

Tel: 0116 251 5565

This list is not exhaustive and further information for advocacy support can be provided from the relevant complaints manager.

Appendix 6

Complaints Managers and Other Contacts in Signatory Organisations

Organisation	Complaints Manager/Officer	Telephone number	Email address	Contact (in complaints manager's absence)	Telephone number	Email address
East Midlands Ambulance Service	Paul Hurst	0115 8845133	paul.hurst2@emas.nhs.uk	PALS co-ordinator	0115 8845132	Currently recruiting to position
Leicester City Council	Alex Butler	01162528326	alex.butler@leicester.gov.uk	Simon Freer	0116 2528327	Simon.freer@leicester.gov.uk
Leicestershire County Council	Chris Owen	0116 3055875	chris.owen@leics.gov.uk	Hema Tailor	0116 3057422	Hema.tailor@leics.gov.uk
Leicestershire County and Rutland PCT	Kulbinder Gill	0116 295 0830/0831/0832	complaints@lcrchs.nhs.uk	Jo Cooper	0116 2950830/0831/0832	complaints@lcrchs.nhs.uk
Leicestershire County and Rutland PCT	Jo Cooper (Corporate Services)	0116 295 0830/0831/0832	complaints@lcrchs.nhs.uk	Lisa Glover	0116 2950830/0831/0832	complaints@lcrchs.nhs.uk
Leicestershire Partnership Trust	Vicky McDonnell	0116 2256525	victoria.mcdonnell@leicspart.nhs.uk'	Cheryl Hornby		Cheryl.hornby@leicspart.nhs.uk'
NHS Leicester City	Michelle Lake	0116 295 1473	Michelle.Lake@leicestercity.nhs.uk	Richard Morris	01162957274	Richard.morris@leicestercity.nhs.uk lccomplaints@leicestercity.nhs.uk

					0116 2951675	
Rutland County Council	Colin Foster	01572 758322	cfoster@rutland.gov.uk	Mark Naylor	01572 758324	mnaylor@rutland.gov.uk
University Hospitals Leicester	Amanda Randle	0116 2588901	Amanda.randle@uhl-tr.nhs.uk	Maureen Yardley	0116 2588718	Maureen.yardley@uhl-tr.nhs.uk
University Hospitals Leicester	Jane Woodcock	0116 2588558	Jane.woodcock@uhl-tr.nhs.uk	Maureen Yardley	0116 2588718	Maureen.yardley@uhl-tr.nhs.uk
University Hospitals Leicester	Nicky Baker	0116 2588954	Nicola.baker@uhl-tr.nhs.uk	Katie Mallaby	0116 2588517	Katie.mallaby@uhl-tr.nhs.uk
University Hospitals Leicester	Gina Brown	0116 2588538	Gina.brown@uhl-tr.nhs.uk	Lynn Papworth Angie Arkwright Beverley Carr	0116 2588997 0116 2588530 0116 2588562	Lynn.papworth@uhl-tr.nhs.uk Angie.arkwright@uhl-tr.nhs.uk Beverley.carr@uhl-tr.nhs.uk
University Hospitals Leicester (PALS)	Jai Mardania	0116 2583100	Jaishree.mardania@uhl-tr.nhs.uk			

Complaint Management Plan and Lessons Learnt

To be completed by Customer Services Team

Complaint Reference No:

LPT

**Complainant Name and Contact
Details:**

**Service User/Patients Name, Date
of birth, NHS Number and Contact
Details (if different)**

**Details of
Complaint:**

**Issues to be
addressed:**

Draft response due back to Customer

Services by:

Lessons Learnt

To be completed by Divisional Investigation Lead

Lessons Learned (numbered):

(Please identify any lessons learned as a result of the complaint)

Good Practice (numbered):

(Please identify areas of good practice)

Action Plan (numbered): (Please identify, any actions as appropriate, that have and/or need to be taken as a result of the investigation findings/lessons learned.) **Note:** Actions must be 'Specific Measurable, Attainable, Realistic, Time-bound'

Recommendation	Action	Lead	Timescale	Arrangements for shared learning

Lessons Learnt completed by:

(Please enter your name in block capitals and your contact number)

Please forward the completed template and draft response to the complaint to
Customerservices@leicspart.nhs.uk