

Livewell Southwest

**Compliments, Concerns and Complaints  
Policy**

Version No: 9.7

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

**Author: Complaints and Litigation Governance  
Manager**

**Asset Number: 68**

## Reader Information

<b>Title</b>	Compliments, Concerns and Complaints Policy. V9.7
<b>Asset number</b>	68
<b>Rights of access</b>	Public
<b>Type of paper</b>	Policy
<b>Category</b>	Non clinical
<b>Document purpose/summary</b>	Explain how Livewell Southwest will handle concerns, complaints and compliments received.
<b>Author</b>	Complaints & Litigation Governance Manager
<b>Ratification date and group</b>	20 <sup>th</sup> May 2015. Policy Ratification Group
<b>Publication date</b>	21 <sup>st</sup> May 2015
<b>Review date and frequency (one, two or three years based on risk assessment)</b>	Two years after publication, or earlier if there is a change in provision.
<b>Disposal date</b>	The PRG will retain an e-signed copy for the archive in accordance with the Retention and Disposal Schedule. All copies must be destroyed when replaced by a new version or withdrawn from circulation.
<b>Job title</b>	Complaints & Litigation Governance Manager
<b>Target audience</b>	All staff and patients/interested public members of Livewell Southwest
<b>Circulation</b>	Electronic: LSW intranet and website (if applicable) Written: Upon request to the PRG Secretary on ☎ 01752 435104. Please contact the author if you require this document in an alternative format.
<b>Consultation process</b>	Livewell Southwest Managers Livewell Southwest Provider Board
<b>Equality analysis checklist completed</b>	Yes
<b>References/sources of information</b>	Data Protection Act 1998. Ombudsman's Good Principles. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
<b>Associated documentation</b>	Data Protection Act 1998. Ombudsman's Good Principles. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
<b>Supersedes document</b>	Version 9.6
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## Document review history

Version no.	Type of change	Date	Originator of change	Description of change
For previous review history please contact the PRG secretary.				
9.4	Minor changes made.	April 2013	Governance & Customer Care Manager	Minor changes made.
9.5	Minor amends.	June 2013	Health & Safety Advisor and LSMS	Minor amends.
9.6	Changes to compliments and concerns forms.	Sept 2013	Governance & Customer Care Manager	Changes to compliments and concerns forms.
9.7	Reviewed, no changes	March 2015	Governance & Customer Care Manager	Updated to new LSW Template only.

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# Compliments, Complaints and Concerns Policy

## 1. Introduction

1.1 This NHS Complaints procedure is designed to follow the Ombudsman's Principles:

- Getting it Right.
- Being customer focused.
- Being open and accountable.
- Acting fairly and proportionately.
- Putting things right.
- Seeking continuous improvement.

1.2 An important aspect of handling complaints is to listen to patients' views, observe what and where things are going wrong and change practice(s) to improve services. As a learning organisation, committed to continuous improvement, it is important that lessons learned from complaints are shared across Livewell Southwest and used to enhance the quality of services for the future.

1.3 Dealing with complaints can be time consuming and stressful for staff. By having an agreed procedure for the handling of complaints, across Livewell Southwest, we can be sure that all staff are appropriately supported and that we develop a culture based on learning rather than blaming.

1.4 Making a complaint does not mean that a patient/complainant will receive less help or that things will be made difficult for them. Everyone can expect to be treated fairly and equally regardless of age, disability, race, culture, nationality and sexual orientation. Livewell Southwest staff must also ensure that patients and their carers are not discriminated against when a complaint is made and that their ongoing treatment will be unaffected. Complaints records must be kept separate from clinical records.

1.5 The Local Authority Social Services and NHS Complaints Regulations 2009 recommended that each NHS organisation must have Complaints procedures which:

- Apply equally to primary care, community services and hospitals.
- Clarify procedures for handling complaints swiftly and effectively.
- Define lines of responsibility, standardise administrative procedures and identify training, support and supervision of staff in the handling of complaints.
- Promote the dissemination of good practice, encourage shared learning and develop the concept of an organisation with a memory.
- Demonstrate accountability to the Board – by reporting regularly on causes and trends underlying complaints, reporting on the performance of staff handling complaints and making recommendations for actions towards continuous improvement.
- Involve users and patient representative organisations.

- 1.6 Complaints should not be dealt with through disciplinary or performance procedures. Where a complaint suggests performance issues of an individual, these issues must be investigated and dealt with outside of the Complaints procedure, in order to ensure that individual's rights to representation and support are met through appropriate procedures and processes.
- 1.7 This policy clarifies the process, lines of responsibility and means of support for handling complaints across Livewell Southwest.
- 1.8 Livewell Southwest is characterised by a particularly large number of formal and informal partnerships through which services are provided. Whilst this provides an opportunity to smooth the path of service users and resolve concerns collaboratively, there is also the risk of blurred lines of accountability and communication, which need robust systems to overcome this particular risk.
- 1.9 Independent contractors are GPs, Dentists, Pharmacists, and Opticians. Each Independent Contractor must have in place their own complaints procedure. If the complaint is received at Livewell Southwest we will forward the complaint to the Commissioners with a request that they investigate (with the patients consent) Whichever method is used if the client remains dissatisfied following receipt of the response, that client then has the opportunity to contact the Health service Ombudsman who will investigate on their behalf.
- 1.10 When a complaint is received which involves Social Services (Local Authority) concerns as well as Livewell Southwest concerns then the Complaints Departments from both organisations should decide if they work together to produce one final outcome or if one or other organisation will produce the final response on behalf of both organisations. The complainant must be informed of this decision and both organisations must be involved in the final draft letter.

## **2. Roles & Responsibilities - Local Resolution**

- 2.1 Complaints are frequently resolved or averted by providing the opportunity for the complainant to air their grievance and receive an explanation of the issues causing concern. Often patients just want to feel listened to, have their concerns taken seriously and receive an explanation and reassurance that actions will be taken to address their concern. The Customer Services Department can be used to obtain rapid resolution of concerns.
- 2.2 It is a common experience for patients to feel that they are not dealt with sensitively or seriously, when they have a concern; that they are hindered from making a complaint by complex and time-consuming procedures.
- 2.3 All staff must be equipped with skills to resolve concerns in the first instance and must be aware of how to support patients/relatives wishing to make a formal complaint.
- 2.4 The personal approach of meeting with the complainant, to attempt to resolve the issues promptly, should be taken. This will usually be undertaken locally, by the relevant manager/clinician. Support to clinicians and managers as to how to

handle a complaint, is available from the Complaints Governance Team (during office hours) and other senior managers of the Livewell Southwest.

2.5 Outside of office hours, staff can ask to speak to the On-Call Manager for advice. The main telephone switchboard at Mount Gould Hospital will undertake this role.

2.6 **Upon receipt of a complaint:**

Any concerns which cannot be resolved to the patient's satisfaction within 1 working day should be logged using the record of concern form (Appendix H) and sent to the Customer Services Department for recording purposes.

All complaints, verbal, telephone, email, written must be sent to the Complaints Manager upon receipt. An acknowledgement letter (Appendix E) should be completed if this cannot be achieved on the same day. The Complaints Manager will log the complaint and will send a formal acknowledgement (signed on behalf of the Chief Executive) within 3 working days.

A complaint action plan should be completed for each complaint. A timeframe is then agreed with the complainant which will fall into 3 categories according to risk.

2.7 Formal complaints must be fully investigated. The investigation must be undertaken openly, swiftly and thoroughly in accordance with the National Patient Safety Agency (NPSA) 'Being Open' Policy published in 2010. Being open is a set of principles that healthcare staff should use when communicating with patients, their families and carers following a patient safety incident in which the patient was harmed. Being open supports a culture of openness, honesty and transparency, and includes apologising and explaining what happened. The investigation may involve interviewing staff, scrutinising records and reviewing procedures. All complaints will be handled with discretion. Information disclosed and discussed at the time of the complaint must remain confidential. Where a third party makes the complaint, written consent to disclose personal information must be obtained from the patient's representative. Formal complaints regarding deceased patients will be investigated in line with procedure. However, if it is not possible to obtain consent from the patients' representative the Complaints Manager, and the Director of the Service involved together with the Caldicott Guardian will agree what information can be released.

2.8 The investigation of a complaint will be undertaken by a senior member of staff. The Director of the service area will make the decision of who will undertake the investigation. These staff members will be known as Investigating Officers.

2.9 Drafting of final letters will be the responsibility of the Investigation Officer. Advice and support will be available from the Customer Services Department to draft this letter. This is then forwarded to the Customer Services Department office together with the investigation report and any other supporting documentation.

2.10 The complainant must be informed of the outcome of their formal complaint and identified learning outcomes, in writing. The Chief Executive or his

representative must check the investigation file and sign the final letter within the previously agreed timeframe. Should there be a delay in preparing a response the complainant must be kept informed.

- 2.11 The complaint information will be verified by the Complaints Manager and all critical incidents and/or learning points which are identified by the investigation will be verified by the relevant Director, in conjunction with the local services, to produce action plan and recommendations which will be monitored by the local Clinical Governance arrangements. Where deemed necessary the Clinical Governance team will validate investigations undertaken and ensure best practice and efficacy.
- 2.12 Through analysis, complaints must be used to review practices, plan training and development or ensure support for staff is appropriate.
- 2.13 All formal complaints must be logged and reported to the Livewell Southwest Board on a quarterly basis. The report will give details of any changes made to services resulting from a complaint along with an analysis of numbers of complaints received and trends identified.
- 2.14 Clinical teams will be given regular reports of complaints documenting the statistics and background data relating to learning lessons and improving practice.
- 2.15 Patients may need support or advice without wishing to make a formal complaint. Staff should be able to offer such support and advice about the Complaints procedure through the Customer Services Department. A number of specialist advocacy services are developing alongside Livewell Southwest services, such as Plymouth Advocacy Gaining Empowerment and Support (PAGES) for service users of Mental Health Services, which should be considered.
- 2.16 Patients should be provided with details regarding the Independent Health Complaints Advocacy Plymouth Service (IHCAS) who will provide support and assistance through the complaints process.
- 2.17 Complaints with regards to commissioned services or those regarding Livewell Southwest's provider services regarding a perceived gap in service should follow the above process. These will be investigated by the Clinical Commissioning Group.

### **3. Extended Local Resolution**

- 3.1 In cases where the complainant is unhappy **with the process** by which their complaint has been handled, the manager or clinician involved in the local resolution may discuss the complaint with the relevant Director.
- 3.2 Relevant clinicians or managers – e.g. professional leads, GP advisors, Local Medical Committee, may be asked by the practice or Livewell Southwest, to review the complaint and recommend appropriate actions which may better address the issues of concern, within the Local Resolution.

- 3.3 Trained conciliators are available who work independently of, but across local organisations.
- 3.4 The aim of conciliation is to reach a resolution of the complaint. This needs the agreement and co-operation of both parties.
- 3.5 Whatever the reason for continued dissatisfaction on the part of the complainant, consideration should be given to the use of conciliation as a means of resolving a complaint. Conciliation is an informal process aimed to reach local resolution through meeting of the complainant and clinician/manager.
- 3.6 Conciliation arrangements for this should be made through the Livewell Southwest via the Customer Services Department.
- 3.7 In cases where there are serious concerns regarding the performance of a member of staff, the issue will be dealt with outside the complaint procedure, using formal performance procedures.
- 3.8 If the complainant is unhappy with the outcome of the investigation even following extended Local Resolution they have the right to request that their complaint be considered for an Independent Review. Advice on how to request such a review will be contained in the letter that is sent from the Chief Executive.

## **4. Independent Review**

### **Requests**

- 4.1 Independent Review offers the opportunity to identify clinical or professional problems or actions, which may have been overlooked in the local resolution processes.
- 4.2 The Health Service Ombudsman, an Independent body, has been asked by the Government to handle all Independent Reviews. The Complainant will need to apply in writing for a request for an Independent Review, detailing why it is felt that the complaint has not been handled appropriately. Information on how to contact the Health Service Ombudsman is contained in the final letter that is sent to the complainant by the Chief Executive.
- 4.3 The Health Service Ombudsman will inform the complainant in writing of the outcome of their application for a request of an Independent Review. A letter will be sent to the complainant from the Health Service Ombudsman stating their decision which can be one of the following options:
  - Make recommendations for further action by the Livewell Southwest.
  - Investigate cases in detail – either with the focus on resolving the individual complaint, or in the context of an inspection or inquiry about failures within Livewell Southwest.
  - Recommend no further action.
- 4.4 All staff involved in an Independent Review will be supported by Livewell Southwest, in terms of advice, information and moral support. Individuals may

also seek support from their professional organisation, trades union or local professional committee.

## **5. Reviewing Complaints and Risk Assessments**

- 5.1 Complaints can be useful sources of information about user views and perspectives of our services. They can identify where and how services should be changed or developed. Whilst complaints can be stressful at the time, they often identify areas for staff support, training or continuing professional development.
- 5.2 Once a formal complaint has been made, it is important that the process and outcomes are monitored so that lessons can be learned, changes to practice can be made and shared and staff can be appropriately supported.
- 5.3 The local clinical team must review all complaints and compliments. Through Clinical Governance, clinical teams must provide evidence that appropriate actions have been taken to address concerns or complaints from service users. The outcome of complaints and actions taken will be shared, through the Governance framework. The Safety, Quality & Performance sub-committee of the Board will promote the sharing of lessons learned across Livewell Southwest and ensure that continuous improvements to services are planned and reviewed.
- 5.4 Livewell Southwest is required to monitor all complaints, about directly managed services. The Livewell Southwest Board will review aggregated data regarding comments, concerns, complaints and compliments on a quarterly basis. Individual patients, clinicians or practices will not be identified in the reporting of complaints – care will be taken in presenting information to safeguard confidentiality of individuals and practices.
- 5.5 The information reported to the Livewell Southwest Board will include:
  - Numbers of complaints per Clinical area.
  - Categories of complaints.
  - Outcome and action taken as a result of complaints.
  - Positive comments and compliments from users.

## **6 Training**

- 6.1 Awareness training will be included in the induction of staff, in order that they are familiar with the Complaints policy for Livewell Southwest.
- 6.2 Any patient or member of the public, seeking advice as to how to raise their concerns or make a complaint, should be able to obtain the relevant information from any member of staff, PAGES, IHCAS or from the Customer Services Office. Patient leaflets will be available on wards and other public areas.

- 6.3 Training will be available for front-line staff, to enable them to deal with complaints or causes of concern in an empathetic and efficient manner.
- 6.4 Support/Training will be available from the Customer Services Department during the investigation process for managers and senior clinicians.
- 6.5 On-going training and supervision in the investigation of complaints will be available to all front line staff.
- 6.6 The outcomes of complaints and the performance management monitoring will be used to inform local and Livewell Southwest-wide plans for on-going training and continuous professional development of all staff.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Professional Practice Safety and Quality

Date: 21 May 2015

## Appendix A

### Procedure for dealing with Habitual/Repeat Complainants

#### 1. Introduction

- 1.1 LSW staff are trained to respond with patience and empathy to the needs of complainants, however there are times when nothing further can be done to resolve a real or perceived problem. Some complainants have difficulty accepting this, causing considerable strain on Livewell Southwest resources and undue stress for staff.
- 1.2 Similarly whilst we recognise that complainants can act out of character through distress and anxiety and that we need to make reasonable allowances for this, certain types of aggressive behaviour can be very threatening to staff.
- 1.3 Livewell Southwest has therefore agreed a process for dealing with these situations, as part of the procedure for local resolution of complaints. Advice from Livewell Southwest Solicitors has been included in this procedure.

#### 2 Purpose of this Procedure

- 2.1 The aim of this procedure is to specify the circumstances where a complainant may be considered 'habitual' or 'aggressive/abusive' and to give clear guidance on action to be taken.
- 2.2 It is emphasised that this procedure should be used only as a last resort and after all reasonable measures have been taken to resolve the complaint. This procedure should only be implemented after careful consideration and with the authorisation of the Chief Executive or deputy in his/her absence.
- 2.3 Livewell Southwest has an approved Violence and Aggression Policy which provides staff with a framework of support with regards to physically or verbally abusive patients. Please contact the Health and Safety Advisor / Local Security Management Specialist for further information.

#### 3 Criteria for Habitual Complainants

- 3.1 A complainant may be deemed as **habitual** where previous or current contact with them shows that they exhibit **two or more** of the following patterns of behaviour.
  - Persistent pursual of complaints when the NHS procedure has been properly implemented and exhausted e.g.: when the Health Service Ombudsman has declined a request for an Independent Review.
  - Do not clearly identify the issues, which they wish to be investigated despite reasonable efforts of Livewell Southwest staff and or the (Independent Health Complaints Advocacy Plymouth Service) IHCAS to help them specify their concerns.

- Continual changing of the substance of the complaint or seeking to prolong contact by continual raising of further concerns or questions. N.B Care must be taken not to discard new issues, which are different from the original complaint and should be treated as new complaints.
- Unwillingness to accept documented evidence, which refutes the complaint. (e.g. nursing, drug records).
- Denial of receipt of adequate response, in spite of correspondence specifically answering their concerns.
- Focussing on a trivial matter to an extent, which is out of proportion to its significance and to continue to focus on this point. (Determining what is trivial can be subjective; therefore careful judgement must be used when applying this criteria).
- Making excessive contacts during the course of the complaint process (i.e. telephone calls, letters), thus placing unreasonable demands on staff. A judgement on what constitutes 'excessive' will depend on the circumstances of each case.

#### **4 Criteria for Aggressive/ Vexatious Complainants**

4.1 A complainant may be deemed as **aggressive/ vexatious** if they:

- Have harassed or been personally abusive or verbally aggressive to staff or their family or associates **on more than one occasion.**
- Have threatened or used physical violence towards staff or their family or associates **at any time.**
- Repeatedly demand disciplinary action or dismissal of staff, when it has been explained why such action is inappropriate
- Are known to have recorded meetings or telephone conversations without prior knowledge and consent of the other parties involved.
- Make unreasonable demands on Livewell Southwest and fail to accept that these are unreasonable e.g. insistence on action being taken sooner than is practicable or than is normal practice.

#### **5 Review at Directorate Level**

5.1 In the first instance, such cases should be discussed between the Head of Service Manager and the Complaints Manager to:

- Assess which aspects of the complainant's behaviour meet the above criteria.

- Check that the investigation has been carried out in accordance with Livewell Southwest procedure and that no element of the complaint has been overlooked or inadequately answered.

## 6 Referral to the Chief Executive

- 6.1 If it is felt that there is no more that can be done within the Directorate to resolve the matter and/or that allowing the behaviour to continue is unacceptable, then the complaint file will be copied to the Chief Executive giving the reasons why it is felt the complainant meets the criteria for being habitual and /or aggressive/ abusive.
- 6.2 The Chief Executive will review the matter seeking advice if needed from Livewell Southwest Solicitors.

## 7 Options for Action

- 7.1 Depending on the nature of the case, the Chief Executive may decide to take one or more of the following actions:

1) **Meet with the complainant** to give the complainant a chance to explain their behaviour/ persistent concerns and to assess whether there is more that can be done to resolve the situation.

2) Send one of the following **Warning Letters to the complainant**

**Letter 1:** Explaining why they may be classified as habitual or aggressive and asking them to take account of the enclosed procedure in their further dealings with Livewell Southwest. In some cases, it may be helpful to suggest that they seek advice from IHCAS on pursuing their complaint.

**Letter 2:** Specifying the behaviours that are causing concern, setting out a code of conduct for the complainant and notifying them that if this is contravened, then we may refuse further contact or to progress further investigations into their complaint.

**Letter 3:** Warning the complainant that Livewell Southwest reserves the right to refer aggressive/ abusive complainants to its solicitors and will do so, if this type of behaviour continues.

**3) To refuse to engage in further contact with the complainant** i.e.: in person, by telephone, fax or letter or any combination of these.

- 7.2 If appropriate, the complainant should be informed that further letters received would be acknowledged, but not answered.
- 7.3 If front line staff are to withdraw from contact with the complainant, the Complaints Manager should draw up an agreed statement to be used at such times.

## **8 Right to Independent Reviews**

- 8.1 All complainants have the right to ask for an independent review of how their complaint was handled. This includes Livewell Southwest's decision to categorise the complainant as habitual or aggressive and to invoke this procedure. Any requests for Independent Review from habitual/ aggressive complaints should therefore be referred to the Health Service Ombudsman in the usual way.

## **9 Records**

- 9.1 It is important for staff to fully record instances of habitual/ aggressive behaviour, whether face to face or by telephone, according to LSW Incident Reporting Policy. This will ensure the Chief Executive can refer authoritatively to previous incidents and these records may be the basis for statements that have to be drawn up, including in extreme cases the need to seek an injunction to limit contact with Livewell Southwest.
- 9.2 All incidents of actual or threatened violence should be reported according to Livewell Southwest's Incident Reporting Policy and advice should be sought from the Health and Safety Advisor / Local Security Management Specialist
- 9.3 Records of why a complainant has been classified as habitual or vexatious, summaries of all meetings/discussions and copies of all correspondence will be filed in the complaint file, in case of a request for an Ombudsman enquiry.

## **10 Withdrawing Habitual or Vexatious Status**

- 10.1 If the complainant subsequently demonstrate a more reasonable approach or if they submit a further complaint for which the usual complaint procedure would appear appropriate, then the Complaints Manager may consider withdrawing this status.
- 10.2 Any such recommendation must be referred to the Chief Executive. Subject to their approval, normal contact and the usual application of the NHS Complaints Procedures will then be resumed.

**Procedure For Making A Complaint**

- Complaint is received at Livewell Southwest. This is the date that the complaint is logged as being received. Not all complaints are received at the Customer Services Department, if it is received anywhere outside this office then it should be forwarded immediately to the Department.
- On receipt of complaint the Complaints Manager will complete a risk assessment form and complaint action plan. This will determine the response time < 10 days, < 25 days, 6 months.
- The first stage is to log the complaint onto our system. It is at this point that the complaint is given a unique ID number that will identify it throughout the process. An acknowledgement letter is sent to the complainant advising that their concerns are being investigated. This has to be within 3 days of receipt into Livewell Southwest to be within legislated guidelines. If the complaint is regarding a third party we must seek approval from that person to release their information to the person making the complaint. In this scenario we will send a Form of Authority to the third party (or their representative) requesting their consent to release the findings of our investigations to the complainant. In the case of deceased patients where no authority can be obtained from the patients' representative we will make a decision as to what information, without consent can be released to the complainant.
- Contact will be made with complainant to agree timeframe and if a meeting is appropriate.
- A memo and a copy of the complaint is sent to the Locality Manager of the service area the complaint is regarding. They are asked to appoint an Investigating Officer and are given timeframes we work to these are set by legislated guidelines.
- The Locality Manager receiving the initial complaint should ensure that 5 days before the agreed timeframe, a draft, final response letter should be received by the Customer Services Department. Support and advice will be available to staff from the Department in order to compile this letter. This is then finalised by the Department and forwarded to the Chief Executive for signature.
- The final letter will advise the complainant the outcome of the investigation and any identified learning. It will also advise them that they can contact the Investigating Officer for more information and to discuss the findings if they think it may help them to understand the outcome. The final letter will also advise that the complainant has the option of going to the Health Service Ombudsman to investigate their complaint if they are unhappy with our response.
- Following the final letter to the complainant the Locality Manager and the Investigating Officer are sent letters detailing the response times and the outcome. These outcomes are then recorded onto the computer and are used to report to the Board, showing trends and/or learning outcomes and improvements that can be adopted by Livewell Southwest.

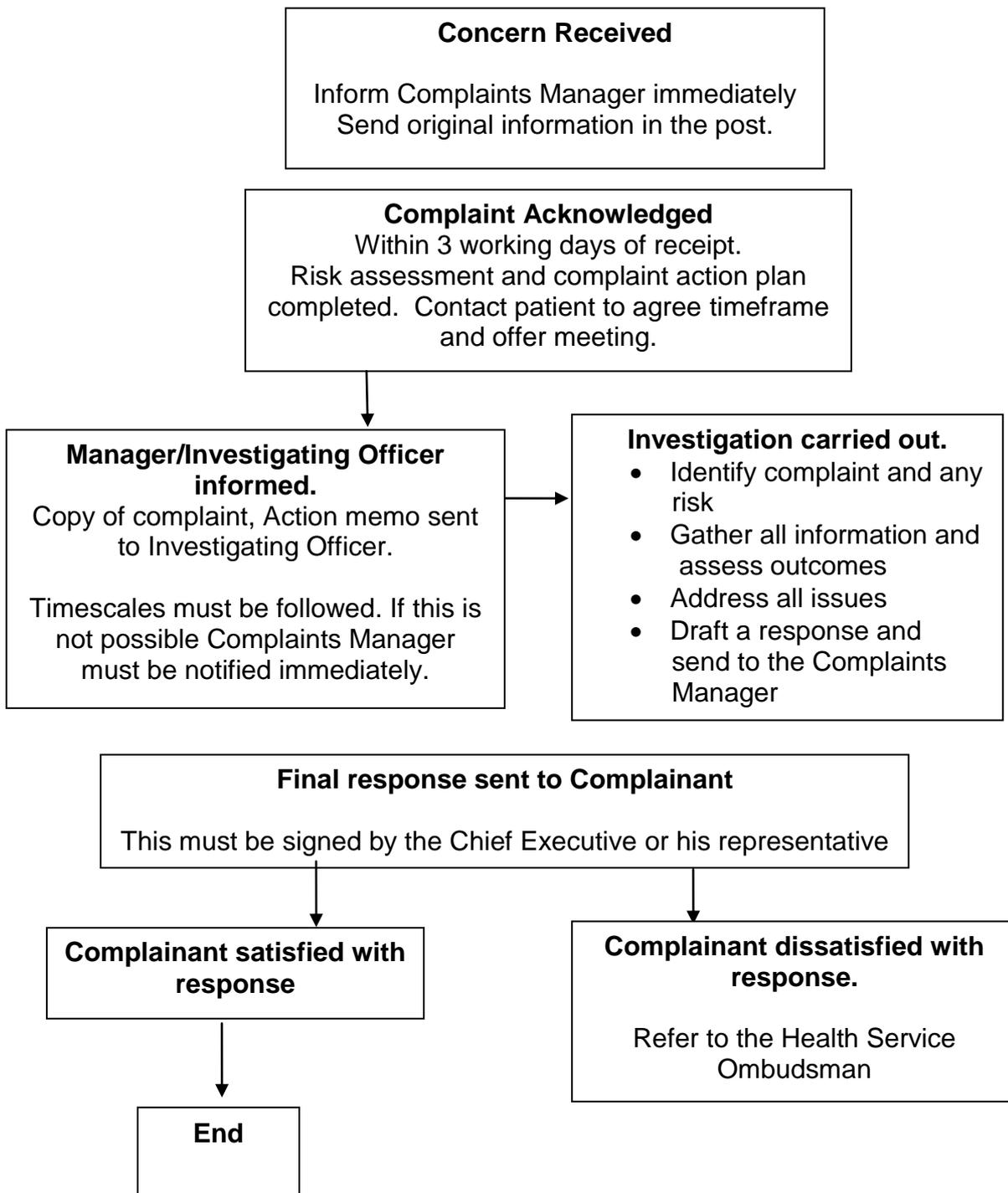
- Contact details for the Customer Services Department:

Customer Services Department  
Livewell Southwest  
Local Care Centre  
200 Mount Gould Road  
Plymouth PL4 7PY

Telephone 01752 435201  
Email [customerservicesLSW@nhs.net](mailto:customerservicesLSW@nhs.net)

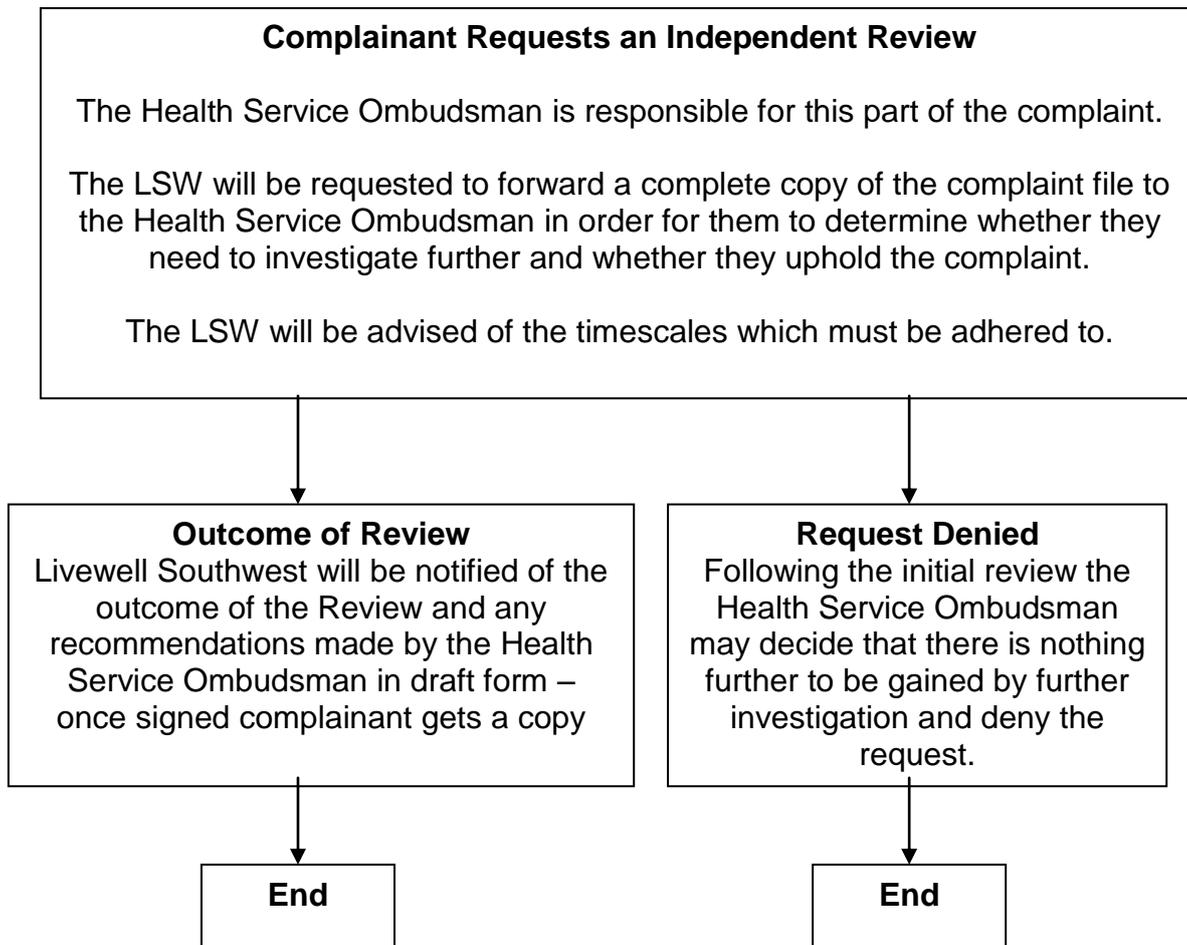
**Flow Chart- Complaints Process**

**1<sup>st</sup> Stage- Local Resolution**



**Flow Chart- Formal Complaints Process**

**2<sup>nd</sup> Stage – Independent Review**



**Acknowledgement Template**

**Appendix E**

**Your address**

 **01752 your contact numbers**  
 01752

**Date**

**Ref**

**Private & Confidential**

**Name**  
**Address**

Dear **Name**

Thank you for your letter of **Date** which was received in our department on **Date**. I have passed your letter to the Customer Services Department who will contact you within the next few days. They will provide you with information as to the procedure that will be followed in order to address your concerns.

Thank you for bringing your concerns to our attention. I do hope we are able to resolve them to your satisfaction.

Yours sincerely

**Title**

**Appendix F**

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## **Procedure for Implementing and Monitoring the Learning Outcomes from Complaints**

### **Introduction**

The purpose of this procedure is to ensure that any learning outcome that is identified following an investigation into a Complaint is implemented in order to develop, maintain and improve the services provided by Livewell Southwest.

The aim is to ensure that the standards achieved in the patient experience are maintained and improved upon following any changes that are implemented once they have been identified.

In order to maintain and improve the standards it is essential that the improvements are monitored and this procedure will enable the identified changes to be audited annually.

### **Process**

1. Each complaint will be monitored by the Complaints Manager for similarities or trends. Any learning outcomes that are identified in the final response to the complainant by the Chief Executive must be recorded.
2. At a monthly meeting between the Complaints Manager and Representatives from each Service or Locality, each complaint that has been finalised that month will be discussed to ascertain if there are any additional learning outcomes that can be identified. The Complaints Manager will compile a report that will identify any Learning outcomes and/or trends and what action may be appropriate to implement the necessary changes. A member of the group will be identified to ensure that the recommendations are implemented and an update provided the following month. This update will continue until suitable evidence is provided to complete the learning outcome.
3. Not all complaints will have a learning outcome. In this case they will be simply recorded as 'No further Action'.
4. Complaints Manager will report quarterly to the Safety, Quality & Performance Committee and onto the Board to provide information with regard to what learning outcomes have been identified, and what action has been recommended.
5. A yearly audit will be made by Livewell Southwest to ensure compliance with the recommended improvements.

## Form for logging concerns raised by patients with staff

Please note that all the boxes below should be completed to ensure that concerns are logged in the correct locality and have been addressed appropriately.

<b>Locality:</b>		<b>Service:</b>	
<b>Date received:</b>		<b>Date Acknowledged:</b>	
<b>Name of person raising the concern, address &amp; contact no:</b>			
<b>Details of concern:</b>			
<b>Action taken and any supporting evidence:</b>			
<b>Outcome</b>			
<b>Complainant satisfied:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Date completed:</b>		<b>Name &amp; contact details of person investigating concern:</b>	

This form should be emailed to [customerservicesLSW@nhs.net](mailto:customerservicesLSW@nhs.net) or posted to the Customer Services Department, Livewell Southwest, Local Care Centre, Mount Gould Road, Plymouth, PL4 7PY.

<b>For office use only</b>			
<b>Date recorded on Safeguard:</b>		<b>Case no. given:</b>	

THE INFORMAL PROCESS

