Morecambe Bay
Primary Care Collaborative

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Complaints Policy

Document Reference	POL001
Purpose	The purpose of this document is to set out the organisation's approach to the handling of complaints and is also intended as an internal guide which should be made readily available to all staff.
Author	Federation Support
Application/Scope	Organisation-wide
Approval Date	01/03/2023
Review Date (N.B: Review dates may alter if any significant changes are made)	01/03/2026
Version	V3.0
Status	Approved

Morecambe Bay Primary Care Collaborative

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1.0 INTRODUCTION

1.1 Summary

The organisation is committed to excellent customer service. We regard complaints as an opportunity to turn a negative experience for a service user into a positive one, as well as an opportunity to learn and to improve.

The context for our complaints procedure is effective customer care, with service standards and service level agreements, where appropriate, and with regular dialogue and review with customers of the services provided.

1.2 Purpose/Policy Statement

The purpose of our complaints handling procedures is to ensure that we:

- Listen and are responsive to people who raise an issue with us
- Respond swiftly and at a level close to the point of service delivery
- Are fair and consistent
- Offer solutions and/or explanations
- Offer complainants recourse to someone more senior/more independent if they wish
- Ensure that staff who are mentioned in complaints receive support
- Respect confidentiality
- Record complaints consistently, and monitor what we record
- Use complaints positively as an opportunity for learning and improvement.

In making a complaint we believe most people want to:

- Be listened to
- Have the problem accepted as important
- Be offered a solution or explanation
- Have their distress acknowledged and an apology offered
- Be assured the same thing will not happen again.

It is therefore essential that people raising a complaint are involved in discussing their concern and in finding solutions

1.3 Scope

This policy applies to all MBPCC employees and directors.

From time-to-time MBPCC may utilise the resources of sub-contractors to deliver contractual obligations. For avoidance of doubt, where a sub-contractor is providing care to patients, as laid out in the contracts between MBPCC and subcontractors, they are solely responsible for delivery of the regulated activity they are providing and must ensure all their employees operate under their own policies which must meet the relevant CQC standards. MBPCC will seek assurance from all sub-contractors that suitable policies are in place and may at their discretion request copies of any relevant policies for review and for verification. In such cases this policy document does not apply.

The complaints procedure is set out in three stages:

- Local resolution (stage 1)
- Investigation (stage 2)
- Review – the role of other organisations (stage 3)

What is a complaint?

In line with statutory guidance the organisation defines a complaint as 'an expression of dissatisfaction or disquiet which requires a response'. Complaints may be about the service received (or not received), or any aspect of the organisation's policy or practice. Complaints are distinct from the queries, comments and grumbles which are part of the daily workload in any service, and which should be routinely resolved to the service user's satisfaction.

Who can make a complaint?

Service users can make a complaint about the services that they receive or are entitled to receive from the organisation.

A complaint may be made on behalf of a service user by someone who has sufficient interest in that service user. In such cases, checks are made, as appropriate, to ensure that the service user agrees with the complaint being made on their behalf, and how they wish to be involved in the process.

Anonymous complaints should, in so far as is possible, be handled and recorded in the same way as normal. There will be practical limitations to this; however, anonymity is not a reason in itself to not respond to a complaint. Every member of the organisation should encourage a culture of openness, where service users feel able to raise concerns freely and at an early stage; they should also ensure that anonymous complaints are not used to target staff unfairly.

Time limit for making a complaint

A complaint will be accepted if it is made within one year of the event being complained about. In addition, a complaint will be accepted if:

- The complaint is about the safety or welfare of a child or young person and has not been otherwise investigated.
- There is a good reason why the complaint was not made at the time (e.g. lack of information, feeling vulnerable in the project setting).
- The events or their consequences were not fully known to the complainant at an earlier date.

Complainants should understand that the more time that has passed since the events complained about, the more practical difficulties there will be in ascertaining the facts.

Clinicians and/or managers have the discretion to extend the time limits if the complainant has suffered particular distress that prevented them from acting sooner. When considering an extension to the time limit it is important that the clinician or manager takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection of evidence, clinical guidelines, or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason to decline a time limit extension.

How service users may complain

All services must provide service users with information as to how to make a complaint. The process for making a complaint is set out on the organisation's website www.mbpcc.co.uk .

A complaint may be made about any aspect of a service by:

- Telling any member of staff, either verbally or in writing
- Contacting the organisation/service by letter, phone or email.
- Contacting the funding or partner agency or agency which referred them.
- Contacting the relevant regulatory agency, where appropriate.

2.0PROCEDURE

2.1Stage 1 Local Resolution

This procedure (Appendix 1) is used in relation to all complaints made by users of the organisation's services. Stage 1, local resolution, is the responsibility of the Manager for the service about which the complaint is made. They may delegate responsibility for handling to the complaint but must sign off the complaint using the form appended to this policy.

Receiving the complaint

When raising a complaint (or enquiring about how to do so) the service user should be given a copy of Patient Complaints-our process (Appendix 2) or directed to the MBPCC website as stated previously. A member of staff receiving the complaint notifies the service manager, directly or via their line manager.

It is normal practice for the Service Manager, on receipt of a complaint, to contact the complainant direct within 3 working days, and discuss the complaint with them. The Service Manager's aim is to discuss the complaint with a view to how it may be resolved, and any lessons learned.

Responding to the complaint

The patient complaint form (Appendix 3) is used to record initial information, to trace progress and record outcomes. It should be used contemporaneously (being updated as information becomes available).

Support

Any member of staff mentioned by the complainant is informed by their line manager of the nature of the complaint and provided with support as necessary.

Where the complainant is a child or young person, they should be advised of their right to a supporter to help them to understand and participate fully in the complaint process and helped to access an advocate if needed.

Any complainant may have a friend with them to support them at any meeting about the complaint. However, solicitors, barristers, and other legal advisors are not acceptable as advocates within any stage of these procedures. The purpose of complaints procedures is to resolve complaints without recourse to legal action. The protocols and evidential rules of legal discipline are inappropriate to this process.

Freezing decisions

The complaint may be concerned with a decision under consideration by the organisation. Where this is the case the Service Manager should advise the Chief Executive as to whether the decision should be frozen pending the outcome of the complaint.

Timescale

All complaints are to be addressed speedily and within 20 days. Where there is good reason, it is possible to extend this with the complainant's agreement. Any further extension must be agreed with the Service Manager as well as the complainant.

Regarding the outcome

The patient complaint form is closed at the point that either the complaint is resolved, or that it is agreed that no further progress can be made at the local stage of resolution. The form is signed off by the Service Manager and a copy is forwarded to the Chief Executive.

The complainant (and where appropriate their advocate) is given a written summary of what has been discussed and agreed, in the form of either a letter or a copy of the completed form. An outline letter is provided as part of this set of policy documents (Appendix 4). The complainant is advised of their right to ask for the complaint to be investigated, if they remain dissatisfied, within 20 days following receipt of the summary.

Learning from complaints

Any changes agreed as a result of the complaint are implemented and regularly monitored. Services have systems for regularly reviewing what has been learned from feedback from service users, including complaints, and incorporating any changes into planning processes.

Storage of information

A copy of the complaint form and any associated papers is kept on file. Complaint forms are kept for as long as the file is kept. Where appropriate, for example if the record identifies staff or other parties, the record should be kept in a confidential section.

Some regulatory agencies require to see a 'complaints file' as part of their inspections. Consequently, relevant services must ensure that information about complaints made during the past year is accessible. Service Managers are required to complete Appendix 4 to monitor complaints and update the Chief Executive/Lead Director for Quality.

Summary information from the monitoring forms is stored on a central confidential database, and anonymised information is provided to senior managers to assist with organisational learning and accountability.

Services delivered in partnership with other agencies

Where services are delivered through partnerships and multi-agency hubs, complaints arrangements may be complex. Any complaint about a service provided by the organisation should normally follow our complaints procedure. Complaints about a particular agency within a partnership should normally be addressed by that agency in order to follow lines of organisational accountability. Where the issue involves both the organisation and one or more other services working jointly a joint approach should be taken to avoid confusion for the complainant. Where the organisation is

the accountable body for the partnership the Service Manager must be kept informed of complaints made about all agencies within the partnership.

The organisation should ensure that any agency providing a service that it commissions has a complaints procedure.

Complaints arrangements should be agreed and set out in partnership documents.

Guidance for staff resolving complaints at the local stage – stage 1

All staff must complete mandatory training in complaints management.

Duty of Candour

We value all comments about our services, and we regard complaints as a positive opportunity for listening, learning and making improvements to our services.

All of our staff who have contact with service users (or those that support them) will handle complaints in a sensitive and empathetic way. Staff will make sure people are listened to, get an answer to the issues quickly wherever possible, and any learning is captured and acted on. 0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf (ombudsman.org.uk)

All complaints will be managed with due regard to the Duty of Candour. Duty of Candour is defined as

promoting a 'blame-free' culture to aid openness whereby:

- Staff are actively encouraged to discuss incidents they have been involved in, in an open and non-judgemental arena
- If things go wrong then staff are open with service users, the public and staff and can explain what lessons have and will be learned
- Staff are treated fairly and are supported when an incident happens.

MBPCC aims to:

- ensure that the communication with patients, their families and carers has been handled in the most appropriate and sensitive manner
- ensure that patients and families can have confidence in the process
- enable meaningful dialogue in which the concerns of the patient are respected and listened to
- enable the clinician to develop a good professional reputation for handling difficult situations well
- improve the clinician's understanding of incidents from the perspective of the patient, their family and carers.

A summary of the process involved after mistakes might have occurred is:

- An immediate apology to the service user and if appropriate their representative
- The resolution process involves the original clinicians and/or staff
- There is careful pre-planning, responsive disclosure, a system of follow-up and internal, and/or independent support as appropriate
- Service users are encouraged to come back to discussions at a later time, even post-resolution to discuss further if they so wish to.

Swift Resolution

Ensuring that complaints at the local stage (stage 1) are fully addressed is the responsibility of the Service Manager. Complaints are best resolved as close as possible to the source of the problem as this is most likely to result in positive, timely outcomes, creative solutions, and greater local control which minimises stress.

Some complaints may be resolved easily. Others may be very serious and involve risk to individuals and/or the organisation. Our aim is for **all** complaints to be resolved using the process outline here.

1. Listening to the complaint
2. Assessing the complaint and any risk
3. Addressing the complaint
4. Responding to the complainant
5. Action plan and review.

2.2 Stage 2: Investigation

Procedure

This procedure is to be used for complaints from service users where the complainant is dissatisfied with the outcome, handling or progress of a complaint at local resolution stage (stage 1).

Responsibility for the consideration of complaints at stage 2

The Service Manager remains responsibility for this stage but must keep the Chief Executive appraised of the progression of the complaint investigation.

In all cases the Service Manager completes the terms of reference which are signed off by the Chief Executive. The terms of reference give further details for the practice management of the process and records the approach and rationale for the investigation.

Complaints at this stage are likely to be complex and to carry a degree of risk for the organisation. The terms of reference outlines the management and decision-making in complex situations, including the consideration of risks, the involvement of other agencies and procedures.

Request for a formal investigation

Any service user is entitled to ask to have their complaint formally investigated. This request may be made at any point during local resolution stage 1 if the person is unhappy with the way their

complaint is being handling, or within 20 working days of receipt of the summary of their complaint and its resolution at stage 1.

The request should be made in writing to the Service Manager. They have the discretion to accept a complaint made orally, where this is then recorded in writing and agreed with the complainant. Any decision of the Service Manager on whether or not to investigate must be approved by the Chief Executive and conveyed to the complainant in no more than 20 days.

Conduct of the investigation

The Chief Executive will take into account the features and circumstances of the complaint when deciding who is to be appointed as the Investigation Officer. The Investigation Officer is to be a suitably experienced manager within the organisation who is trained to investigate complaints and not involved in the line management for the service. Where the complaint is made by or on behalf of a child or young person it is good practice to also involve an Independent Person.

Timescale for the investigation

The investigation should take a maximum of 20 days, from the date of the agreed statement of complaint to the submission of the draft report.

The investigation should take a maximum of 20 days, from the date of the agreed statement of complaint to the submission of the draft report.

Formal response to the complaint

The Service Manager will draft the formal response to the complaint, together with a list of recommendations indicating the learning and any action to be taken. The formal response is to be approved and signed by the Chief Executive.

The complainant is advised of their right to ask for the complaint to be reviewed (stage 3) if they are unhappy with the outcome. They are asked to set out the reasons for their dissatisfaction in writing to the Chief Executive within 20 days of receipt of the response letter.

An action plan based on the report recommendations is agreed by the Service Manager and approved by the Chief Executive.

Storage of information

A copy of the investigation report(s) is placed on the complainant's file and stored and retained in line with the organisation's record keeping policy.

2.3 Stage 3: Review

This stage of the complaints procedure is to be used where a complainant, having had their complaint investigated at stage 2, is dissatisfied with the outcome of the investigation or the formal response of the organisation and the organisation agrees that a review is an appropriate and proportionate response. This document sets out the arrangements for the review.

Purpose of the review

The purpose of the review is to allow for further consideration of a formally investigated complaint and of the organisation's response. It should focus on resolution for the complainant based on clearly defined complaints and expressed desired outcomes, and on practical remedies and creative

solutions to complex situations. The review cannot re-investigate the complaint but should examine the robustness of the original investigation, recommendations and adjudication. It may make new recommendations in relation to the complaint.

Request for a review

A complainant who is not satisfied by the formal response of the organisation to their complaint at Stage 2 has the right to request a review. They must make their request to the Chief Executive within 20 working days of received the organisation's formal response to their complaint at stage 2. On receipt the Chief Executive will inform the Lead Director for Quality and Governance.

Options for the review

The review must be able to demonstrate a degree of independence from the investigation process and the decisions made at the investigation stage; it must be seen to be fair, robust and proportionate. The Lead Director for Quality will consider, with advice from the Chief Executive:

- Whether the request for review is reasonable and justified, clarifying with the complainant if necessary, and deciding whether or not to instigate a review
- How the review should be conducted
- The appropriate degree of independence
- Who should be involved

Where agreed, the options for the review are:

- An internal desktop review by an independent service manager who has not otherwise been involved in stages 1 or 2 but is fully trained in the investigation of complaints. This is the default position that would be expected to be applied in most cases.
- An internal desktop review as above, with the reviewer drawing on the expertise of a specialist consultant independent of the organisation.
- A panel made up of three people with appropriate experience and expertise independent of the organisation.

The Lead Director for Quality, with support from the Chief Executive, makes and records their decision and the rationale, identifies who should be involved in the review, and writes to inform the complainant of their decision and any subsequent arrangements. Copies are sent to the Service Manager of the service where the complaint arose, to those staff involved at stages 1 and 2 of the complaint and to the Investigating Officer and Independent Person (where relevant). This is done within 20 working days of the request for a review.

Internal review

The reviewer reads all of the documentation and correspondence relating to the handling of the complaint at stages 1 and 2, including the investigation reports and interview notes. The reviewer clarifies with the complainant the issues about which the complainant is still unhappy, and the outcomes sought by them. The reviewer may interview the complainant and any organisational personnel involved in the handling of the complaint. The reviewer may seek the advice of relevant experts within the organisation. Where an external consultant is also used, the reviewer considers how they are to be involved and how their views are to inform the review.

The reviewer will either uphold the findings, decisions and actions taken at stage 2 or identify and recommend an alternative resolution.

The review is completed within 20 days of the actions above, and the outcome communicated to the Lead Director for Quality and the Chief Executive in the form of a report.

The Lead Director for Quality writes to the complainant within a further 5 working days regarding the outcome of the review. The review report will normally be appended.

Independent panel

The independent Chair of the panel, agreed by the Lead Director for Quality with the support of the Chief Executive, is appointed and sent relevant information.

The Chair and the Chief Executive appoint two further independent members to the panel. Independent panellists must not be:

- Current employees of the organisation, or the spouse or partner of an employee of the organisation.
- Members of pressure, political or interest groups
- Employees of local authorities, health trusts or voluntary organisations except where they are acting in an independent capacity and do not have an interest in the outcome of the review.

Panellists may be chosen to reflect the service user's ethic, gender or cultural identity.

The Review Panel meeting should take place within 30 working days of receipt of the complainant's request.

The Review Panel considers relevant documentation and oral and/or written submissions from any of the following:

- The complainant and/or their advocate or supporter (not a legal representative)
- The Service Manager or their representative
- The Independent Investigator/Investigating Officer/Independent Person.

The panel must record its findings and recommendations within 5 working days after the day of the meeting and send these to the Lead Director for Quality.

The Lead Director for Quality sends a written response to the complainant within 5 working days of receipt of the Panel's findings and recommendations. The Lead Director takes advice from the Chief Executive and may consult the Chair of the Panel. The Panel findings and recommendations will normally be appended.

The Lead Director for Quality's response

Copies of this response are also sent to all the people involved at stage 1 and stage 2 of the procedure.

Whichever option is followed, the response of the Lead Director for Quality is final. The procedure allows for no further review.

Storage of information at review stage

A copy of the review's report, conclusions recommendations, and the response of the Lead Director for Quality, is placed on the complainant's file at the project, and is kept for as long as the material on the file is kept. If the material identifies staff or other parties, all documentation relating to the complaint should be kept in the confidential section.

A copy of the above is also kept in secure storage by the organisation for six years after the date of the formal response.

2.4 Monitoring and Learning

The Board will regularly monitor the number of complaints and receive an Annual Complaints Report. This report will be populated from the Complaints Monitoring Form utilised by Service Managers. (Appendix 5) The Annual Complaints Report will analyse trends identified and lessons learned. The organisation's audit cycle will be used to ensure that lessons learned are embedded within the organisation.

3.0 DEFINITIONS/GLOSSARY OF TERMS

Abbreviation or Term	Definition
MBPCC	Morecambe Bay Primary Care Collaborative
CQC	Care Quality Commission

4.0 REFERENCES

Care Quality Commission- Duty of Candour Regulation 20 2015

5.CONSULTATION WITH STAFF, PRACTICES AND PATIENTS

Enter the names and job titles of staff and stakeholder that have contributed to the document

Name	Job Title	Date Consulted
Jane Jones	CCG Head of Safeguarding	27/08/2020
Sue Bishop	CCG Quality and Performance Manager	14/09/2020

6. DISSEMINATION/TRAINING PLAN

Action by	Action Required	Implementation Date
Jo Knight/Boyana Konar	Upload policy to MBPCC website	Following approval of V1.1 end Sept 2020
Jo Knight	Delete out of date copies and host current copy on Federation G Drive (supporting induction process), updating Policy tracker	Following approval of V1.1 end Sept 2020
Andrew Giles	Ensure all employees are aware of the policy and are asked to read and understand it	MBPCC Board Meeting 22/09/20

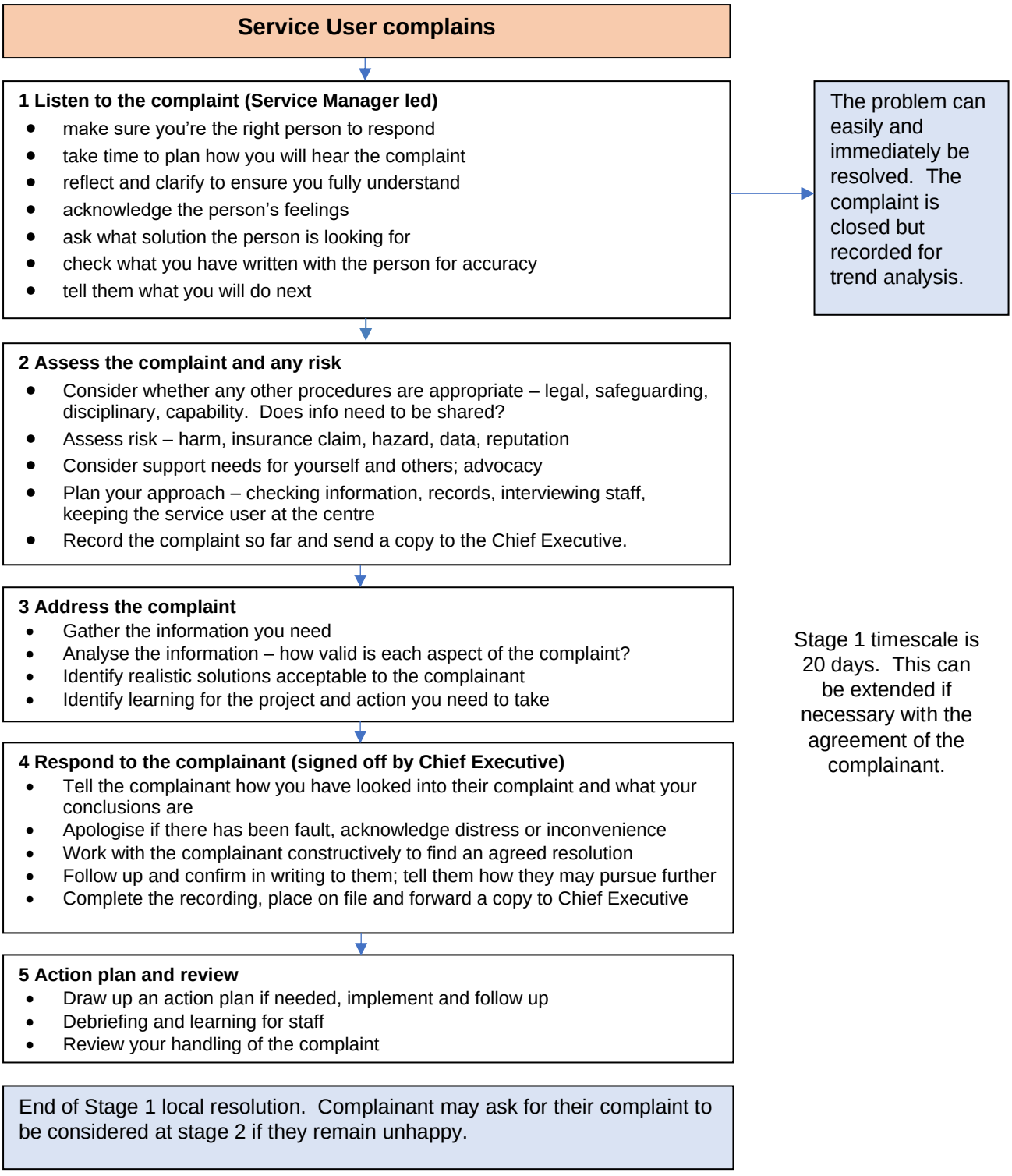
Jo Knight/Boyana Konar	Ensure it is clear on the website how service users can make a complaint	01/10/2020 Complete
Liz Stedman	Upload to TeamNet	Jan 2021

7. AMENDMENT HISTORY

Version No.	Date of Issue	Section/Page changed	Description of change	Review Date
V1.0	21/05/20	Approved Policy	New Policy for joint MBPCC	01/12/2023
V1.1	20/09/20	All	New format and amendments in line with CCG review	N/A
		Page 5	Complaints via website referenced and enabled on www.mbpcc.co.uk	
		Page 7-10	References to timescale consistent to 20 days	
		Page 15	Additional references to CCG and Health Service Ombudsman for taking complaints further	
		Page 18	Safeguarding procedures guidance replaces child protection to encompass protecting adult and child	
V2.0	22/09/20	N/A	Approval at MBPCC Board	22/09/2022
V2.1	19/01/21	Page 12	Additional Definitions/Glossary of terms added	
V2.2	05/01/23		Amendment of forms and associated procedures, addition of Duty of Candour	
V3.0			Approval at MBPCC Board	01/03/2026

8. APPENDICES

Appendix 1: Local Resolution Flowchart (Stage 1)



Appendix 2: Patient Complaint Form

If you have a complaint or concern about the service, you have received from us please let us know. We operate complaint procedure based on the NHS complaints system, which meets national criteria.

How to complain

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so as soon as possible, ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem, or within 12 months of discovering that you have a problem. You should address your complaint in writing to the organisation at Morecambe Bay Primary Care Collaborative, Moor Lane Mills, Moor Lane, Lancaster, LA1 1QD.

Complaining on behalf of someone else

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of illness or infirmity) of providing this. A third-party consent form is provided below.

What we will do

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 28 working days of the date it was received. If we expect it to take longer, we will explain the reason for the delay and tell you when we expect to finish. When we look into your complaint, we will investigate the circumstances, make it possible for you to discuss the problem with those concerned, make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any investigations.

Taking it further

If you remain dissatisfied with the outcome of your complaint you may refer the matter to:

Morecambe Bay Clinical Commissioning Group: 0800 032 2424 or mlcsu.customercarelancashire@nhs.net (Address: Customer Care Team, Jubilee House, Lancashire Business Park, Leyland, PR26 6TR)

Parliamentary and Health Service Ombudsman: 0345 015 4033 https://ombudsman.achieveservice.com/en (Address: The Parliamentary and Health Service Ombudsman, Millbank Tower, 30 Millbank, Westminster, London, SW1P 4QP)

Customer Contact Centre (CCC): England.contactus@nhs.net 0300 311 22 33 (Address: NHS England, PO Box 16738, Redditch, B97 9PT

Complaint Form	
Patient Full Name:	
Date of Birth:	
Address:	
Complaint details: (where possible include dates, times, names of personnel)	
Signed:	
Print Name:	

Appendix 3: General Guidance

Whether another procedure besides the complaints procedure is involved, the Chief Executive should be informed and kept updated on the situation. The Chief Executive decides whether, and at what point, the situation is sufficiently complex or serious enough to warrant the setting up of a strategy group to oversee and ensure progress.

Internal HR procedures

The complaint is about the conduct of a member of staff:

If it is clear at the outset that the complaint concerns the conduct of a member of staff, which would be more appropriately addressed by the disciplinary procedure, the appropriate manager should instigate that procedure instead of the complaints procedure. An explanation should be given to the complainant that management action will be taken to look into the conduct issues that they have raised. When the process is complete, the manager should consider the original complaint with the complainant to ensure that their concerns have been addressed. The complainant is not allowed to know the outcome of the disciplinary process.

The complaint is partly about the conduct of a member of staff:

If elements of the complaint concern the conduct of a member of staff, which would be more appropriately addressed by the disciplinary procedure, it is possible to address any elements of the complaint which are not disciplinary issues concurrently. The two processes must be independent of each other, but an overview maintained to ensure there is consistency and to consider any areas of overlap. Advice should be sought from the organisation's HR support.

The complaint leads to a formal disciplinary investigation:

Where a complaint leads to a formal disciplinary investigation, the two processes are independent of each other. The Director/manager overseeing the disciplinary process should liaise with the manager responding to the complaint to ensure a co-ordinated process. The disciplinary investigation should consider the outcomes of a complaint investigation but must not influence it. Care should be taken to ensure that the rights of the employee under HR procedures are upheld. The Investigating Manager should be notified through the Terms of Reference for the investigation that it is linked with a service user complaint and should make this clear in any report that is written as part of the investigation process. Once a decision is taken at the hearing then the Chair can notify whoever is responding to the complaint of the outcome for communication. As above, the complainant is not entitled to know the outcome of the disciplinary process.

Complex situations:

Where a complex situation develops, including the involvement of other processes such as whistleblowing and grievance procedures, the Lead Director for Quality will co-ordinate a strategy group to oversee and ensure progress.

Police procedures

The complaint is about a criminal matter:

The service should ensure that complainants are clear when the matter falls under criminal law. If the complaint is clearly about a serious criminal allegation, e.g., theft, assault, discriminatory verbal

abuse, it must be referred to the police with the agreement of the complainant. In the case of a less serious criminal matter – e.g., a service user believes personal property or money was stolen while attending the project – it should be explained that the organisation cannot undertake the investigation of something which is a criminal matter, and the complainant will be supported to contact the police if they wish. Any response to a complaint about a matter that is being investigated by the police may need to be suspended until the police investigation is completed.

A police investigation commences whilst a complaint is being dealt with:

The complaint process may need to be suspended until the police investigation is concluded. The police may request information about the response to the complaint and any complaint investigation. This should be supplied on receipt of a Section 29 DPA request.

Safeguarding procedures

The complaint is about risk or harm suffered by a child or young person or vulnerable adult:

Where there are allegations made which raise safeguarding concerns any response to the complaint is suspended until the organisation's Safeguarding Procedure has been completed. The appropriate action under the Safeguarding Procedure should be taken and the process explained to the complainant. When any safeguarding procedures have been completed, checks should be made with the complainant to ensure any outstanding complaint issues are addressed.

Litigation and civil claims

The complainant says they have taken legal advice:

Advice should be sought from the Chief Executive who may seek legal advice on behalf of the organisation. A complainant having sought legal advice is not in itself a reason not to respond to a complaint, and most solicitors will advise a complainant to use the organisation's complaint procedure first.

The complainant says they wish to sue the organisation:

The Chief Executive must be informed. The organisation will require a letter from the complainant's solicitor setting out the grounds for the proposed action. A complaint will not normally be progressed if litigation is going to take place.

The complainant is seeking compensation:

Where the complainant is referring to small items that have been lost or damaged by the service, these should be replaced. For larger possible claims, advice should be sought, and the Chief Executive must be informed.

Appendix 4: Complaints Final Response Letter

Mr/Mrs XXXXXXX

XXXXXXXXXXX

XXXXXXXXXXX

XXXXXXXXXXX

XXXXXXXX

Date

Dear **XXXXXX**

Complaint regarding xxxxxxx

Thank you for raising your complaint with us. We appreciate it is not always easy to make a complaint, but your feedback helps us to improve and put things right for you and others. We would like to apologise for the distress this matter has cased and hope that this letter will provide the information you need to feel satisfied the matter has been dealt with.

Following our investigation of your complaint I would like to share the following information ….. (this should include any mitigating factors, clarification of any inaccuracies or misinformation in the complaint couched in sensitive language and acceptance of any mistakes made by MBPCC staff)

As a result of this investigation, we intend to …. (Refer to changes and improvements which are planned)

I hope that you feel satisfied by our response, however we are happy to meet with you if this is preferable. If we do not hear from you within 30 days we will assume this complaint can now be closed. However, if you have any further concerns do not hesitate to recontact me.

Yours sincerely

Xxxxxx

Service Manager

Appendix 5: Monitoring Complaints

This template should be kept updated as complaints are received and be available for periodic audit by MBPCC. It should be submitted to the Lead Director for Quality in April each year to assist the annual report on Quality and Compliance.

Complaint Reference Number	Date received	Was the complaint acknowledged within 3 working days? Y/N	Subject of Complaint	Was the final written response given within 20 days? Y/N	Was the complainant satisfied with the response? Y/N	Any additional information?
Total number of complaints:						

Service Manager Name:	
Service:	
Date of submission to Lead Director:	