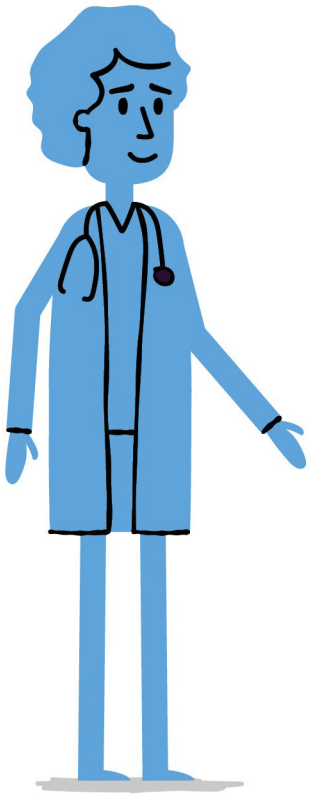
NHS Complaint Standards

Model Complaint Handling Procedure for commissioners of NHS services in England

December 2022



Complaint Standards NHS

Public Service Ombudsman

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1. Introduction

1.1 This Model Complaint Handling Procedure is one of a number of supportive tools and guidance modules designed to assist NHS organisations (and independent organisations who provide NHS services) in England in embedding the NHS Complaint Standards in practice.

1.2 As with the Standards themselves, the model procedure puts existing good practice in one place, providing a more consistent approach to complaint handling across the NHS in England. The procedure also follows the relevant requirements as given in The Local Authority, Social Services and National Health Service Complaint Regulations 2009 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (referred to in this guidance as the 2009 and 2014 Regulations).

1.3 The model procedure is aimed at supporting organisations to deliver what service users say they want when they make a complaint.

2. How to use the model procedure

2.1 This version of the model procedure is for use by Commissioners of NHS Services in England. Commissioning involves deciding what services are needed for diverse local, regional or national populations and making sure they are provided. There is a separate version for providers of NHS services.

2.2 The model procedure can be used as a template by organisations that do not currently have a complaints procedure in place or that wish to refresh what they currently do. It can also be used as a comparison model to help organisations evaluate their current procedures. This will help them work towards delivering the expectations set out in the Standards and meet the requirements of the Regulations.

2.3 The model procedure is not mandatory. It can be tailored to work in the diverse operating procedures that exist across the NHS in England from front line primary care services to secondary care services. Each organisation is free to develop its own policy and procedures that best reflect its service (including size and how it is structured) while using the model procedure as a benchmark to ensure consistency in practice.

2.4 Organisations can also find further help in the complaint handling guidance modules to help support people working in or for the NHS in England to deliver the Standards.

3. Where to go if you need more information

3.1 You will find all the available Complaint Standards materials on the Ombudsman's website.

3.2 If you have any questions or feedback on this document, or any of the NHS Complaint Standards materials, please contact the Ombudsman's Stakeholder EngagementTeam liaisonmanagers@ombudsman.org.uk. You can also contact the Stakeholder Engagement Team if you require any help to embed the Standards in your organisation.

Model Complaint Handling Procedure

1. Introduction

1.1 Co-developed with organisations from across the health sector and advocacy and advice services, the NHS Complaint Standards provide a single vision of good practice for complaint handling. This complaint handling procedure describes how we will put the core expectations in the Standards into practice.

1.2 This procedure sets out how we handle complaints about us and about the services we commission and the standards we will follow. This procedure follows the relevant requirements as given in The Local Authority, Social Services and National Health Service Complaint Regulations 2009 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (referred to in this guidance as the 2009 and 2014 Regulations).

1.3 It should be read in conjunction with the more detailed guidance modules available on the Public Service Ombudsman's website.

1.4 The Complaint Standards and this procedure also support delivery of our [Organisations should include details of any relevant values, promises, charters etc they have in place that refer to, or are applicable to, their complaint service. Delete this paragraph if this is not relevant.].

2. Accountability, roles and responsibilities

2.1 Overall responsibility and accountability for the management of complaints lies with the 'responsible person' (as defined by the 2009 Regulations). In our organisation this is [organisations should insert name and/or title of their responsible person, usually the Chief Executive, senior partner etc or equivalent senior person].

2.2 We have processes in place to make sure the responsible person and relevant senior [manager(s), partner(s) etc] regularly review insight from the complaints we receive, alongside other forms of feedback on our care and service. They will make sure action is taken on learning that arises from complaints so that improvements are made to our service.

2.3 They demonstrate this by:

- leading by example to improve the way we deal with compliments, feedback and complaints
- understanding the obstacles people face when making a complaint, and taking action to improve the experience by removing them
- knowing and complying with all relevant legal requirements regarding complaints
- making information available in a format that people find easy to understand
- promoting information about independent complaints advocacy and advice services
- making sure everyone knows when a complaint is a serious incident, or a safeguarding or a legal issue, and what must happen
- making sure there is a strong commitment to the duty of candour so there is a culture of being open and honest when something goes wrong
- making sure we listen and learn from complaints and improve services when something goes wrong.

Complaints management, roles and responsibilities

2.4 Our complaints manager (as defined by the 2009 Regulation) is [Organisations to insert name and/or job title of their complaints manager or the person responsible for managing complaints]. They are responsible for managing this procedure and for overseeing the handling and consideration of any complaints we receive.

2.5 The 2009 Regulations allow us to delegate the relevant functions of the responsible person and complaints manager to our staff where appropriate. We do this to ensure we can provide an efficient and responsive service. [If required, organisations should insert a brief explanation of how complaints are managed in their organisation. For example, who is/are responsible for the overall management/oversight of day-to-day delivery of complaint handling, including a description of who is/are responsible for managing this procedure and for overseeing the handling and consideration of any complaints received. Additional detail can be appended as an annex if necessary.]

3. Identifying a complaint

Everyday conversations with our users

3.1 [Organisations that have a patient/public facing service should include this section] Our staff speak to people who use our service every day. This can often raise issues, requests for a service, questions or worries [Organisations should include here any other contact examples of 'everyday conversations' that staff may receive and deal with and that are not complaints] that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint.

When people want to make a complaint

3.2 We recognise that we cannot always resolve issues as they arise and that sometimes people want to make a complaint. The NHS Complaint Standards define a complaint as: an expression of dissatisfaction, either spoken or written, that requires a response. It can be about:

- an act, omission or decision we have made or a service we commission has made
- the standard of service we have provided or a service we commission has provided.

Feedback and complaints

3.3 People may want to provide feedback instead of making a complaint. In line with DHSC's NHS Complaints Guidance, people can give feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but it is normally given without wanting to receive a response or make a complaint.

3.4 People do not have to use the term 'complaint'. We will use the language chosen by the patient, service user, or their representative, when they describe the issues they raise (for example, 'issue', 'concern', 'complaint', 'tell you about'). We will always speak to people to understand the issues they raise and how they would like us to consider them.

3.5 For more information about the types of complaints that are and are not covered by the 2009 Regulations, please see The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

3.6 If we consider that a complaint (or any part of it) does not fall under this procedure, we will explain the reasons for this. We will do this in writing to

the person who has raised the complaint and we will provide any relevant explanation and signposting information.

3.7 Complaints can be made to us:

- in person
- by telephone [insert number(s)]
- in writing [insert address(s)]
- by email [insert email address(s)]
- [Organisations should set out any additional formats in which they receive complaints. For example: online, social media etc with relevant contact details].

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.

3.8 We will acknowledge complaints within three working days of receiving them. This can be done in writing or verbally.

3.9 We may receive an anonymous or general complaint that would not meet the criteria for who can complain. In this case, we will usually take a closer look into the matter to identify if there is any learning for our organisation, unless there is a reason not to.

4. Complaining to us as a commissioner of NHS services

4.1 As a commissioner, we can look into complaints about the services we commission. Under section 7 of the Regulations, the person making a complaint can choose to complain either to the service provider or to us as the commissioner of the service.

4.2 When a complaint is made to us about a service we commission, we will determine how best to handle the complaint in discussion with the person making the complaint.

4.3 We will discuss whether it is best dealt with by the service provider or by us as commissioner of the service. When we agree the complaint is best dealt with by the service provider, we will seek consent from the person making the complaint to forward the complaint to the provider of the service.

4.4 When we decide that we are best placed to handle the complaint about the service provider, we will do so following the expectations set out in the Complaint Standards and this procedure. We will request relevant evidence

from the service provider so we can provide a full response to the person making the complaint.

5. Who can make a complaint

5.1 As set out in the 2009 Regulations, any person may make a complaint to us if they have received (or are receiving) care and services from our organisation or an organisation we commission. A person may also complain to us if they are affected or are likely to be affected by any action, inaction or decision by our organisation or an organisation we commission.

5.2 If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their consent for the representative to raise and discuss the complaint with us and to see their personal information (including any relevant medical records).

5.3 If the person affected has died, is a child, or is otherwise unable to complain because of physical or mental incapacity, then the complaint may be made on their behalf by a representative. There is no restriction on who may act as representative but there may be restrictions on the type of information we can share with them. We will explain this when we first look at the complaint.

5.4 If a complaint is brought on behalf of a child, we will need to be satisfied that there are reasonable grounds for a representative to bring the complaint to us rather than the child. If we are not satisfied, we will share our reasons with the representative in writing.

5.5 If at any time we see that a representative is not acting in the best interests of the person affected, we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such circumstances we will advise the representative that they may complain to the Public Service Ombudsman if they are unhappy with our decision.

6. Timescale for making a complaint

6.1 Complaints must be made to us within 12 months of the date the incident being complained about happened or the date the person raising the complaint found out about it, whichever is the later date.

6.2 If a complaint is made to us after that 12 month deadline, we will consider it if:

- we believe there were good reasons for not making the complaint before the deadline, and
- it is still possible to properly consider the complaint.

6.3 If we do not see a good reason for the delay, or we think it is not possible to properly consider the complaint (or any part of it), we will write to the person who has made the complaint to explain this. We will also explain that they can complain to the Public Service Ombudsman if they are not happy with that decision.

7. Complaints and other procedures

7.1 We make sure our complaints staff are properly supported and trained to identify when it may not be possible to achieve a relevant outcome through the complaint process on its own. Where this happens, staff will inform the person making the complaint and give them information about any other process that may help to address the issues and has the potential to provide the outcomes they seek.

7.2 This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- trigger a patient safety investigation
- trigger our safeguarding procedure
- involve a coroner investigation or inquest
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals
- involve a relevant legal issue that requires specialist advice or guidance
- involve decisions where an appeal process is available.

7.3 When another process may be better suited to cover other potential outcomes, our staff will seek advice and give the person raising the complaint clear information. We will make sure they understand why this is relevant and the options that are available. We will also signpost them to sources of specialist independent advice.

7.4 This will not prevent us from continuing to investigate the complaint. We will make sure that the person who has raised the complaint gets a complete and holistic response to all the issues. This includes any relevant outcomes, where appropriate. Our complaints staff will engage with other staff or organisations who can provide advice and support on the best way to do this.

7.5 If an individual is already taking part or chooses to take part in another process but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if:

- the individual requests or agrees to a delay
- there is a formal request for a pause in the complaint process from the police, a coroner or a judge.

In such cases, the complaint investigation will be put on hold until those processes conclude.

7.6 If we consider that a staff member in our organisation should be subject to remedial or disciplinary procedures, we will advise the person raising the complaint. We will share as much information with them as we can while complying with data protection legislation.

7.7 If we consider that a staff member in our organisation, or a member of staff in an organisation we commission, should be referred to a health professional regulator, we will advise the person who has raised the complaint. We will share as much information with them as we can while complying with data protection legislation. If the person raising the complaint chooses to refer the matter to a health professional regulator themselves, or if they subsequently choose to, this will not affect the way we investigate and respond to their complaint. We will also signpost to sources of independent advice on raising health professional fitness to practise concerns.

8. Confidentiality of complaints

8.1 We commit to maintaining confidentiality and protecting privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those organisations and staff who are involved in the consideration of the complaint. Documents relating to a complaint investigation are securely stored and kept separately from medical records or other patient records. They are only accessible to organisations and staff involved in the consideration of the complaint.

8.2 Complaint outcomes may be anonymised and shared within our organisation and the organisations we commission. They may be published on our website to promote service improvement.

9. How we handle complaints

Making sure people know how to complain and where to get support

9.1 We publish clear information about our complaints process and how people can get advice and support with their complaint through their local independent NHS complaints advocacy service [Organisations should insert the name of their local advocacy provider or providers] and other specialist independent advice services that operate nationally.

9.2 We make sure that everybody who uses our services and the services we commission (and those that support them) know how they can make a complaint. This includes making people aware that they can also complain to us about any service we commission from others.

9.3 We do this by displaying our complaints policy and/or materials that promote our complaints procedure in public areas and on our website. We also make sure the services we commission have similar information available. We offer a range of ways to do this so that people can do this easily in a way that suits them. This includes providing access to the complaints process online.

9.4 We will make sure that our service users' ongoing or future care and treatment will not be affected because they have made a complaint.

What we do when we receive a complaint

9.5 We want all people, patients, their family members and carers to have a good experience while they use our services and the services we commission. If somebody feels that the service they received did not meet our standards, we encourage them to talk to staff to see if we can resolve the issue promptly. This includes the standard of service experienced from our commissioned providers.

9.6 We want to make sure we can resolve complaints quickly as often as possible. To do that, we train our staff to proactively respond to service users and their representatives and support them to deal with any complaints raised at first point of contact.

9.7 All of our staff who have contact with patients and service users (or those that support them) will handle complaints in a sensitive and empathetic way. They will make sure people are listened to and get an answer to the issues quickly wherever possible, and any learning is captured and acted on.

Our staff will:

- listen to the service user to make sure they understand the issue(s)
- ask how they have been affected
- ask what they would like to happen to put things right
- carry out these actions themselves if they can (or with the support of others)
- explain why, if they can't do this, and explain what is possible
- capture any learning to share with colleagues and improve services for others.

Complaints that can be resolved quickly

9.8 Our frontline staff often handle complaints that can be resolved quickly at the time they are raised, or very soon after. We encourage our staff to do this as much as possible so that people get a quick and effective answer to their issues.

9.9 In keeping with the 2009 Regulations, if a complaint is made verbally (in person or over the phone) and resolved by the end of the next working day, it does not need go through the remainder of this procedure. For this to happen, we will confirm with the person who has made the complaint that they are satisfied that we have resolved the issues for them. If we cannot resolve the complaint within that timescale, we will handle it in line with the rest of this procedure.

Acknowledging complaints

9.12 Staff will acknowledge all other complaints either verbally or in writing/email within three working days. They will also discuss how we plan to respond to the complaint with the person who has made the complaint.

Focus on early resolution

9.13 When we receive a complaint, we are committed to making sure it is addressed and resolved at the earliest opportunity. Our staff are trained to identify any complaint that can be resolved quickly. If staff consider that the issues cannot be resolved quickly, we will take a closer look into the issues (see section 9.18 onwards).

9.14 When our staff believe that an early resolution may be possible, they are authorised to take action to address and resolve the issues raised and put things right for the person raising them. This may mean giving a quick explanation or apology themselves or making sure a colleague (or the provider of the service) who is more informed about the issues does. Our staff will resolve complaints in person or by telephone wherever possible.

9.15 If we think a complaint can be resolved quickly, we aim do this in a matter of days. We will always discuss with those involved what we will do to resolve the complaint and how long that will take.

If we can resolve a complaint

9.16 If we can answer or address the complaint and the person making the complaint is satisfied that this resolves the issues, our staff have the authority to provide a response on our behalf. This will often be done in person, over the telephone, or in writing (by email or letter) in line with the individual circumstances.

9.17 We will capture a summary of the complaint and how we resolved it and we will share that with the person making the complaint. This will make sure we build up a detailed picture of how each of the services we provide is performing and what people experience when they use these services. We will use this data to help us improve our services for others.

If we are not able to resolve a complaint

9.18 We will look at whether we need to take a closer look into the issues if:

- we are unable to find an appropriate way to resolve the complaint to the satisfaction of the person making it
- the complaint is regarding a service we commission and requires access to relevant information, including clinical records.

A closer look into the issues

9.19 Not every complaint can be resolved quickly. For example, a complaint may be very complex or serious. Or it may be a complaint about a service we commission where we do not have direct access to relevant information and records or to the clinicians/staff involved. In cases that cannot be resolved quickly, we will make sure the complaint is allocated to an appropriate member of staff (or a complaint handler) who will take a closer look into the issues raised. This will always involve taking a detailed and fair review of the issues to determine what happened and what should have happened.

9.20 We will make sure staff involved in carrying out a closer look are properly trained to do so. We will also make sure they have:

- the appropriate level of authority and autonomy to carry out a fair investigation
- the right resources, support and time in place to carry out the investigation, according to the work involved in each case.

9.21 Where possible, complaints will be looked at by someone who was not directly involved in the matters complained about. If this is not possible, we will explain to the person making the complaint the reasons why it was assigned to that person. This should address any perceived conflict of interest.

Clarifying the complaint and explaining the process

9.22 The staff member (or complaint handler) dealing with the complaint will:

- engage with the person raising the complaint (preferably in a face-to-face meeting or by telephone) to make sure they fully understand and agree:
  - the key issues to be looked at
  - how the person has been affected
  - the outcomes they seek
- signpost the person to support and advice services, including independent advocacy services, at an early stage
- make sure that any staff members or service providers subject to a complaint are made aware at the earliest opportunity (see 'Support for staff' below)
- agree a suitable timescale for how long the investigation will take with the person raising the complaint, depending on:
  - the content and complexity of the complaint
  - the work that is likely to be involved, including whether information will be required from a service provider
- agree how they will keep the person (and any staff or provider subject to the complaint) regularly informed and engaged throughout

- explain how they will carry out the closer look into the complaint, including:
    - what evidence they will seek and consider
    - who they will speak to
    - how they will decide if something has gone wrong or not
    - who will be responsible for the final response
    - how the response will be communicated.
- explain (where we commission the service) if they will need to contact the provider of the service to request information, and obtain consent to do so.

Carrying out the investigation

9.23 Staff who carry out investigations will give a clear and balanced explanation of what happened and what should have happened. They will reference relevant legislation, standards, policies, procedures and guidance to clearly identify if something has gone wrong.

9.24 They will make sure the investigation clearly addresses all the issues raised. This includes:

- obtaining evidence from the person raising the complaint
- obtaining evidence from any staff member or service provider involved
- reviewing any relevant records and policies from commissioned services involved in the investigation.

9.25 If the complaint raises clinical issues, they will obtain a clinical view from someone who is suitably qualified. Ideally, they should not have been directly involved in commissioning or providing the care or service that has been complained about. [Organisations to include any additional explanation required about who will provide the clinical view on behalf of their organisation].

9.26 We will complete our investigation within the timescale set out at the start of the investigation. Should circumstances change we will:

- notify the person raising the complaint (and any other parties to the complaint) immediately
- explain the reasons for the delay
- give a new target timescale for completion.

9.27 Unless we have agreed a longer timescale with the person raising the complaint within the first 6 months, we will inform them if we cannot conclude the investigation and issue a final response within 6 months. Our responsible person or a senior manager will write to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed and a final written response is issued.

9.28 Before sending a final written response to the complaint, the responsible person or a senior manager will share and discuss (by telephone, in a meeting or in writing) the outcome of our investigation and the actions we intend to take, with all parties to the complaint. This will be decided on a case-by-case basis and will be based on the complexity of the issues and the identified impact. They will always consider any comments they receive before they issue a final written response.

Providing a remedy

9.29 Following the investigation, if the complaint handler identifies that something has gone wrong, they will seek to establish what impact the failing has had on the person concerned. Where possible, they will put that right, working with the provider of the service complained about if appropriate. If it is not possible to put the matter right, they will decide, in discussion with the person concerned, relevant staff and the commissioned service provider, what action can be taken to remedy the impact.

9.30 The following remedies may be appropriate to put things right:

- an acknowledgement, explanation and a meaningful apology for the error
- reconsideration of a previous decision made by us or the provider of the service
- expediting an action
- waiving (or recompensing) a fee or penalty
- issuing a payment or refund
- changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

The final written response

9.31 As soon as practical after the investigation is finished, the person carrying out the investigation will co-ordinate a written response, [Where applicable, organisations should include details of any relevant procedure for the quality assurance/agreement of final response letters], signed by our responsible person (or their delegate). They will send this to the person who raised the complaint and any other interested parties. The response will include:

- a reminder of the issues investigated and the outcome sought
- an explanation of how we investigated the complaint
- the relevant evidence we considered
- what the outcome is
- an explanation of whether or not something went wrong that sets out what happened compared to what should have happened, with reference to relevant legislation, standards, policies, procedures and guidance
- if something did go wrong, an explanation of the impact this had
- an explanation of how that impact will be remedied for the individual

- a meaningful apology for any failings
- an explanation of any wider learning we have acted on or will act on to improve our service for other users
- an explanation of how we will keep the person who raised the complaint involved until all action has been completed
- confirmation that we have reached the end of our complaint procedure
- details of how to contact the Public Service Ombudsman if the individual is not satisfied with our final response
- a reminder of where to obtain independent advice or advocacy.

Support for staff and involving service providers

9.32 We will make sure all staff who look at complaints have the appropriate training, resources, support and time to respond to and investigate complaints effectively. This includes how to manage challenging conversations and behaviour.

9.33 We will make sure staff who are complained about are made aware. We will also give them advice on how they can get support from within our organisation and external representation if required.

9.34 We will make sure staff and service providers who are complained about have the opportunity to give their views on the events and respond to emerging information. Our staff will act openly and transparently and with empathy when discussing these issues.

9.35 The complaint handler will keep any staff or service provider complained about updated. These staff and service providers will also have an opportunity to see how their comments are used before we issuethe final response.

Referral to the Ombudsman

9.36 In our response to every complaint we will clearly inform the person raising the complaint that they can take their complaint to the Public Service Ombudsman if they are not happy with the outcome of our investigation.

9.37 If the complaint is about detention under the Mental Health Act, or a Community Treatment Order or Guardianship, we will inform the person making the complaint that if they are not happy with the outcome, they can take their complaint to the Care Quality Commission.

10. Complaints involving multiple organisations

10.1 If we receive a complaint that involves other organisation(s) (including cases that cover health and social care issues) we will make sure that we investigate in collaboration with those organisations. The people handling the complaint for each organisation will agree who will be the 'lead organisation' responsible for overseeing and co-ordinating consideration of the complaint.

10.2 The person who investigates for the lead organisation will be responsible for making sure the person who raised the complaint is kept involved and updated throughout. They will also make sure that the individual receives a single, joint response.

11. Monitoring, demonstrating learning and data recording

11.1 We expect all staff and the services we commission to identify what learning can be taken from complaints, regardless of whether mistakes were made.

11.2 Our senior managers take an active interest and involvement in all sources of feedback and complaints, identifying what learning will help improve our services and the services we commission for other users.

11.3 We maintain a record of:

- each complaint we receive
- the subject matter
- the outcome
- whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation.

11.4 We measure our overall timescales for completing our consideration of all complaints and our delivery of the NHS Complaint Standards by seeking feedback on our service from the people who have made a complaint, any representatives they may have, staff who have been specifically complained about and from staff who carried out the investigation. [Organisations should set out how they will seek this feedback, for example - on every complaint dealt with/on a random sample of x% of the complaints dealt with.]

11.5 We monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed.

11.6 In keeping with the 2009 Regulations section 18, as soon as practical after the end of the financial year, we will produce and publish a report on our complaint handling. This will include how complaints have led to a change and improvement in our services, policies or procedures.

12. Complaints about a private provider of our NHS services

12.1 This complaint handling procedure applies to all NHS services we provide. If the complaint relates solely to private healthcare, we will direct the complaint to the relevant process.

12.2 Where we commission the provision of NHS services to a private provider, we will ensure that they follow these complaint handling procedures.

Annex [optional – amend or delete as appropriate]

Roles and responsibilities

The roles and responsibilities of staff within our organisation, when dealing with complaints, are set out below [Organisations should include descriptions/names/job/team titles here and amend and delete any sections as appropriate. Examples of what this might look like are provided below]. Regulations 4(2) and 4(3) of the 2009 Regulations allow us to delegate any complaints handling function to relevant staff where appropriate.

Role	Responsibility
Responsible person [As defined by the Regulations. Insert name and/or title usually the Chief Executive, senior partner or equivalent senior person]	Has overall responsibility for making sure we: • comply with the 2009 and 2014 Regulations • comply with the NHS Complaint Standards and this procedure • take any necessary remedial action. • report annually on how we learn from complaints. Also responsible for: • signing the final written response to the complaint (unless delegated to an authorised person(s)).
Senior managers or partners [In smaller organisations can be combined with the responsibilities of the responsible person or delegated to practice managers etc]	Are responsible for: • overseeing complaints and the way we learn from them • overseeing the implementation of actions required as a result of a complaint, to prevent failings occurring again • contributing to the investigation of complaints • deputising for the responsible person, if authorised. They retain ownership and accountability for management and reporting of complaints. They are responsible for preparing, quality assuring or signing the final written response. They should be satisfied that the investigation has been carried out in accordance with this procedure and guidance, and that the response addresses all aspects of the complaint. They review information gathered from complaints regularly (at least quarterly) and consider how services could be improved or internal policies and procedures updated. They report on the outcomes of these reviews via the organisation's governance structure.

	They are also responsible for making sure: • complaints are central to the overall governance of the organisation • staff are supported, both when they handle complaints and when they may be the subject of a complaint.
Complaints manager [As defined by the Regulations. Insert description or name and job title of relevant manager(s) responsible for the day-to-day delivery of the complaints process]	Responsible for the overall day to day management and oversight of the procedures for handling and considering complaints and the teams that deliver those services [delete final section if not applicable]. In conjunction with senior manager(s) or partner(s), they are involved in a review of the quarterly reports. They use this review to identify areas of concern, agree remedial action and improve services. They may also be responsible for the management and oversight of a complaints team and may also act as a complaint handler/investigator or complaint lead [amend/delete as necessary].
Complaint handler, investigator or staff member dealing with the complaint [insert description or name and job title of relevant individuals or teams]	Assigned to oversee and co-ordinate the investigation of the complaint and the response to the complaint. If needed, they will seek support and input of others. They will make sure the information and responses they receive from the person making the complaint, and from staff being complained about, clearly address all of the issues raised. They are trained in investigative techniques. Where possible, they are also trained in advanced dispute resolution skills. This enables them to seek a mediated resolution to the concern or complaint at any time during the investigation of the issues. They may also act as a complaint lead and may also delegate their responsibilities as set out in this procedure to the complaint lead.
Complaint lead [insert description or name and job title of relevant individuals or teams or delete as appropriate]	As appropriate and when required, the complaint handler will call for the input of a designated complaint lead(s) with knowledge of the care or services complained about. The complaint lead will carry out an investigation, as set out in this procedure, and will give the complaint handler: • an objective account of what happened • an explanation if something went wrong • details of any action already taken or planned to resolve the matter.

All staff	We expect all staff to proactively respond to service users and their representatives and we support them to deal with any complaints raised at the 'first point of contact'. We will provide training so they can do this. We expect all our staff who have contact with patients, service users, or those that support them, to deal with complaints in a sensitive and empathetic way. This includes making sure that people are aware of our local independent advocacy provider and/or national sources of support and advice. We expect all staff to listen, provide an answer to the issues quickly, and capture and act on any learning identified.