Dudley and Walsall NHS
Mental Health Partnership NHS Trust

Document Title
Service Experience Desk (SED) Policy – Managing Complaints and Informal Enquiries

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Lead Author(s)	
Name	Job Title
Julie Adams	Interim Service Experience Lead

Change History – Version Control		
Version	Date	Comments
0.2	10.12.2008	Minor revision made to document prior to wider consultation.
0.3	10.05.2009	Revision made to ensure processes and procedures are in place in accordance with the new Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 that came into force 1 April 2009.
2.1	17.06.2009	Final policy document ratified by Integrated Governance Committee (17.06.2010)
3.0	February 2011	Policy revised by the authors in order to ensure processes and procedures are in place for the integrated management of enquiries, concerns, complaints, compliments and suggestions by the Service Experience Desk (SED). Policy name change required to Service Experience Desk (SED) policy, replacing the former Complaints Policy. Agreed by Integrated Governance to be piloted for a period of 3 months.
3.1 (Draft)	November 2011	Revised by authors following pilot period.
3.2 (Draft)	01.12.2011	Revised by authors following Policy and Procedures Focus Group – Policy agreed by Group 01/12/2011
3.3	15.12.2011	Final policy submitted to Governance and Quality Committee and ratified (15/12/2011)
3.4	27.08.2015	Version agreed by Policies and Procedures Focus Group following minor amendments. 27.08.2015

Link with National Standards	
National Health Service Litigation Authority	✓
Care Quality Commission	
National Institute of Clinical Excellence (NICE) Guidance	
National Patient Safety Agency	
West Midlands Quality Review	
Essence of Care	
Aims Standards	

Key Dates	Day	Month	Year
Ratification Date	27	08	2015
Review Date	27	08	2017

Executive Summary Sheet

Document Title: Service Experience Desk (SED) – managing informal enquiries and complaints

Please tick (☑) as appropriate	This is a new document within the Trust	
	This is a revised document within the Trust	✓

What is the purpose of this document?

- To outline the Trust's processes and procedures for managing enquiries, concerns, complaints and compliments via the Service Experience Desk (SED)
- To ensure that all employees have clear guidance on how to respond to and manage concerns/complaints effectively within set timescales
- To give assurance that robust governance arrangements are in place for the management of complaints in line with legislation and good practice guidance

What key issues does this document explore?

- General principles for concerns/complaints handling
- Duties and responsibilities for managing complaints
- Levels of complaint and internal and external investigation processes
- Time scales for making and handling complaints

Who is this document aimed at?

- All staff working within Dudley and Walsall Mental Health Partnership NHS Trust

What other policies, guidance and directives should this document be read in conjunction with?

- Trust policy for dealing with incidents
- Being Open/Duty of Candour policy
- Consent policy
- Prevention and Managing Violence Policy
- Unreasonable and Unreasonably Persistent Complainants Policy
- Aggregating Data and Learning from Incidents, Serious Untoward Incidents, Complaints and Claims
- Supporting Staff involved in Complaints, Claims, Inquests and Traumatic or Stressful Incidents Policy
- NHS Complaints Regulations 2004 no. 1768
- Supporting Staff, Improving Services – Guidance to support implementation of the : NHS Complaints Amendment Regulations (2006)
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Caldicott Guidelines (1997)
- My Expectations for raising concerns and complaints

How and when will this document be reviewed?

- This policy will be subject to a formal review in 2 years
- This policy review will be undertaken by the Complaints Manager and the Service Experience Lead working within DWMH

1. Introduction

1.1 This policy has been produced to confirm arrangements within the Trust for the handling of enquiries, concerns and complaints raised with Dudley and Walsall Mental Health Partnership NHS Trust ('the Trust').

1.2 The Trust is committed to "learning from experience" and to the continuing improvement of its services. It views the Service Experience/Complaints policy as a tool which can be used to bring about positive outcomes. Concerns should be accepted as valuable information against which we can measure the quality of the service provided, whether positive or negative and can lead to more efficient and effective services. It is essential therefore that we encourage service users and carers to express their views and that the Trust acts positively in response.

1.3 It is the right of every health service user, their friend, relative or carer, to bring to the attention of the Trust aspects of a patient's care and treatment about which they are unhappy. All staff must be aware of an individual's right to comment on the standards of service provided by the Trust and must, therefore, be familiar with this policy. Staff must aim to resolve all concerns and issues brought to their attention immediately to avoid escalation and undue distress. Staff should encourage patients, their friends, relatives and carers to speak openly about any concerns they have or if they wish to make a complaint.

1.4 Service users often feel vulnerable and to raise a concern or complaint takes courage for fear of victimisation. Staff must ensure that service users are reassured that they will not be treated adversely as a result of raising a concern or making a complaint and the process of looking into their concern should be explained.

1.5 The Service Experience Desk (SED) will be the central point of contact for **all** concerns and enquiries, whether these are formal or informal, compliments or complaints.

2. Scope and definitions

2.1 A concern or complaint may be defined as *"an expression of dissatisfaction requiring a response". A compliment may be defined as "an expression of thanks, praise or appreciation made in writing/donation/gift".*

2.2 This policy and procedures apply to all staff across the Trust at all times, including bank and any temporary staff.

2.3 The emphasis of this procedure is on resolving concerns/complaints at local level quickly and effectively and, wherever possible, through the actions of front line staff. This policy will enable the Trust to:

- Ensure fairness to complainants and staff
- Avoid unnecessary and often lengthy litigation
- Listen to the experiences of people who have used services
- Use patients' and users' views to improve services

3. Matters Excluded from Consideration under this Policy

The following types of concern and complaints are excluded from the remit of the NHS Complaints Regulations and therefore, from this policy:

- A complaint made by a responsible body (a local authority, NHS body, primary care provider or independent provider) which relates to the exercise of its functions by another responsible body;
- A complaint the subject matter of which has previously been investigated

- A complaint made by an employee about matters relating to their contract of employment;
- A complaint which is being, or has been, investigated by the Health Service Commissioner under the 1993 Act or a Local Commissioner under the Local Government Act 1974(a);
- A complaint arising out of a responsible body's alleged failure to comply with a request for information under the Freedom of Information Act 2000.
- A complaint which relates to any scheme established under section 10 (superannuation of persons engaged in health services, etc) or section 24 (compensation for loss of office etc) of the Superannuation Act 1972(c) or to the administration of those schemes.

3.1 **Staff Complaints**

Staff complaints cannot be considered within the NHS Complaints Procedure. Employment issues or any concerns about patient safety or professional conduct will be considered within the relevant policy framework.

3.2 **Performance Management or Disciplinary Action**

The Trust recognises that there will be occasions when investigation of a concern or complaint may indicate that a disciplinary investigation should be instigated. If this is the case, then the investigation will continue through Management and HR policies. The complainant will have no right to receive confidential information relating to outcomes of disciplinary investigations, although it would be expected that they would be appropriately assured that the Trust has taken reasonable action to address their concerns.

3.3 **Fitness to Practice Complaints**

Complaints or queries received in relation to fitness to practice are the responsibility of the Director of Operations and Nursing, who will arrange investigation and respond direct. All such correspondence received within the Trust should be forwarded to SED and recorded on the Trust's risk management database. The Director of Nursing or her deputy will sign the response letter.

3.4 **Legal Action**

3.4.1 If a complainant reveals a prima facie case of negligence, or if it is thought that there is a likelihood of legal action being taken, the Complaints Manager will consult with the Director of People and Corporate Development and obtain appropriate legal advice from the NHSLA, to determine whether processing the complaint might prejudice legal action. The complaint will be put on hold only if this is so, with the complainant being advised of this and given an explanation.

3.4.2 Where the complainant has expressed an intention to take legal proceedings the Trust would seek to continue to resolve the complaint unless there are clear legal reasons not to do so.

3.4.3 Straightforward matters of low value like-for-like re-imbursement may be dealt with under Trust arrangements for consideration of losses and compensation.

4 Roles and Responsibilities / Duties

4.1 The **Chief Executive** has overall responsibility and accountability for service experience issues. The Chief Executive is made aware of significant issues and signs the final responses to formal complaints (delegated to the Deputy Chief Executive in their absence).

4.2 The Chief Executive has delegated the responsibility for implementation and operation of the Service Experience concerns/complaints process to the **Director of People and Corporate Development**, who has overall responsibility for SED incorporating complaints.

4.3 The **Associate Director of Corporate Development** views any final response prior to final signature by the Chief Executive.

4.4 The **Complaints Manager** is responsible for the management of service experience concerns and complaints and as such, is designated Complaints Manager for formal complaints as required by The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

4.5 The Complaints Manager makes judgement on the significance of the issues and escalates information appropriately and ensures:

- SED is managed efficiently
- Officers designated to investigate complaints receive appropriate training
- Officers designated to investigate complaints are independent
- Front line and administrative staff are aware, through training, of how to handle complaints
- The administration of the SED process is carried out appropriately and in a timely fashion, including dealing with enquiries and concerns and responding to formal complaints
- Formal written responses to complaints are of an acceptable standard
- All queries around the legalities of dealing with complaints are dealt with appropriately
- The team liaises with appropriate managers in order to initiate and monitor a thorough investigation of matters raised.

4.6 The **SED Co-ordinator** provides support for the Complaints Manager and has responsibility to ensure that:

- All complaints and concerns are registered on the database
- Relevant paperwork and databases are up to date and available for the Complaints Manager
- Acknowledgements letters are sent to complainants within the specified time scale
- Complaints are sent for investigation to the appropriate manager
- The complaints process is carried out appropriately, offering support to complainants and the Complaints Manager
- Supports the Complaints Manager in complaints/customer training
- Reports on service experience are produced on request
- Concerns/complaints received are handled appropriately
- Assists in the identification of actions and ensures that actions are added to the safeguard system for monitoring purposes.

4.7 **Investigating Officers** ensure that complaints investigations are carried out effectively and provide support to SED in the production of correspondence to complainants.

4.8 **Heads of Service** have a responsibility to ensure that an independent investigating officer is allocated within the timescale; learning from complaints is implemented and ensure that actions identified in Action Plans are implemented to timescale; ensure that any members of staff are informed of complaints made against them via their line manager and that the complaints process is adhered to.

4.9 **All Managers** have a responsibility to ensure that all staff are aware of the contents of the SED/Complaints Policy and have attended appropriate complaints/SED training.

4.10 **All staff** have a responsibility to respond proactively and positively to concerns and complaints, whether dealing face-to-face with someone raising concerns or as part of an investigative process. Staff should encourage feedback from people who have experienced services - if service users seek help in registering a concern or complaint then they must be made aware that they can do so without fear of repercussion, discrimination or victimisation.

5. Who can raise a concern using this policy?

5.1 Concerns and complaints can be made by existing or former service users or from a person acting on their behalf, including:

- A family member or carer
- A person appointed to act for the service user (including Lasting Power of Attorney)
- Independent Complaints Advocacy Services
- A Member of Parliament or local council elected member
- Care Quality Commission
- Healthwatch
- Commissioners

5.2 Complaints may also be made by visitors using the Trust's services and facilities or from any person who is affected by or likely to be affected by the actions, omissions or decision of the Trust.

5.3 If a complaint is made direct to a commissioning body about the services provided by the Trust, they must ask the complainant whether they consent to details of the complaint being shared appropriately. It would be expected that the commissioner would then contact the Trust to inform us of the issues and agree and appropriate methodology for investigating and responding to the issues.

6 Complaints made on someone else's behalf (i.e. from 'third parties')

6.1 If a service user has visited an MP in their surgery or written to them requesting their representation in making a complaint, consent is not required (Statutory Instrument 2002 No: 2905, The Data Protection (Processing of Sensitive Data) (Elected Representatives) Order 2002). If the MP states that they have received their constituent's permission, then it should be assumed to be the case and the complaint investigated as normal. However, where sensitive or confidential health information needs to be divulged as part of the response or consent is not confirmed, the Trust will seek explicit written consent from the service user. Information must not, under any circumstances, be disclosed without the permission of the service user.

If the constituent who has approached the MP is not the patient themselves, then gaining consent from the patient direct will need to be obtained..

6.2 Where a representative makes a complaint on behalf of a child, the Trust must not consider the complaint unless:

- satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child
- satisfied that the representative is conducting the complaint in the best interests of the child

6.3 If not satisfied, the complaint must not be considered further and the representative must be notified in writing and given the reason for the decision.

6.4 The need for requesting consent from children will be considered on a case by case basis when a complaint is made by a third party.

6.5 Complaints made on behalf of a person who lacks capacity - where a representative makes a complaint on behalf of a person who lacks capacity within the meaning of the Mental Capacity Act 2005, the Trust must be satisfied that the representative is conducting the complaint in the best interests of the patient.

If the Trust is not satisfied, the complaint must not be considered further and the representative must be notified in writing and state the reason for the decision. For further

information on the Mental Capacity Act please refer to the policy and guidance which is available on the Trust intranet.

6.6 **Lasting Power of Attorney -** The Mental Capacity Act 2005 introduces the role of Lasting Power of Attorney (LPAs). This enables people to plan for a time when they may lack capacity and name a person(s) who can take certain decisions on their behalf. LPAs can be made to allow someone else to manage property and financial affairs; in addition a separate LPA can be made to give someone the power to make personal welfare decisions including healthcare and consent to medical treatment for a person who lacks the capacity to make the decisions themselves.

6.7 **Court Appointed Deputy -** Where someone lacks capacity to make a decision(s) and have not made an LPA, in certain circumstances the Court of Protection may appoint someone to take decisions for them – this may be for specific decisions or a general authority.

6.8 **Independent Mental Capacity Advocate (IMCA) Service -** made available in England from April 2007 and in Wales from October 2007. A person is entitled to an IMCA only when the following criteria are met:

- They lack capacity to make a specific decision
- They have no-one the decision maker can consult to assist in reaching a best interest decision
- The decision that needs to be taken relates to serious medical treatment or an accommodation move

The duties of an IMCA are to:

- Support the person who lacks capacity and represent their views and interests to the decision-maker
- Obtain and evaluate information – an IMCA can talk to the service user in private and examine, and where appropriate, take copies of health and social care records such as clinical records, care plans or social care assessment documents, where these are relevant to the decision being taken.
- As far as possible, ascertain the person's wishes and feelings, beliefs and values
- Ascertain alternative courses of action
- Obtain a further medical opinion, if necessary
- Prepare a report for the person who instructed them.
- If an IMCA disagrees with the decision made, they can also challenge the decision maker

From April 2009 IMCAs also have a role in supporting people, who have no one appropriate to consult, for whom an authorisation under the Deprivation of Liberty Safeguards is requested.

6.9 **Independent Mental Health Advocate (IMHA) -** From April 2009 all detained patients (apart from those on sections 4, 5, 135 and 136 of the Mental Health Act) are entitled to support from an IMHA. The IMHA will support the patient by:

- Helping them obtain and understand various information
- Helping them exercise their rights
- Ensuring the patient's participation in decisions regarding their care and treatment

6.10 **Relevant Person's Representative -** When a Supervisory Body (Trust or Council) authorises a deprivation of liberty it must appoint a representative for the person whose liberty is being deprived (relevant person). This representative should:

- Maintain contact with the relevant person
- Represent and support them and, where appropriate, request a review, use an organisations complaints procedure, or make application to the Court of Protection.

7 Consent for Third Party Complaints

7.1 If a third party makes a complaint and the response requires divulging confidential details about care and treatment it will be necessary to seek the service user's consent in order to fully respond to the complaint. Written consent will normally be required unless it is deemed that the service user lacks capacity. If consent is not forthcoming, it may be possible to provide a general response without disclosing confidential information. A relative or carer may also complain in their own right for example concerns about cleanliness or attitude of staff, which would not require the service user's consent.

7.1.1 If consent is required but the complaint received appears to require immediate urgent attention, then the investigation maybe requested prior to consent being received. However, if the consent is never forthcoming then a response may not be able to be provided or only in general terms.

7.1.2 If the complaint is not considered to require immediate urgent attention, then no action will be taken until consent is received. However, if consent is not received and the complaint is closed, a level of investigation will still need to take place in order to consider the issues raised.

8 Time Limit for Raising Concerns

8.1 It would normally be expected that concerns and complaints should be raised within 12 months of the incident occurring or within 12 months of the issue coming to the attention of the complainant.

8.2 Where a complaint is made out of the time scale, then the Complaints Manager may decide to investigate if they are of the opinion that:

- Having taken account of all the circumstances, the complainant had good reason for not making the complaint within the time frame; and
- Notwithstanding the time that has elapsed it is still possible to investigate the complaint effectively and efficiently.

9 Financial Reimbursement

9.1 Where a full investigation has been carried out, the Trust will consider all forms of remedy, including financial reimbursement. This will only be paid where the Trust has been found at fault for any financial expense or loss as a result of maladministration or service failure. This will be in line with the Trust's Standing Financial Instructions, Schemes of Delegation and relevant financial policies. This does not cover any legal claims arising out of concerns or complaints issues.

10 Media Attention

10.1 At times, people with concerns about the Trust's services may raise these with the media. If this happens, Trust staff may receive calls from journalists who want to know more information and want an official comment from the Trust.

10.2 If the media contact a member of staff for information about a concern or complaint, they must:

- Politely explain that they are unable to give any further information.
- Advise the media to contact the Communications and Experience Team

10.3 If a member of staff is dealing with a concern or complaint that has a potential to attract media attention, they must fully brief the Director of People and Corporate Development and the Communications and Engagement Manager.

11. Independent Complaints Advocacy Services

11.1 People raising concerns or complaints will be notified by SED of the assistance that can be offered by independent complaints advocacy services. These advocacy services can provide independent support to service users throughout the complaints process and may assist in the writing of complaint letters where required. A service user may also consent for a representative to be their 'voice' during the complaints process.

12. Complaints Involving another NHS or Local Authority Service

12.1 If a complaint is made to the Trust, which relates in part to other responsible bodies the organisations involved have a duty to co-operate with a view to the complainant receiving a co-ordinated response.

12.2 The Trust and the other agency must seek to agree which body will take the lead in co-ordinating the handling of the complaint and that lead must ensure that the complainant receives a co-ordinated response to the complaint and communicates with the complainant.

12.3 All responsible bodies involved must ensure that they provide/share relevant information to the other responsible bodies concerned to enable the complaint to be fully considered.

12.4 A joint protocol has been developed with our key partner agencies, this protocol will then be followed when joint complaints are received. See appendix 4.

13. Complaints Involving Integrated Services (DWMH and Social Care)

13.1 In all circumstances where a complaint is raised in relation to integrated services, the respective Complaints Managers for the Trust and Social Care must be informed.

13.2 Complaints Managers will liaise and agree the most appropriate way forward, as guided by the principles set out in Appendix 4.

13.3 Integrated services do not detract from the need to resolve representations locally to the satisfaction of the complainant and will always follow the formal complaints process (Stage 2 in this policy).

14. Support for Complaints Managers, Staff, Service Users and Carers

14.1 Dealing with complaints and concerns can be a demanding and stressful area of management.

14.2 It is important the right level of support is put in place to support all individuals involved in the complaints and concerns pathways. Some types of support should be provided by the Trust but there will be others which should be proactively offered by Team Managers and/or SED.

14.3 The following list details the support which should be made available:

14.3.1 **Support from the Trust for all staff**

- Support of the Chief Executive
- Stress type counselling – which may be accessible through Occupational Health services
- Supervision – this can take a number of different forms including bringing in an external supervisor, and one-to-one supervision from line management
- Expert advice, e.g. on legal issues
- Interpreting and translation services, including sign language and braille

14.3.2 **Support from the Complaints Manager for Investigating Officers**

- Peer group support/networking
- Supervision – this can take a number of different forms including bringing in an external supervisor, and one-to-one supervision from line management

14.3.3 **Support for the Service User and Carers**

- Assure sound communications with service users, relatives and complainants, during and after the investigation
- Point them in the direction of support agencies

15. Principles of the Complaints Procedure

15.1 The procedure for dealing with formal complaints is based on the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and meets the standards set in NHSLA 1.5.3 and Standards for Better Health C14a, b and c. This includes:

- Local Resolution
- Parliamentary and Health Service Ombudsman

15.2 The Trust's overall arrangements for dealing with complaints and concerns supports:-

15.3 The six principles for remedy advocated by the Parliamentary and Health Service Ombudsman

15.4 **Getting it Right**

- Acting in accordance with legislation and relevant guidance and with regard for the rights of those concerned
- Having clear governance arrangements which set out roles and responsibilities and ensure lessons are learnt from complaints
- Ensuring that staff are equipped and empowered to act decisively to resolve complaints
- Focusing on the outcomes of the complainant and the organisation
- Signposting to the next stage of the complaints procedure, in the right way and at the right time

15.5 **Being Customer Focused**

- Having clear and simple procedures
- Ensuring that complainants can easily access SED and informing them about advice and advocacy services where appropriate
- Dealing with complainants promptly and sensitively, bearing in mind their individual circumstances
- Listening to complainants to understand the complaint and the outcome they are seeking
- Responding flexibly, including co-ordinated responses with any other bodies involved in the same complaint, where appropriate

15.6 **Being Open and Accountable**

- Publishing clear, accurate and complete information about how to complain and how and when to take complaints further
- Publishing service standards for handling complaints
- Providing honest, evidence-based explanations and giving reasons for decisions
- Keeping full and accurate records

15.7 **Acting Fairly and Proportionately**

- Treating the complainant impartially and without lawful discrimination or prejudice
- Ensuring that complaints are investigated thoroughly and fairly to establish the facts of the case
- Ensuring that decisions are proportionate, appropriate and fair

- Ensuring that complaints are reviewed by someone not involved in the events leading to the complaint
- Acting fairly towards staff complained about as well as towards complainants

15.8 **Putting Things Right**

- Acknowledging mistakes and apologising where appropriate
- Providing prompt, appropriate and proportionate remedies
- Considering all the relevant factors of the case when offering remedies
- Taking account of any injustice or hardship that results from pursuing the complaint as well as from the original dispute

15.9 **Seeking Continuous Improvement**

- Using all feedback and the lesson learnt from complaints to improve service design and delivery
- Having systems in place to record, analyse and report on the learning from complaints
- Regularly reviewing the lessons to be learnt from complaints. Where appropriate, telling the complainant about the lessons learnt and changes made to services, guidance or policy

15.10 The user led vision\framework of the complaints system as set out in “My Expectations for raising concerns and complaints” produced by the Parliamentary and Health Service Ombudsman, the Local Government Ombudsman and Healthwatch England.

15.11 These principles and framework are not a checklist to be applied mechanically, but the Trust should use its judgement in applying them to produce reasonable, fair and proportionate results in all the circumstances of the case.

16. Procedure for Dealing with Concerns and Complaints

16.1 Within this policy, there are three stages of managing complaints and concerns. It is important to note that **all** enquiries should come through SED Stage 1 in the first instance.

16.1.2 However, the Trust does expect that staff receiving the concern/complaint work in conjunction with SED and do all they can to resolve the issues raised, as far as they are reasonably comfortable to do so. It is appreciated that our client group can be vociferous and very demanding and expect unrealistic outcomes at times. Whenever members of staff feel that they have done all that they can or feel uncomfortable in handling the concern, then this can be fully handed over to SED.

16.1.3 The descriptions of the stages below describe in more detail the process shown in the flowcharts available at Appendix 1 and 2.

STAGE 1 – Informal concerns/enquiries

1) Concern/Enquiry is made to SED. This could either be via the service or directly to SED through the dedicated phone line, web page or email. This enquiry will be captured on Safeguard.

2) SED contact individual. Can we resolve or agree a possible resolution within 24 hours? A core principle of the SED model is that an appropriate resolution or an agreement for a way forward is reached as quickly as possible.

There does not have to be a complete resolution within 24 hours on the basis that the service user/carer is happy with a way forward. If this cannot happen then the concern will be escalated to a formal complaint (Stage 2).

3) SED facilitate resolution (meetings, information, etc). SED will work with the service user/carer and the service to reach a resolution. This may be in the form of a meeting to discuss the clinical needs of the service user or simply advising of a suitable telephone number.

4) Is the individual satisfied? The primary aim is for the individual to be satisfied with the outcome of their enquiry/concern. If they are, then the enquiry can be "closed".

5) Is further informal action appropriate? If the individual is not satisfied with the resolution that has been facilitated by SED, there will be an opportunity for the individual to agree for SED to facilitate further action to address their concern. If this is agreed, the concern will move back to point 3 above. If not, it will progress to a formal complaint (Stage 2).

6) Letter from SED to summarise outcome if appropriate Following a successful resolution, it may be appropriate for SED to summarise the outcome in writing to the individual. This would not be necessary if simply advising of a telephone number but may be appropriate if it details pathways into the service.

7) Close Following the resolution, the enquiry can be "closed". The concern will then be captured as part of the overall reporting of the Service Experience to the Quality and Safety Committee and Trust Board.

STAGE 2 – Formal concerns/complaints needing further investigation

The primary objective of this stage is to arrange a thorough investigation and provide a resolution to the complaint as soon as is reasonably practicable. **Please note that any numbers quoted in brackets in this section refers to the location point on the flowchart**.

Complaints can be made in writing or verbally. Written complaints (including emails) must always be forwarded immediately to SED to enable them to be managed appropriately (1, 2 and 3) and not responded to by individuals. Verbal complaints must be recorded on a verbal concern/complaint form and the content of which agreed with the complainant before the complaint is processed, agreement can be obtained either verbally or in writing. Once confirmed the complaint will be dealt with as outlined below.

SED will inform the complainant that the investigating officer will contact them shortly to discuss their concerns or offer to meet.

A copy of the complaint will be emailed to the Chief Executive, Director of People and Corporate Development, Medical Directors, Director of Operations and Nursing, Associate Director of Operations, Heads of Service, , Manager, Clinical Governance Assistant/NHS LA Facilitator, Safeguarding Lead and Service Experience Lead within 1 working day (4).

An Investigating Officer will be appointed by the Head of Service within 2 working days from which the complaint has been generated (5). It is imperative that SED is advised of who has been allocated to the complaint as this allows SED to liaise with the appropriate person throughout the investigation. The investigating officer appointed should be independent of the service being complained about.

SED will acknowledge letters within 3 working days of receipt (day of receipt being day 1).This may be undertaken verbally and followed up in writing (6). All correspondence will be sent by first class post, or in exceptional circumstances by recorded delivery. All correspondence will be marked "In Confidence and/or Private and Confidential.

The acknowledgement will:

- include a request for consent if this is required (if this is not received with 10 working days, a reminder letter will be sent giving them a further 10 working days to provide consent and notified that the complaint will be closed if the consent has not been received by this date)
- provide assurance that they will not be discriminated against because they have made a complaint
- advise that the Investigating Officer will be in contact shortly
- advise that they will receive a response from the Chief Executive within the agreed timescale
- provide details of the local complaints advocacy service
- provide details of the local healthwatch
- provide information on joint complaints should the complaint involve more than one agency
- inform complainant of the PHSO

It will be the responsibility of the Investigating Officer to contact the complainant as soon as feasible to discuss the complaint with them either by phone or face to face. The Investigating Officer will agree a timescale with the complainant that is relevant to the particular complaint. The investigation should not take any longer than 25 working days (7) to complete and it is the expectation of the Trust that a final response can be provided to the complainant within 45 working days at the latest. In exceptional circumstances extensions may be required. If this is the case then the Complaints Manager should be contacted to request an extension and be provided with full details of the reasons why. The Chief Executive will then be provided with details for authorisation. The need for meeting the timescale must always be balanced with the need to provide a professional and balanced response.

All complaints will be graded on completion of the investigation to enable the Trust to identify clearly the residual risk associated with the complaint. This score will be included on the CMAP (Appendix 3) by the Investigating Officer and entered onto the Safeguard Risk Management Database by SED. If assistance is required regarding the grading, Investigating Officers should contact the Governance Manager.

On completion of the investigation, the documentation should be forwarded to SED together with the CMAP (which includes staff statements), supporting evidence and a draft final response worded from the Chief Executive. This should include an explanation of how the complaint has been considered and the conclusions reached and any actions taken or to be taken in relation to the complaint.

The Complaints Manager, in liaison with the Head of Service, will complete a quality assurance check within 8 working days of receipt of the CMAP (8). The response will then be forwarded to the Associate Director of Corporate Development for final sign off within 5 working days (9). They will also be provided with a copy of the CMAP. Once sign off is received the letter will be sent to the Chief Executive for signature (10). The Chief Executive's PA will ensure that the signed version of the letter is returned to SED within 5 working days.

SED will send the final response letter to the complainant by first class mail or whatever method preferred by the complainant (11).

SED will provide a signed copy of the response letter and an edited version of the CMAP (to include initial contact, people involved, root cause, risk rating, lessons learnt and action plan) to the Director of Operations, Associate/Medical Director, Head of Service, Director of People and Corporate Development, Manager, Clinical Governance Assistant/NHS LA Facilitator, Service Experience Lead and all staff responsible for actions (12).

If the complainant is satisfied with the resolution (13) the complaint will be closed and this will be recorded on Safeguard (21). It is the responsibility of Heads of Service to ensure that the actions and lessons which need to be learnt as a result of the complaint are embedded within Operations. Actions from complaints will be input on the shared embedding lessons database by Operations and will be monitored by SED. Embedding lessons will be discussed at the Service Standards Quality Meetings and any outstanding actions raised (19). SED to be advised when actions are completed (20) and provided with supporting evidence (20).

If a complainant remains unsatisfied following the complaint investigation (14) there may be need for further internal action to remedy the complaint (15). SED will assist in facilitating any further follow up action in liaison with the Investigating Officer and respective Head of Service.

Should a follow on complaint be received then every effort should be made to respond to the outstanding issues within 10 working days.

A complainant may wish to refer the complaint to the Parliamentary and Health Service Ombudsman (16). If this is the case then the PHSO will make one of two decisions – it will either investigate the complaint or refuse on the basis that it is happy with the Trust's resolution (17). If the PHSO does investigate the complaint, its findings may lead to further actions for the Trust to take to reach a resolution with the complainant (18). It is the Heads of Services responsibility to ensure these actions are carried out and that SED are informed as above (19 and 20). The complaint will then be closed on Safeguard (21).

Stage 3 – Complaints Involving More than One Agency (refer to Appendix 4 Joint Working Protocol)

Details as above in Stage 2 complaints but the agency receiving the complaint will ask the complainant/enquirer for consent to pass their concerns on to other agencies involved for investigation. Complaints involving more than one agency will be dealt with in accordance with the protocol agreed between Walsall Local Authority, Dudley Local Authority, Walsall Hospitals NHS Trust, and DWMHPT (see Appendix 4). In the event that another agency who is not a party to the agreed joint protocol is involved in the concern or complaint (for example, hospitals from out-of-borough) then we will liaise with them to ensure that, as far as it is possible for us to influence, the concern or complaint is dealt with in line with these arrangements. Joint investigations will be monitored on a case by case basis by the Complaints Manager who will monitor the process and suggest improvements for joint working in future cases.

17 Independent Review by the Parliamentary and Health Service Ombudsman

17.1 Should any complainant express dissatisfaction with the outcome of Stage 2 – the formal complaints procedure – and there is nothing more the organisation can do to reach a resolution, complainants will be advised of their right to request an Independent Review by contacting the Parliamentary and Health Service Ombudsman. Complainants will be notified of their right to this procedure in the final response from the Chief Executive.

17.2 All correspondence/contacts received from the PHSO must be recorded and co-ordinated by SED, therefore any staff receiving direct contact from the PHSO must inform SED on receipt.

18 Linking with incidents/Serious Untoward Incident (SUI) Investigations

18.1 On receiving a complaint, if it is found that a SUI investigation is already being undertaken, it is not the expectation that a concurrent complaint investigation will take place when a complaint is received.

18.2 However, it is important that the SUI Investigating Officer is aware of the complainant's concerns and that these are included in their deliberations and final report. This is in line with the Department of Health's "A Guide to Better Customer Care, 2009" document which supported the 2009 Complaints Regulations.

18.3 If a complaint is received that is viewed to be a of such a nature that it warrants an incident to be recorded, SED will notify the Governance Department, which will take appropriate action in line with Incident Reporting policies.

18.4 **All complaints that are connected to incidents or issues that result in moderate harm, severe harm or death to any patient, as defined in the duty of candour process, should be progressed in conjunction with the Being Open/Duty of Candour Policy.**

19 Equality and Diversity

19.1 The Trust recognises the diversity of the local community and those in its employment. The Trust's aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. No person shall be discriminated against on grounds of race, gender, language, religion or belief, disability, sexual orientation, pregnancy or maternity, civil partnership or marriage and gender reassignment (protected characteristics within the Equality 2010).

19.2 The Trust recognises that some complainants may not use English as their first Language, or may have other communication or mental health difficulties. In these circumstances the Trust will ensure that such complainants have access to adequate support to enable them to fully participate in the complaints process.

19.3 The Trust recognises that equality impacts on all aspects of its day to day operations and has produced an Equality Policy to reflect this. All policies and procedures are assessed in accordance with the Impact Assessment tool procedures and monitored centrally.

20 Ethnic Origin

20.1 The Trust must ensure that data on ethnicity is collated. This will include the ethnic group of service users complaining, service users where complaints are made on their behalf and staff involved in the complaint. The Complaint Management and Action Plan template does facilitate this requirement and the Investigating Officer should include the relevant ethnic group of the service user and staff involved.

20.2 The Trust has an equality monitoring policy in place, this policy provides practical guidance for all staff on the collection and use of equality data about patients, service users, communities and staff. It focuses on the nine equality characteristics given protection under the Equality Act 2010.

21 Process for ensuring that service users, relatives and their carers are not treated differently as a result of making a complaint

21.1 The Trust recognises the importance of ensuring that service users, relatives and their carers do not feel that they are treated differently as a result of making a complaint.

21.2 In order to monitor this, the Trust will ensure that all initial complaint acknowledgement letters will contain the following text

"Please feel assured that you will not be discriminated against or treated any differently as a result of your complaint. We welcome complaints, take them very seriously and see them as an opportunity to review and improve the services that we provide"

22 Compliments

22.1 The definition of a compliment for recording purposes is *an expression of thanks, praise or appreciation made in writing/donation/gift from a service users/carer or someone acting on their behalf.* Compliments from internal sources are not included or recorded on the compliments database.

22.2 It is equally important for the Trust to receive feedback when our staff have delivered a high standard of care, so that we can thank the member of staff or team concerned, and share good practice with other colleagues.

22.3 If service users and carers wish to commend or compliment an individual or a team, they can do so by writing to the Trust's Chief Executive, SED, or to the Service Manager or staff within the team.

22.4 Compliments will be copied to Service Managers, the relevant Director and the Chief Executive and to any individuals concerned. This information will also be recorded on the SED database and reported as part of our monitoring and reporting processes.

22.5 Staff receiving a compliment will be sent a personal card from the Chief Executive in recognition of their good work.

22.6 The KPI report containing compliments data must be signed off by the Associate Director of Corporate Development prior to being submitted.

22.7 Monthly audits will be carried out and include checks for accuracy and timeliness of data input and sample checks to source the document.

23. Concerns raised by Commissioners/GPs

23.1 Any concerns received via the Trust's Commissioners or direct from GPs, will be investigated and responded to within the timeframes set. For recording purposes these concerns will be recorded as informal concerns as any complaints received from "a responsible body" are exempt from the formal complaints process.

24. Care Quality Commission

24.1 The Trust is committed, through good standards of governance, to continually improve the standard of clinical care for patients/clients.

24.2 The Care Quality Commission Standards reference standards for the NHS complaints regulations which must be met by all clinical services and the outcomes for the essential standards of quality and safety must be achieved.

25. Retention/Storage of Complaints Files

25.1 Managers should ensure that in all cases, complaints correspondence, which contains patient identifiable and confidential information, be stored in a secure cabinet which is locked and that information and files are only shared in the groups/directorates on a need to know basis. It is not necessary for managers to keep complaints files once a complaint is closed, as the main copy of the complaint will be retained by the SED.

- Requests for copies must be made in writing to SED, clearly stating the reason for the request.
- Complaints files may be disclosed should a legal claim be made to the organisation following the outcome of a complaint.
- Complaints files will be kept by SED for 8 years from date of receipt of the complaint
- Archived files will be stored in a secure manner in order to preserve confidentiality

25.2 It is a requirement that complaint related correspondence should not, in any circumstances be retained in the health record of a patient, subject to the need to record information, which is strictly relevant to their health / the patient's health records.

25.3 Data held on computers will conform to the principles and practices of the Data Protection Acts 1994 and 1998. Computers will be password protected and access limited to authorised staff.

26. Procedure for Dealing with Unreasonable/Unreasonably Persistent Complainants

26.1 Please refer to the policy for "Management of Unreasonable/Unreasonably Persistent Complainants".

27. Withdrawal of Treatment

27.1 Very occasionally patients or other members of the public behave towards staff in a manner which is completely unacceptable. Whilst the Trust expects staff to deal with patients courteously and professionally, staff are not expected to tolerate behaviour which is aggressive, abusive or threatening.

27.2 The Trust has a Prevention and Managing Violence Policy which details those behaviours which are considered unacceptable, and sets out arrangements for dealing with unacceptable behaviour.

28. Complainants whose illness may predispose to complaints

28.1 Where it is clear that the complainant's health is predisposing them to make complaints the following steps should be taken:

- The complaint should initially follow the procedure outlined within this policy. The concern that the illness is the root cause of the complaint and that responding to it would add to the client's poor health should be reported to the SED.
- A decision should be made, in conjunction with the Associate Director/clinician involved in their care, whether it would be in the patient's best interests to respond.
- All future correspondence should be acknowledged and passed to the Associate Director/clinician in order that there are no omissions or causes for concern.

29. Training

29.1 An overview of the complaints process and SED is offered to all new members of staff as part of the induction process. All relevant staff, as identified by their Line Manager, are required to attend Investigating Complaints Process Training provided by SED. Investigating Officers should ideally also have undertaken root cause analysis training.

30. Learning from Experience

30.1 A procedure is in place to ensure that lessons are learnt, where necessary, from each complaint. This is achieved by:

- Assessing the severity of the complaint and grading it (SED Co-ordinator/Complaints Manager)
- Ensuring that, where necessary, corrective action is taken (Investigating Officer/Head of Service/Service Experience Lead)
- Ensuring that a supportive process is in place to enable staff to undertake reflective learning (Head of Service)
- Auditing the action taken in each complaint and reporting to the Service Standards meetings (Service Experience Lead)
- SED will also provide a monthly exception report to the Trust's Quality & Safety Committee where actions undertaken in relation to complaints can be monitored. (Service Experience Lead)
- Quarterly report provided to the Board on complaints received including details of the complaint, actions taken and lessons learnt, monthly report by exception.

31. Monitoring, Reporting & Audit

31.1 In order to monitor the effectiveness of the SED, the Trust will require the following data to be collected which, as a minimum, will identify;

- The number of informal enquiries received
- The number of complaints received

- The number of complaints upheld
- The subject of those complaints
- The outcome of the complaints investigation i.e. upheld/not upheld
- The learning and improvement actions taken as a result of complaints
- The number of responses within agreed timescales
- The number of complaints referred to the Parliamentary and Health Service Ombudsman

31.2 SED will produce a quarterly report to the Quality and Safety Committee on the above areas. This will be reported to the Board on a quarterly basis providing assurance, together with a monthly report to Board giving details of new complaints and up-date on actions.

31.3 SED will provide a monthly report to the Triangulation Committee whereby any concerns/trends will be discussed and any necessary action agreed.

31.4 Quarterly Service Experience report will be available on the Trust's website.

31.5 A Trust-wide Service Experience dashboard is produced on a monthly basis.

31.6 In addition, an internal audit will be conducted in order to check the requirements of the policy are being met, the audit will also assess adherence to the key processes outlined within this policy including that tasks have been carried out by appropriate individuals. A selection of complaints covering a period, along with investigations and analysis will form part of the audit process.

31.7 A satisfaction survey will be sent with complaint responses.

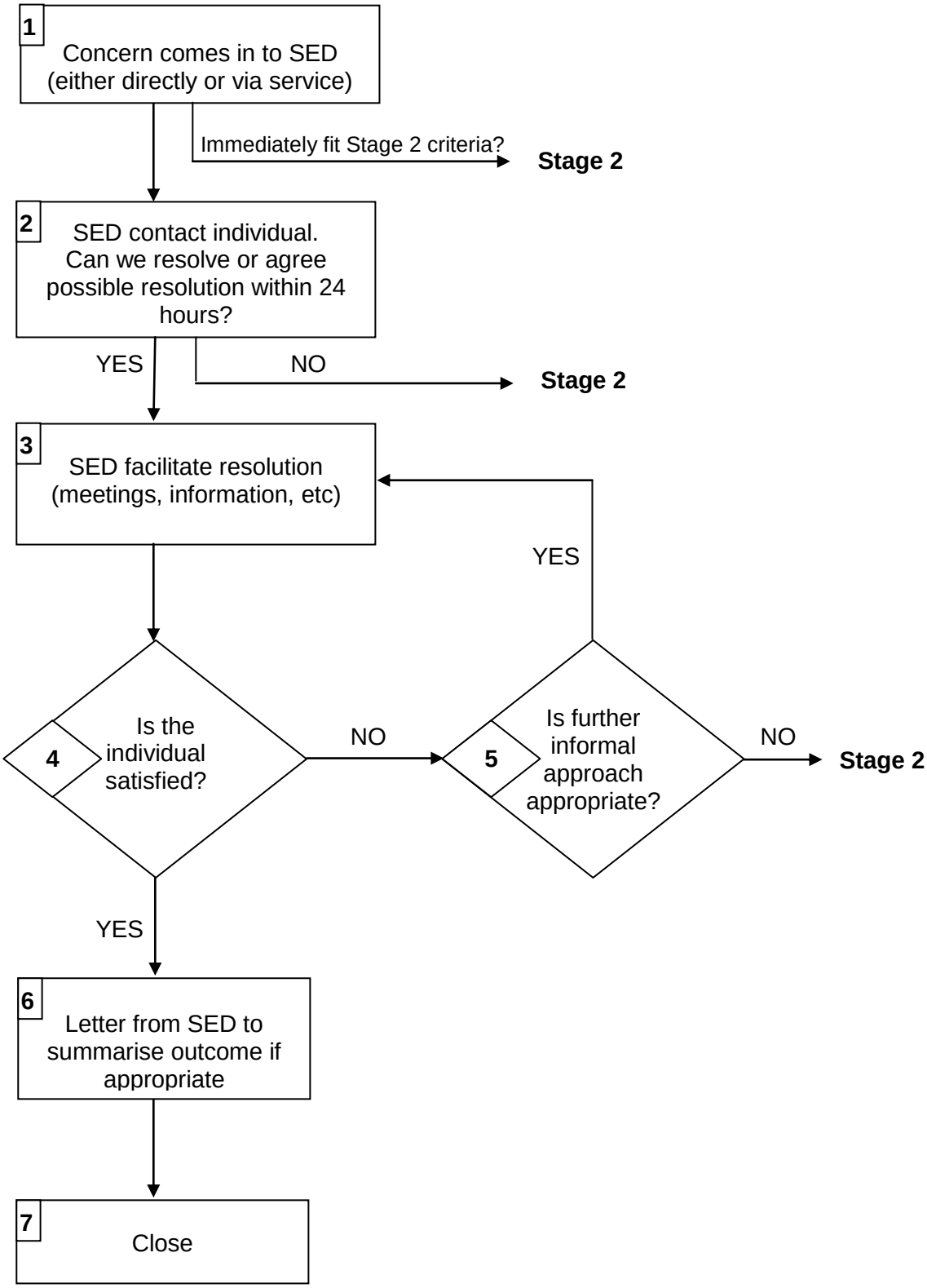
31.8 The Trust are required to submit data to the Department of Health in the form of KO41A return, this will be on a quarterly basis as from April 2015 which will be published.

32. The NHS Litigation Authority Risk Management Standards

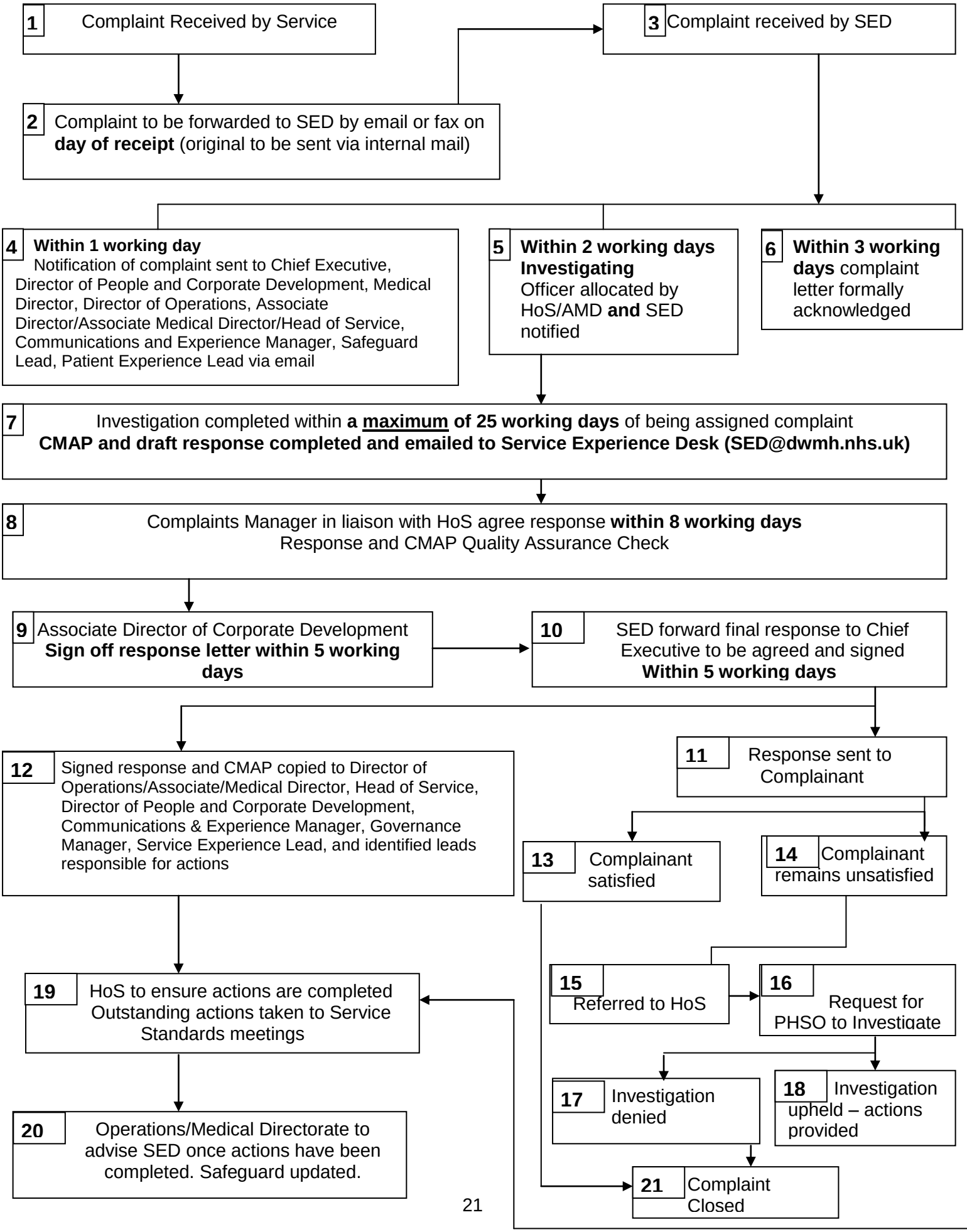
32.1 The NHS Litigation Authority Risk Management Standards outline a number of minimum requirements and processes that need to be in place to promote safety and quality of care in Trusts in relation to the process for managing complaints and monitoring compliance with the process in relation to investigation, aggregation and demonstration of improvements following incidents, complaints and claims. Full details can be found in the NHSLA Risk Management Standards document.

Appendix 1

Stage 1 - Informal concerns/enquiries procedure



Stage 2 - Formal Complaints Procedure



Appendix 3

Dudley and Walsall NHS
Mental Health Partnership NHS Trust

COMPLAINT MANAGEMENT AND ACTION PLAN (CMAP)

Service User details:	**Name:**	**Address:**	**Telephone Number:**
DOB:	**NHS No:**		**Service/s accessed:**
Ethnic Origin: **A** White British **B** White Irish **C** White other	**D** Mixed White/Black Caribbean **E** Mixed White/Black African **F** Mixed White/Asian **G** Mixed Other	**H** Asian Indian/British Indian **J** Asian Pakistani/British Pakistani **K** Asian Bangladeshi/British Bangladeshi **L** Asian Other	**M** Black Caribbean **N** Black African **P** Black Other **R** Chinese **S** Other stated origin

Complainant details if not service user	**Name:**	**Relationship:**	**Address:**	**Telephone Number**

Main issues raised in the complaint requiring investigation and outcome	
1	
2	
3	
4	
5	

Risk Rating on receipt of complaint

SEVERITY		**LIKELIHOOD**		**SCORE (SEVERITY X LIKELIHOOD)**
Insignificant	1	Rare	1	
Minor	2	Unlikely	2	
Moderate	3	Possible	3	
Major	4	Likely	4	
Catastrophic	5	Almost certain	5	

For Use by Investigating Officer

Name of Investigating Officer	

Initial contact with Complainant/s)	
Date of telephone contact	
Does the complainant require a meeting	Yes/No
Date of meeting	
Brief description of complaint	

Additional issues raised on contact requiring investigation and outcome	
6.	
7.	
8.	

Outcome complainant is seeking (apology/explanation etc) If an outcome is unrealistic manage the expectations and explain what is achievable	
Agreed plan for addressing the issues	
Agreed timescale for completion of investigation	
Agreed timescale for response	
Agreed form of feedback following investigation (meeting/phone call/letter/combination)	

PREPARATION FOR INVESTIGATION:

	Yes/No	Date Requested/ Arranged	Date Obtained	Appended	
				Yes	No
Are medical records required?					
Are nursing notes required?					
Do staff need to be interviewed?					
Is a site visit required?					

PEOPLE INVOLVED:

Name	Staff		Ethnic Origin	Interview Date/Time
	Yes	No		

IT IS ESSENTIAL THAT ALL STAFF INVOLVED PROVIDE A SUPPORTING STATEMENT AND THAT THIS IS FORWARDED TO THE SERVICE EXPERIENCE DESK (SED) WITH THIS REPORT

NOTES OF INVESTIGATION INCLUDING TIMELINE

STAFF STATEMENT FORM)

NAME	**JOB TITLE**
RESPONSIBLE TO	**DEPARTMENT**
BASE	**DATE**

SIGNED……..

Was a root cause identified: YES/NO
If yes, give details

RISK RATING ON COMPLETION OF THE INVESTIGATION

SEVERITY		**LIKELIHOOD**		**SCORE (SEVERITY X LIKELIHOOD)**
Insignificant	1	Rare	1	
Minor	2	Unlikely	2	
Moderate	3	Possible	3	
Major	4	Likely	4	
Catastrophic	5	Almost certain	5	

Outcome of all issues raised (upheld/not upheld/partially upheld)		**Upheld**	**Not Upheld**	**Partially Upheld**
1				
2				
3				
4				
5				

Please add additional rows if needed

COMPLAINT MANAGEMENT – LESSONS LEARNT AND ACTION PLAN

Lesson Learnt		Action Taken/Required	Lead Officer	Completion Date	
				Target	Actual
1.					
2.					
3.					
4.					
5.					

INVESTIGATION RESPONSE CHECKLIST

- Have you contacted the complainant?
- Have you identified all the issues raised?
- Have you separated facts from disputed events?
- Have you obtained evidence to support the findings?
- Have you drafted a letter of response from the Chief Executive?
- Are there any vulnerable adult /child protection concerns raised within this complaint? YES/NO
  If YES, you must contact the appropriate officer and complete the table below:

	YES	NO		YES	NO		YES	NO
Physical			Financial/Material			Neglect or Acts of Omission		
Sexual			Psychological/Emotional			Discriminatory		

DOCUMENTATION	ATTACHED
Your Notes	YES/NO
Statements	YES/NO
Evidence (e.g. medical/nursing notes)	YES/NO

PLEASE ENSURE THAT ALL DOCUMENTATION RELATING TO THIS INVESTIGATION ARE ATTACHED BEFORE EMAILING THE FINAL REPORT TO SED.

IF THIS REPORT IS NOT COMPLETED IN FULL AND ALL DOCUMENTATION PROVIDED IT WILL NOT BE ACCEPTED

Protocol for the handling of complaints across organisations

This protocol relates to those complaints being considered under Statutory Instrument 309, further to the Local Authority Social Services and National Health Service Complaints (England) Regulations which came into force from the 1st April 2009.

The organisations that have signed up to this protocol are: -

- Walsall Council, Customer Care Team
- Dudley Quality & Complaints Team
- Walsall Hospitals NHS Trust
- Dudley and Walsall Mental Health Partnership NHS Trust

1 Purpose

The purpose of this protocol is to enable the effective handling of complaints where the complaint relates to more than one social care and health body within Walsall and Dudley.

It aims to avoid confusion for the complainant and to provide clarity of responsibility for each organisation.

The complainant should receive one single coordinated response.

2 The Complaints Manager

Each organisation that has signed up to this protocol will have a designated complaints manager. On receipt of a complaint, and subject to satisfactory consent being obtained (see section 4), that person will cooperate with other complaints managers to ensure that a lead person is appropriately identified. This determination will be based on: -

- The number of complaints about each organisation
- The seriousness of complaints about each organisation
- The organisation receiving the original complaint
- Consultation with the complainant and whether a preference is expressed

In the event that the identified lead person is no longer involved in the complaint issues, this role can be allocated to another person following consultation with the complainant.

3 Complaints received which relate to another organisation

On receipt of such a complaint the complaints manager should:

- Contact the complainant within 3 working days
- Ask if the complainant wants the complaint forwarded to the correct organisation
- Send a letter to the complainant confirming the actions taken, including contact details

4 Consent to sharing information

The complainant must give consent before information is shared between organisations. This should be recorded and an explanation provided to the complainant as to why their consent is being requested.

- The complaints service receiving the complaint should forward a copy of it to the complaints manager for the other organisation signed up here. i.e. if Dudley Quality and Complaints Team receives a complaint in relation to mental health they will forward a copy to the complaints manager for Dudley and Walsall Mental Health Partnership NHS Trust and vice versa
- The relevant complaint managers will liaise with one another to discuss the complaint and agree the appropriate action to take including who will 'lead' on the complaint enquiries and response

If the complainant refuses to give consent, the complaints manager should provide details of how the complainant can contact the other organisation directly.

If the complaint contains information which raises concerns falling within the Safeguarding of Children or Protection of Vulnerable Adults arena, then consent to share information may not be required

- To assist in complaint enquiries and responses - signatories to this protocol agree to share information following discussion on a case by case basis in line with data protection rules and agreements.

5 Risk Assessment

The complaint should be risk assessed by the receiving organisation and where they are different the lead organisation should also undertake a risk assessment.

6 Meetings

If a designated complaints manager deems that a meeting is required with other designated complaint managers that should be agreed and take place as soon as is reasonably convenient to the parties.

If there is agreement that a meeting with the complainant is the most appropriate way of seeking resolution, parties from those organisations involved will be invited to the meeting

7 Safeguarding

When a complaint that raises safeguarding issues or possibly relates to a position of trust, it will be referred to the Safeguarding Lead initially in order for them to investigate through the safeguarding process.

Where the lead officer in receipt of the complaint believes that the presenting matters contain information that a person has been harmed, is at risk of being harmed or there are other concerns for the safety and well being of that person they must immediately liaise with the relevant adult or child protection coordinator/advisor for that agency or with the Mental Health Trust Duty Response Team, as appropriate to the circumstances. Complaint procedures would be superseded by Safeguarding procedures.

8 Concurrent investigation

Any concurrent investigation (i.e. tribunal, grievance, criminal proceedings, safeguarding) will be considered against complaint investigation. Where it is determined that to investigate all or part of the complaint could prejudice the possible outcome of the concurrent investigation, consideration will be given to suspending the complaint investigation. The lead officer will inform the complainant, where appropriate, of any such decision.

9 Response and sign off

Efforts should be made to provide the complainant with a single, coordinated response to the issues of their complaint. However it is recognised that there may be occasions when this is not achievable. This could include where one organisation has outstanding issues or where an organisation determines that they are not happy for sign off to be done by another organisation. This may warrant two separate responses being sent together with a covering letter.

It should be agreed who the response needs to be signed off from i.e. a joint signing between organisations or single signatory.

Where a single response is provided, it should be agreed between those agencies concerned prior to release.

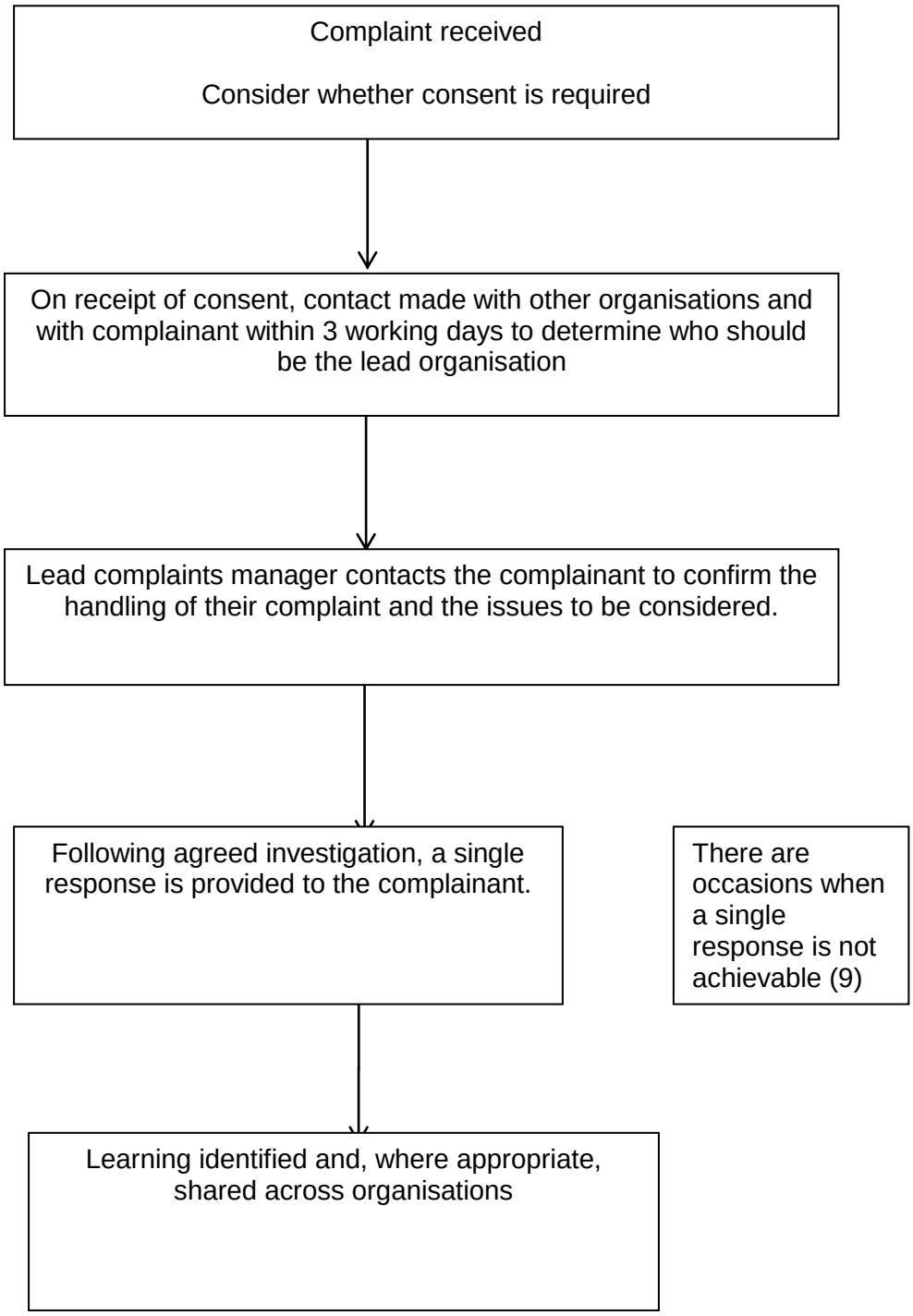
10 Learning from complaints

Each organisation has a responsibility to identify and action any potential learning points which can be gained as a result of feedback and complaints. Where identified learning has an inter-organisational impact, the findings and recommendations should be shared.

11 Further Consideration

If the complainant remains dissatisfied following the actions of those agencies involved in the complaint, further consideration should be given by those agencies involved to try to seek resolution. Following further consideration, the complainant may be directed to the appropriate Ombudsman.

Flow chart for handling complaints relating to more than one organisation



Example consent form:

To be completed by the complainant

Complainant's Name: _____

Complainant's Address: _____

_____

_____

_____

Complainant's Tel. No.: _____

I, the above-named, give consent for

Name: _____

Address: _____

_____

_____

_____

Telephone: _____

to contact

_____ (Name of Complaints Manager)

of _____ (Organisation)

on my behalf, and for the complaints manager named above to discuss my complaint with him/her.

Signed: _____

Date: _____

Once completed, please return this form in the envelope provided