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Complaints Policy

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TARGET AUDIENCE (including temporary staff)	
People who need to know this document in detail	• Associate Director of Patient and Carer Experience • PALS and Complaints Coordinator • Quality Matrons • Advocacy
People who need to have a broad understanding of this document	• Executive Team • Executive Directors • Governors • QSG Members • Service Directors • Associate Directors of Nursing • General Managers • Ward Managers • All staff
People who need to know that this document exists	• Patients • Families and carers • Members of the public • Commissioners • External organisations

1. Preface

This section provides a reference to the process flows for staff, patients, families, and carers. The following documents are at the beginning of this policy to provide the user access to key information that is referenced throughout.

Preface Reference		Summary
1	Complaints and Concerns Grading Matrix	A reference table to understand how complaints and concerns are graded at the point of triage by the Patient and Carer Experience Team and the expected timescales for resolution.
2	Patient and Carer Experience RACI Matrix	A table to explain the roles and responsibilities of staff members through each stage of the process.
3	Complaints and Concerns Process – for Patients, Families and Carers	A process flow for patients, families and carers to help to understand the complaints procedure. Advocacy can support patients, families and carers with the review of this documentation where needed.
4	Complaints and Concerns Process – for Staff	A process flow for staff to help to understand the complaints process, timescales and responsibilities.

Preface Reference 1 – Complaints and Concerns Grading Matrix

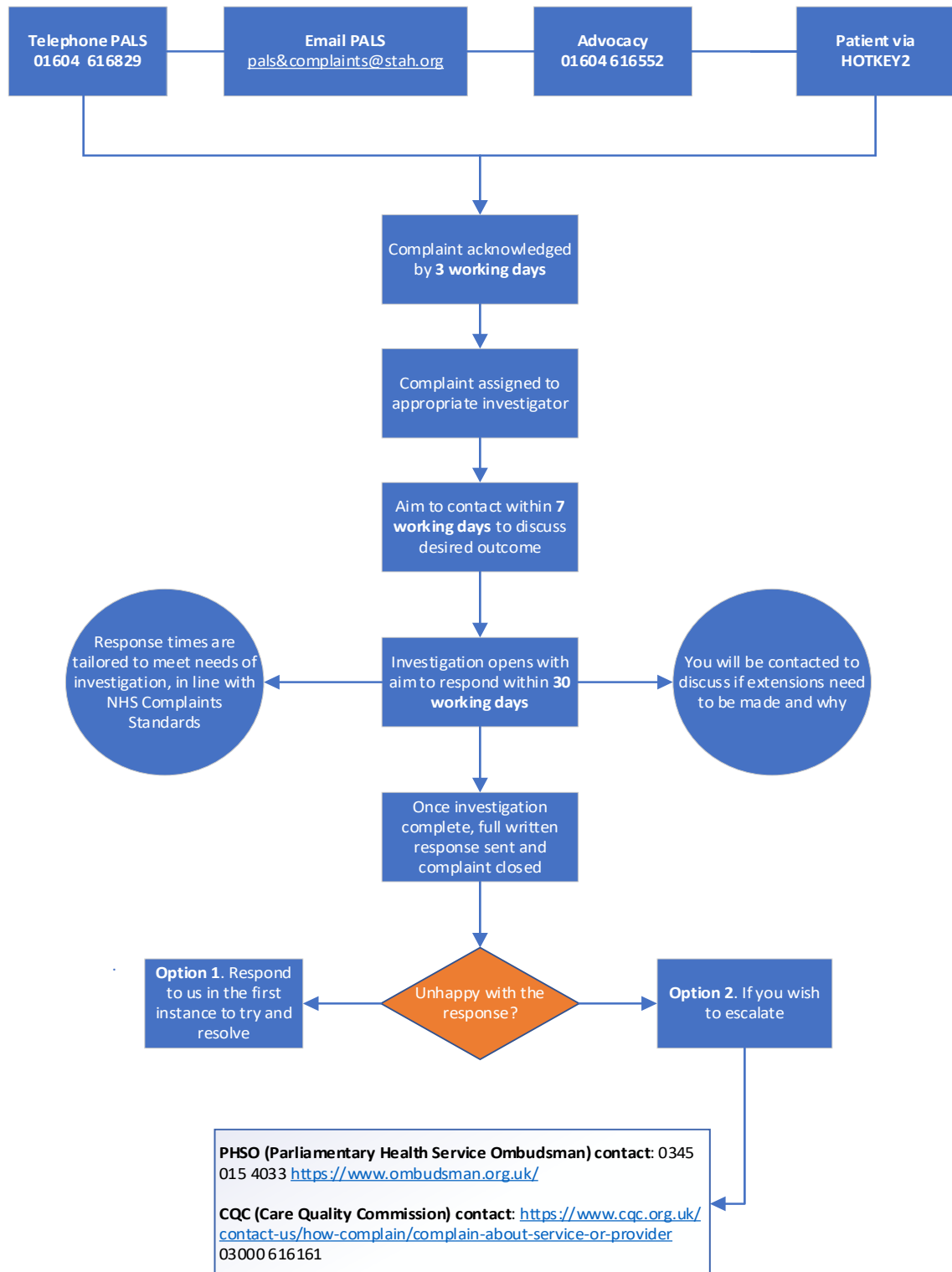
Please note: The Complaints and Concerns Grading Matrix is a generalised tool used at the point of triage. Complaint levels, details and handling approaches may vary as investigations are conducted to meet the specific needs of each complaint.

Concern or complaint level	Concern	Low level complaint	Medium level complaint	High level complaint
Handling approach	Conversation/Liaison with complainant	Attempt local resolution where possible; if unsuccessful or inappropriate, conduct investigation	Attempt local resolution where possible; if unsuccessful or inappropriate, conduct investigation	Conduct investigation
Impact level	No-minimal impact to the person, service or St Andrew's Healthcare	Minimal impact to the person, service or St Andrew's Healthcare	Medium level impact on person, service or St Andrew's Healthcare but not with lasting detriment	Significant impact on person, service or St Andrew's Healthcare with lasting detriment on those involved
Description and example	Expression of worry, concern or disappointment. Single issue that is able to be resolved quickly and not generally requiring any type of investigation. For example, patient raises concern about not receiving a parcel	Complaint with minimal impact on the person who raised the complaint but requires a small amount of investigating to identify what went wrong. For example, patient missed a medical appointment	Complaint with moderate impact on the person or includes multiple issues. For example, a carer complaint about multiple aspects of a patient's care including lack of involvement in care planning	Highly complex and/or multiple issues with a high level of impact on the person who raised the complaint. For example, any complaint with a Serious Incident that may involve multiple services and has a safeguarding element
Complaint/ investigation handler	Local ward staff	Quality Matrons and/or General Managers to assign the appropriate investigation handler		
Timescale aims for resolution	Generally within 3 working days. If the deadline is not met, offer the person who raised the concern the option of escalating to a complaint	Overall internal target is within 30 working days. Timescales will be adapted to meet the needs of the investigation		Timescales to be proposed to suit the needs and complexity of the investigation

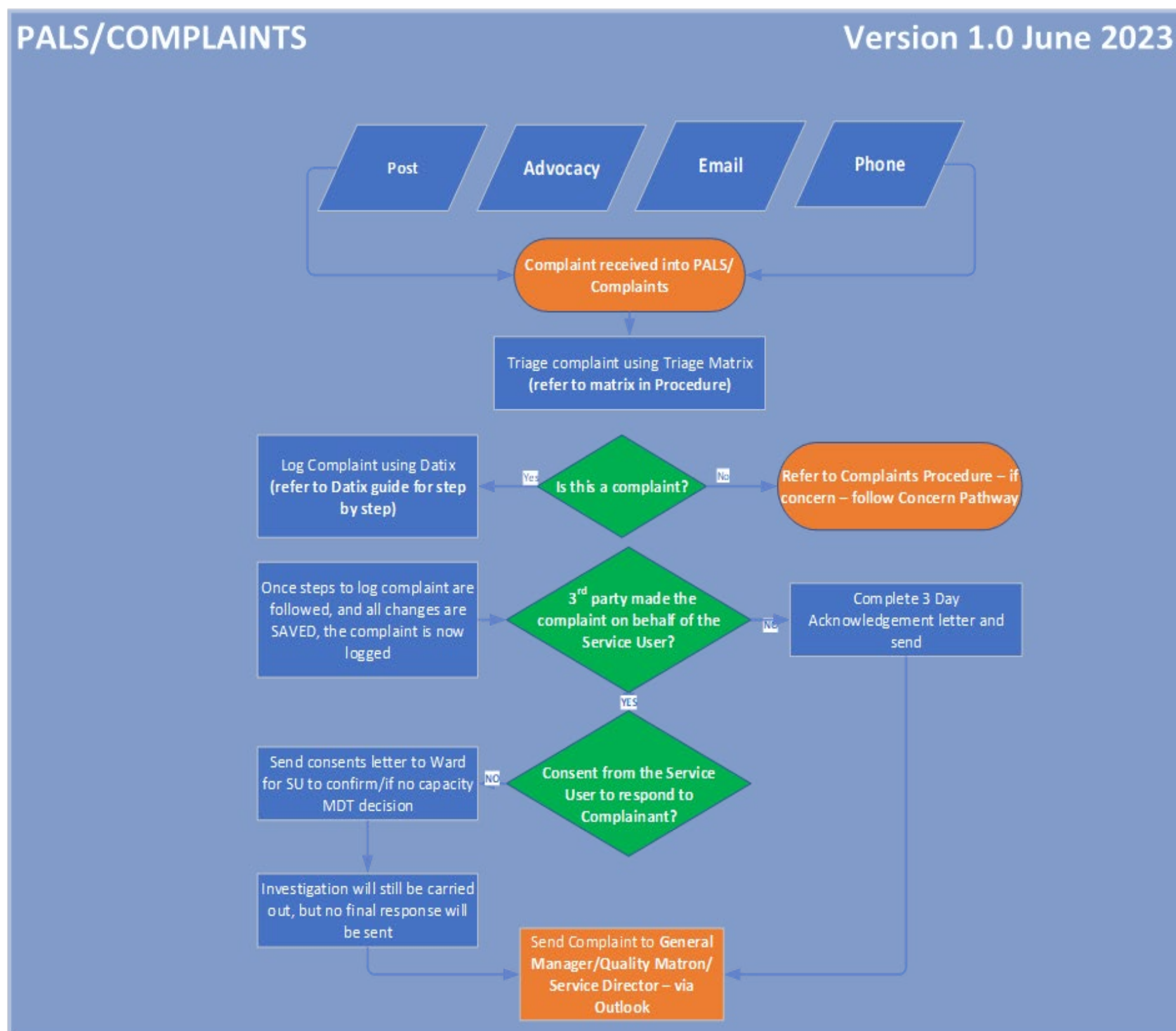
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Preface Reference 3 – Complaints and Concerns Process for Patients, Families & Carers

How to make a complaint at St Andrews Healthcare

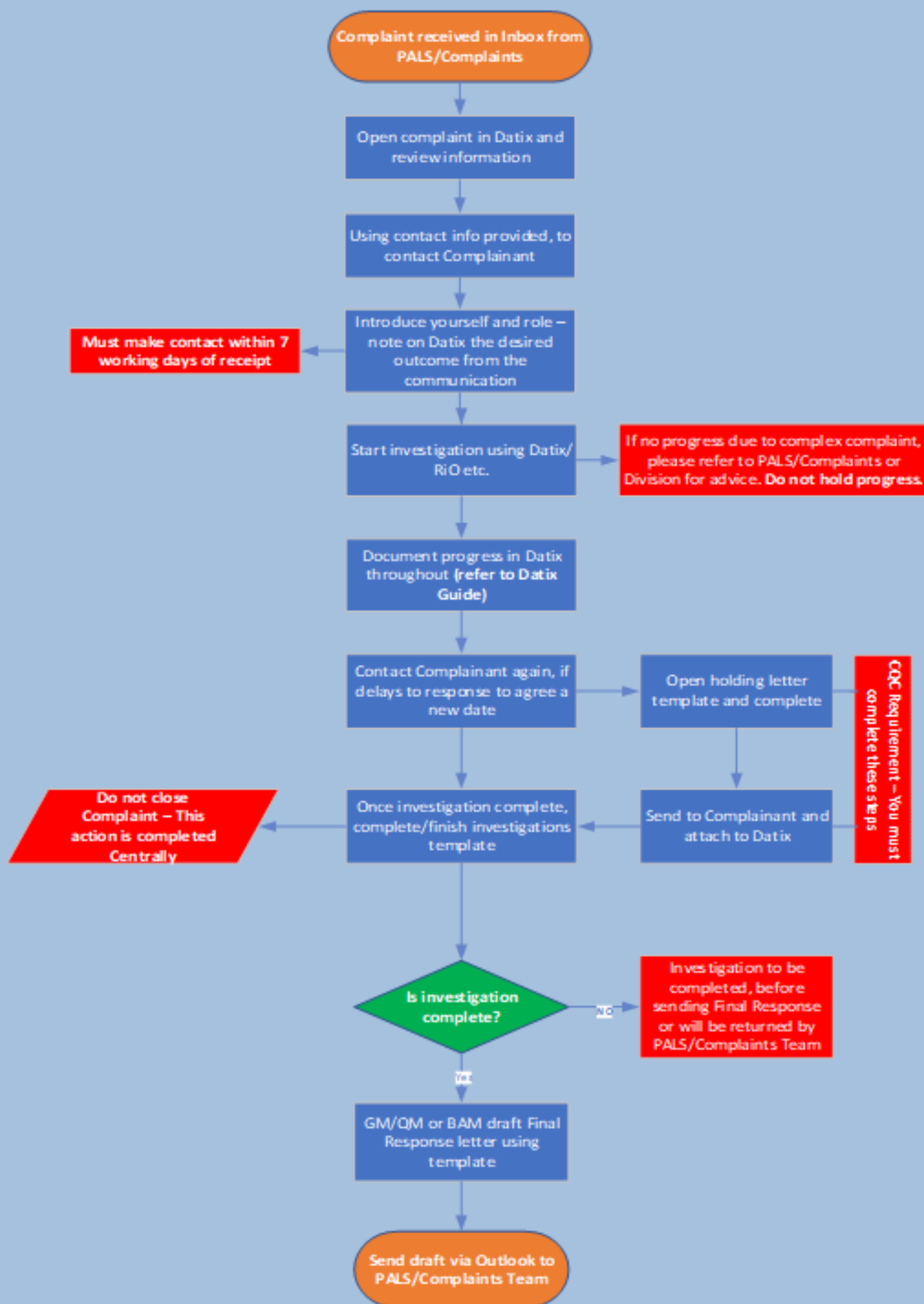


Preface Reference 4 – Complaints and Concerns Process – for Staff



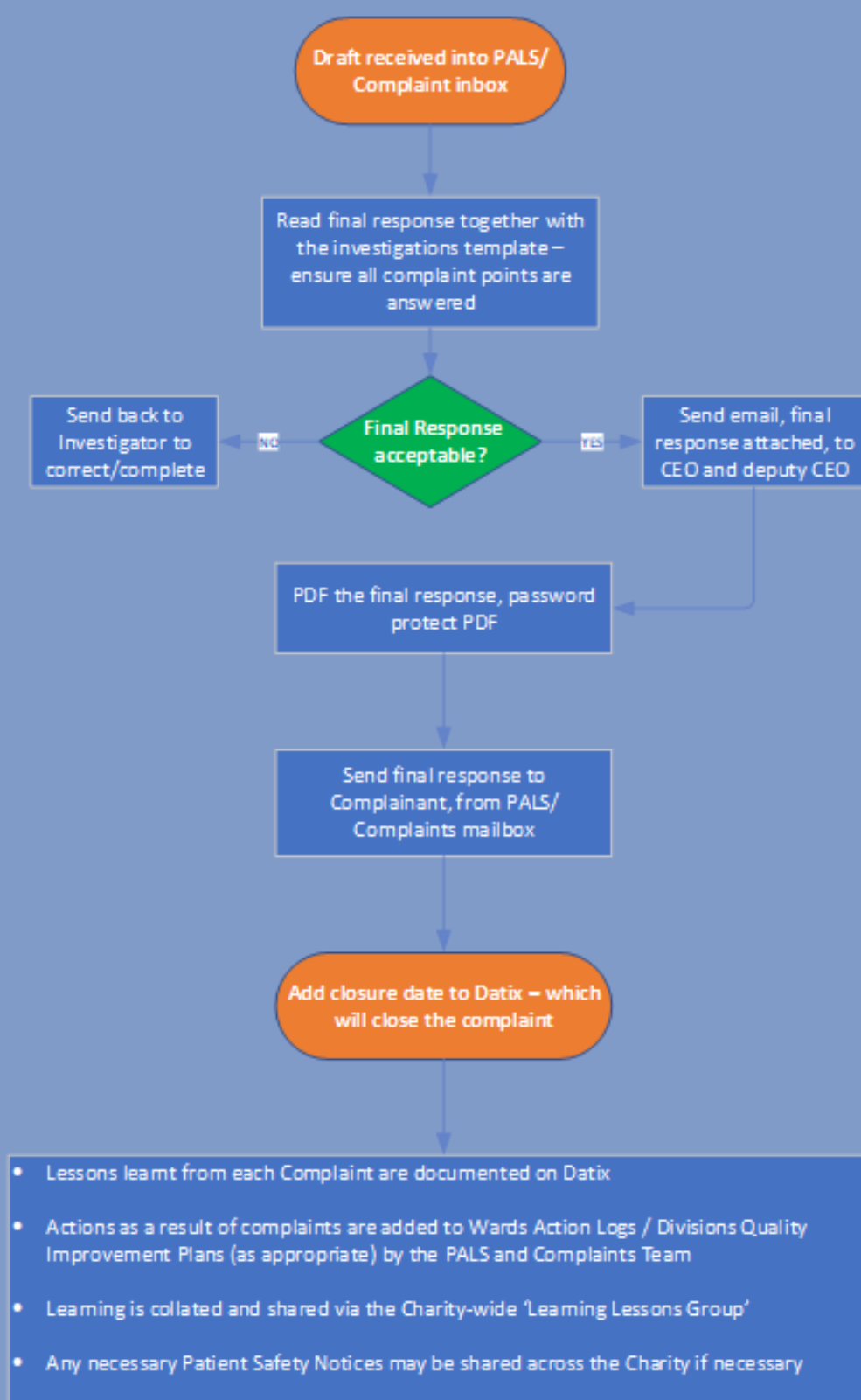
DIVISIONS

(20 WD SLA)



PALS/COMPLAINTS

(7WD SLA)



2. Policy Summary / Statement

The purpose of this policy is to provide St Andrew's Healthcare with clear standards to ensure good complaint handling, high quality investigation and meaningful response to complaints, in compliance with regulations and best practice including the NHS Constitution (Department of Health, 2021) [NHS Constitution for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/nhs-constitution); The Local Authority Social Services, National Health Service Complaints (England) Regulations, 2009 [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2009/1209/contents/make) and the NHS Complaint Standards 2022 [NHS Complaint Standards | Parliamentary and Health Service Ombudsman \(PHSO\)](https://www.nhs.uk/about-us/our-standards/nhs-complaint-standards).

St Andrew's Healthcare will make arrangements for handling complaints in accordance with these regulations for the handling and consideration of complaints to ensure that:

- Complaints are dealt with efficiently
 - Complaints are properly investigated
 - Complainants are treated with respect and courtesy
 - Complainants receive, so far as is reasonably practical –
 - Assistance to enable them to understand the procedure in relation to complaints
 - Advice on where they may obtain such assistance
 - Complainants receive a timely and appropriate response
 - Complainants are told the outcome of the investigation of their complaint and
 - Action is taken if necessary, in the light of the outcome of a complaint
- (NHS England Regulations, 2009)

St Andrew's Healthcare is committed to providing an accessible and fair complaints handling policy that is focused on improving outcomes for patients, their families and carers, and adheres to the User Led Vision principles of good complaints handling (Parliamentary and Health Service Ombudsman, Healthwatch, Local Government Ombudsman, 2014). Every member of staff has a responsibility to support people who wish to give feedback about services and to resolve their concerns and immediate problems if they can. Staff must follow the User Led Vision principles (Parliamentary and Health Service Ombudsman, Healthwatch, Local Government Ombudsman, 2014) and adopt an open, positive attitude towards feedback. This policy outlines St Andrew's Healthcare's commitment to responding to complaints and concerns and provides information about how St Andrew's Healthcare manages, responds to, and learns from feedback about services so St Andrew's Healthcare can improve people's experience of care at St Andrew's Healthcare.

The Complaints Policy describes how the core expectations outlined in the NHS Complaint Standards (2022) will be put into practice by St Andrew's Healthcare. This policy sets out how St Andrew's Healthcare handle complaints and the standards followed. This policy follows the relevant requirements as given in the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations) and the NHS Complaint Standards (2022).

This policy and prefaces (procedure) aim to ensure that all patients, families and carers have access to an effective complaints process and sets out the responsibilities of the division and service that is the subject of a complaint.

St Andrew's Healthcare is committed to supporting a shift on the emphasis of complaints from being process focused to outcome focused as outlined in 'My expectations for raising concerns and complaints' report ([click here to review report](#)) (Parliamentary and Health Service Ombudsman, Healthwatch, Local Government Ombudsman, 2014) and has adopted the User Led Vision five principles:

1. Considering a complaint - 'I felt confident to speak up'
2. Making a complaint - 'I felt making a complaint was simple'
3. Staying informed - 'I felt listened to and understood'
4. Receiving outcomes - 'I felt that my complaint made a difference'
5. Reflecting on the experience – 'I would feel confident making a complaint in the future'

St Andrew's Healthcare is also committed to supporting NHS England's Ask, Listen, Do project (2018): <https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/> to learn from and improve the experiences of people with a learning disability, autism, their families and carers, when giving feedback, raising a concern or making a complaint.

Exceptions to this policy

The following are NOT covered by the Complaints Policy:

- Complaints that have already been investigated under the NHS Complaint Regulations (2009), unless there are significant reasons to do so
- Complaints which are under investigation by the Parliamentary and Health Service Ombudsman
- Complaints from professionals about other professionals
- Staff complaints about employment issues
- Complaints which are subject to ongoing police action, where a complaints investigation could compromise the police investigation
- Complaints about an alleged failure to comply with a data subject request under the Data Protection Act (2018). (These will be forwarded to the Information Governance team)
- Events arising to Serious Incident Investigations (These will follow the Patient Safety Incident Response Framework), unless a complaint is submitted in relation to the incident

3. Links to Procedures

- Handling Unreasonable and Persistent Behaviour Procedure
- Data Protection Policy
- Duty of Candour Policy and Procedure
- Safeguarding of Vulnerable Adults and Children Policy
- Mental Capacity Act Policy – Consent Procedure
- Advocacy Policy and Procedure

The policies and procedures are available via the Policy A-Z: [Policies - Policies - A-Z \(sharepoint.com\)](#)

4. Scope

This policy only applies to the handling of complaints and concerns relating to St Andrew's Healthcare services and/or its policy and procedures. This Complaints Policy applies to all St Andrew's Healthcare employees.

For the purposes of this policy, a complaint is defined as an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not which requires a response.

Clinical staff require a good working knowledge of the policy, particularly Quality Matrons, Associate Directors of Nursing, General Managers, Ward Managers, Deputy Ward Managers, Responsible Clinicians, and Social Workers. Divisional senior leadership is expected to have a good understanding of the Complaints Policy and their role in taking accountability in ensuring the policy is followed.

5. Background

St Andrew's Healthcare's approach to handling complaints is underpinned by the six principles of good complaint handling as set out by the Parliamentary and Health Service Ombudsman (2009):

- Getting it right (first time, every time)
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

[0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf \(ombudsman.org.uk\)](#)

(NHS England Regulations, 2009, 2014; NHS Standards 2022)

This policy is essential to ensure that St Andrew's Healthcare adhere to the NHS Complaint Standards (2022), so that they may support the NHS' aim to provide a consistent approach to complaint handling across the NHS and NHS providers. This Complaints Policy sets out to create a just culture in which feedback is welcomed and patients, families and carers have a voice in helping to shape the care St Andrew's Healthcare provides. St Andrew's Healthcare welcomes feedback to help to better understand the needs of patients and their families so improvements to care can be identified and implemented. St Andrew's Healthcare have shifted from a focus on process, to a focus on performance and providing the best possible outcomes for those who use the services.

6. Definitions

TERM	DEFINITION
Concern	A concern is an expression of dissatisfaction about an act, omission or decision of St Andrew's Healthcare, made either verbally, electronically or in writing, whether justified or not. It is something, according to the person's perception, that has let them down in regard to what they expected to happen. It might be something that a person is unhappy about and would like some support to look into it. Concerns are issues that can be addressed, resolved or responded to in 3 working days. Concerns that are resolved within these timescales are not reportable as complaints.
Compliment	A compliment is any unsolicited expression of satisfaction or praise above and beyond the gratitude usually shown as a general courtesy.
Complaint	A complaint is an allegation that something has gone fundamentally wrong, and a person is expressing their dissatisfaction. It can be in relation to an act or omission, or decision St Andrew's Healthcare has made, or about the standard of service we have provided. A complaint can be raised from a concern, when a person feels their concern has not been resolved.
Comment	The Patient and Carer Experience Team records comments that are received by people who may not want a response from St Andrew's Healthcare but wish to make their observation or opinion known to us.
CQC	Care Quality Commission
CQI	Continuous Quality Improvement
Enquiry	The Patient and Carer Experience Team acts as a source of information for patients, family, carers and other third parties who may wish to find out more about St Andrew's Healthcare services or procedures. Enquiries can be addressed immediately, with either information or signposting provided.
KPI	Key Performance Indicator
LGSCO	Local Government and Social Ombudsman
PALS	Patient Advice and Liaison Service
PHSO	Parliamentary and Health Service Ombudsman
SLA	Service Level Agreement

7. Key Requirements

7.1. Making a complaint

St Andrew's Healthcare's approach to handling complaints, as described in this Complaints Policy, is underpinned by the six principles of good complaint handling as set out by the Parliamentary and Health Service Ombudsman (2009):

- Getting it right (first time, every time)
- Being customer focused
- Being open and accountable

- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

St Andrew's Healthcare consider all feedback to be an invaluable source of insight into the experiences of patients and their families or carers. Whether raising concerns that require improvements to be made, highlighting areas of good practice to be shared or anything in between, St Andrew's Healthcare record feedback so trends can be identified and lessons learnt that help inform improvements to the care provided.

7.2. Types of feedback recorded

7.2.1. Enquiries

The Patient and Carer Experience Team acts as a source of information for patients, families, carers and other third parties who may wish to find out more about St Andrew's Healthcare services or procedures. Enquiries can be addressed immediately by providing information or signposting appropriately.

7.2.2. Comments

The Patient and Carer Experience Team records comments that are received by people who may not want a response from St Andrew's Healthcare but wish to make their observation or opinion known.

7.2.3. Compliments

A compliment is any unsolicited expression of satisfaction or praise above and beyond the gratitude usually shown as a general courtesy. The Patient and Carer Experience Team will not record compliments that appear to have been solicited by staff or appear to be a general courtesy. Compliments should be emailed to compliments@stah.org

If a compliment is regarding children's services within the outpatient's division, then this can also be logged with Young Northants (through West Northamptonshire Council), [Comments, compliments and complaints | West Northamptonshire Council](#)

7.2.4. Concerns

A concern is an expression of dissatisfaction about an act, omission or decision of St Andrew's Healthcare, made either verbally, electronically or in writing, whether justified or not. It is something, according to the person's perception, that has not met their expectations. It might be something that a person is unhappy about and would like some support to resolve. Concerns are issues that can be addressed, resolved or responded to within 3 working days. Concerns that are resolved within this timescale are not reportable as complaints. An everyday expression of concern is not a complaint. Where possible, staff within the service should deal with straightforward concerns and issues raised by patients, their families or carers. This can usually be done by the person to whom the concern is directed or by their Line Manager. Addressing problems as early as possible can often prevent them escalating into complaints and may be less stressful for the individuals concerned.

People will often make complaints when they consider they have not been listened to, and their concern has not been dealt with.

7.2.5. Complaints

A complaint is an allegation that something has gone fundamentally wrong resulting in a person expressing their dissatisfaction. It can be in relation to an act or omission, or decision St Andrew's Healthcare has made, or about the standard of service provided. A complaint can be progressed from a concern, when a person feels their concern has not been resolved or addressed within the 3 working day timeframe.

People do not have to use the term 'complaint'. St Andrew's Healthcare will use the language chosen by the patient, their family, carer or representative, when they describe what they wish to raise (for example, 'issue', 'concern', 'complaint', or 'tell you about something').

See *'Preface Reference 1 – Concerns and Complaint Grading Matrix'*.

7.3. Who can make a complaint

The Patient and Carer Experience Team manages complaints made by a person who receives or has received services from St Andrew's Healthcare or a person who is affected, or likely to be affected by the action, omission or decision of St Andrew's Healthcare, which is the subject of the complaint, for example, a relative or carer or member of the public.

In effect, this means complaints can be made by:

- Patients
- Former patients
- Family members
- Carers
- Carers of former patients
- Members of the public

Complaints may be made directly by the individual, or via a person, or agency acting on their behalf, with their consent, such as:

- Family member or carer
- CQC
- Independent Mental Health Advocate
- Solicitor
- Member of Parliament

The Patient and Carer Experience Team will not manage complaints made by members of staff or their family members and will direct staff to their Line Manager, HR, or a Freedom to Speak Up Guardian as appropriate.

Occasionally anonymous complaints may be received and where there is sufficient detail, the complaint should be investigated in accordance with this policy to identify if there is any learning, unless there is a reason not to do so.

7.4. How to make a complaint

See 'Preface Reference 2 Concerns and Complaints Process – for Patients, Families and Carers'.

Complaints can be made:

- In person
- By telephone
- In writing by email, letter, feedback form or online communication
- Via advocacy

When a complaint is made verbally (in person or by telephone) St Andrew's Healthcare will make a written record of the complaint and provide a summary to the person who raised the complaint upon acknowledgement.

St Andrew's Healthcare is committed, where possible, to communicate with everyone who raises a complaint in their preferred method of communication, for example, telephone, face to face, email, letter.

St Andrew's Healthcare will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. St Andrew's Healthcare will record any reasonable adjustments made.

7.4.1. Time limits on making a complaint

Complaints should be made as soon as possible, but no later than 12 months of the incident or of becoming aware of the incident, which gives rise to the complaint. This ensures that a full and proper investigation is feasible.

Where a complaint is made after the 12-month time limit, the Associate Director of Patient and Carer Experience may liaise with the Division and use discretion, as appropriate, to accept the complaint if satisfied that there is good reason for the time delay and that it is still possible to investigate the complaint fairly and effectively despite the delay. (NHS England Regulations, 2009)

See *prefaces for further information on timescales for staff and complainants*.

7.4.2. Support for people who raise or might want to raise a complaint

St Andrew's Healthcare is committed to ensuring that individuals who raise complaints are treated with respect and courtesy and are assisted in understanding the policy, or given advice on where they may obtain such assistance.

On each ward:

- The Patient and Carer Experience Team posters should be easily visible
- IT should conduct regular, scheduled testing of patient telephones to ensure that hotkey 2 successfully connects to PALS and Complaints and hot key 1 successfully connects to Advocacy
- Patients should have access to the PALS and Complaints feedback forms upon receipt of using the service. Feedback forms can also be obtained via PALS and Complaints upon request. If appropriate, staff can access this on a patient's behalf via [The Hub](#)

People who raise complaints can be offered support via an Independent Advocate. St Andrew's Healthcare commissions the services of an external Independent Mental Health Advocacy provider. The Advocates visit wards regularly and their contact details are on each ward. Patient telephones can access Advocacy directly via hotkey 1.

St Andrew's Healthcare will ensure that reasonable adjustments are made where possible, to provide appropriate support to people raising a complaint to overcome any communication or other difficulties to enable them to make a complaint, such as the provision of an interpreter.

Staff should provide reassurance that raising a complaint or concern will not negatively affect a person's care. Any documentation relating to investigations regarding the concern or complaint are not filed within the patient's health records but logged on the individual Datix attached to the complaint.

7.4.3. Support for staff who are the subject of or involved in a complaint

It is recognised that being complained about can be stressful for staff.

The Patient and Carer Experience Team's remit is to ensure complaints are investigated thoroughly, fairly and resolved with the best outcome possible. If a member of staff is the subject of a complaint, the team can provide reassurance that the process is conducted fairly, impartially and without assigning blame.

Line Managers take responsibility for ensuring that any staff members who are the subject of a complaint are advised of the content, progress and outcome of the complaint, should this be deemed appropriate by the investigator.

Support for staff is offered through the Employee Assistance Programme called HELP, details of which should be available in all work areas and on the staff SharePoint.

7.5. Confidentiality, consent and capacity

When a complaint is made on behalf of a patient or received via a third party (for example, from family member, carer, Solicitor, Member of Parliament) consent must be sought from the patient in order to protect their confidentiality before any information about their care is shared in the resolution of the complaint or concern. Acknowledgement letters to third parties will explain the need to gain consent before the complaint can be progressed.

Additional consent is not required when a patient has approached the CQC to raise a concern or complaint on their behalf, as this consent is documented at the time they approach the CQC. However, if a family member or carer has made a complaint via the CQC, consent will be required in order for them to receive a copy of the information that is sent to the CQC in response to their concerns.

The Patient and Carer Experience Team will always seek to obtain written consent from the patient that is subject of, or related to, a complaint made by a third party. In instances where it is not possible to gain written consent, but the patient has capacity

to consent, the team will accept verbal consent witnessed and recorded by clinical staff.

In situations whereby a patient lacks capacity to provide or decline consent for a third party to raise a complaint on their behalf, their clinical team will make a best interests decision to determine whether the Patient and Carer Experience Team will be able to disclose any personal information about the patient when responding to the third party.

When consent is not given for a third party to pursue a complaint, the third party will be written to in order to explain that under obligations to abide by the Data Protection Act 2018, St Andrew's Healthcare is unable to respond to their complaint and that they have the right to approach the PHSO to dispute this should they wish to. However, it must be noted that not all complaints made by third parties would require confidential information about a patient to be shared in order to address the subject of the concerns. For example, in the case of a carer making a complaint about one of St Andrew's Healthcare's policies and how it affects an individual patient, a lack of patient consent to share their personal care and treatment details does not prevent the Patient and Carer Experience Team from responding about St Andrew's Healthcare's rationale, without having to disclose any confidential information about the particular patient. In such circumstances, St Andrew's Healthcare should seek to balance supporting the carer with respecting the patient's right to confidentiality. It is good practice to inform the patient about what is shared with the third party so as not to compromise their trust in St Andrew's Healthcare and its staff. (NHS England Regulations, 2009, 2014; NHS Complaints Standards 2022; Data Protection Act, 2018)

7.6. Investigating a complaint

See 'Preface Reference 3 – Concerns and Complaints Process – for staff'.

Investigators will be assigned by the Quality Matrons and/or the General Managers, or should they not be available other senior leaders within the Division will assign accordingly. If they are involved and/or the subject of the complaint an investigator will be assigned outside of the service. The Quality Matrons and/or the General Managers (or senior leaders within the Division should they be unavailable), should also consider who should investigate the complaint and ensure there are no conflicts of interest.

Divisional senior leadership are responsible for ensuring staff who investigate complaints have received appropriate training and have the skills to conduct investigations.

Highly complex complaints involving a Patient Safety Incident will be investigated following the Patient Safety Incident Response Framework. <https://www.england.nhs.uk/patient-safety/incident-response-framework/>

Staff investigating complaints should be proficient in identifying the direct, contributory and root causes associated with the issues that have resulted in a complaint and will make recommendations to improve service delivery and avoid the recurrence of a problem. This will ensure that learning from the complaint is identified, and that clinical and non-clinical practice is changed where appropriate.

If interviewing a patient is required, before proceeding, the staff investigating the complaint must ascertain whether the patient requires an appropriate adult, Advocate, named nurse or other staff to be present. They must also gain prior agreement from the patient's Responsible Clinician to ensure the patient's safety and well-being.

If the complaint has been raised by Advocacy on behalf of the patient, the Advocate must be invited to any meetings with the consent of the patient.

Staff investigating the complaint will usually interview members of staff who are named in complaints. This is to ensure a fair and transparent process. Staff may also have a staff representative or colleague present during an interview. All staff are required to co-operate with the Complaints Policy.

The complaint handler will:

- Contact the person who raised the complaint, offer a meeting if appropriate and agree the most appropriate and preferred method of communication, proposed outcomes and timescales
 - Take written statements from the people involved and ensure accuracy of the accounts taken
 - Ensure staff who are involved in complaints are aware of the support available to them
 - Review health care records, policies and procedures as appropriate (wherever possible documented evidence to support statements should be sought)
 - Seek expert advice if needed from appropriate colleagues across St Andrew's Healthcare
 - Complete the investigation report within the agreed timescale
 - Ensure that the report addresses all the issues identified in the complaint
 - Consider the facts and evidence, and conclude whether the practice was that of the standard expected
 - Identify recommendations for practice/service improvements where appropriate and how the person who raised the complaint could be involved in helping to plan or make these changes. If the investigator does not work within the service they investigated, they must liaise with the relevant service staff to identify lessons learned, so that the service has accountability for implementing any necessary changes
 - Ensure all relevant documents including staff statements, policy documents, and file notes are collated for inclusion in the complaint file
 - Update the appropriate complaint Datix form with any progress of the complaint as evidenced throughout
- (NHS Regulations, 2009, 2014; NHS Complaints Standards, 2014)

7.7. Complaints St Andrew's Healthcare will NOT progress

The following complaints are not required to be dealt with under the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), regulation 8 (1):

- A complaint made by any NHS organisation, or private/independent provider, or responsible body
- A complaint made by an employee about any matter relating to their employment

- A complaint, the subject matter of which has previously been investigated under these or previous NHS Regulations
- A complaint arising out of an alleged failure to comply with a request for information under the Freedom of Information Act 2000 or data subject request under the Data Protection Act 2018. These will be forwarded to the Information Governance team
- A complaint which relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes

Furthermore, St Andrew's Healthcare will not proceed with complaint investigations in the following circumstances:

- Complaints which are under investigation by the PHSO
- Complaints from professionals about other professionals
- Staff complaints about employment issues
- Complaints which are subject to ongoing police action, where a complaints investigation could compromise the police investigation
- Events arising to Patient Safety Incident (PSI) (previously Serious Incident) investigations or Safeguarding (SG) investigations. In these situations, the PSI or SG investigation will take precedence. If, however, there are other aspects of the complaint that do not fall under the remit of an PSI or SG investigation, we will offer the person who made the complaint the option of receiving a response to all issues once the PSI or SG investigation has been completed, or to receive a response to the non-PSI or SG issues separately from the PSI or SG outcome

If St Andrew's Healthcare considers that a complaint (or any part of it) does not fall under this Complaints Policy, they will explain the reasons for this. St Andrew's Healthcare will do this in writing to the person raising the complaint and provide any relevant signposting information.

7.8. Responding to complaints

Following receipt of a completed local resolution/investigation report and approved response letter, the Patient and Carer Experience Team will send a letter to the person who raised a concern or complaint, confirming the content of the local resolution and/or investigation outcomes, agreed actions and confirming that the complaint record will now be closed, unless they consider that there is scope for further investigation to resolve the issue.

For a complaint, a signed final response letter will be sent to the person who raised the complaint (within the agreed timescale). The Chief Executive Officer will approve all complaint response letters following investigations, having received all of the relevant information – original complaint, investigation and supporting documents.

If the needs of the investigation warrant an extended timescale, this should be communicated with the complainant and the Patient and Carer Experience Team at the earliest opportunity. The complaints handler is responsible for adjusting the timescale on the Datix form.

Response letters will demonstrate compassion and empathy. They will:

- Acknowledge the issues that have been raised and explain how the complaint has been considered
- Provide information regarding these issues based on facts
- Detail the changes made in response to the complaint
- Acknowledge how the issues may have made the person feel and issue an apology where appropriate
- Provide the opportunity to discuss the outcome of the complaint with the necessary point of contact
- Provide information and contact details of the PHSO as the next stage of NHS complaints process

Once a complaint response has been sent, the Patient and Carer Experience Team will close the complaint. (NHS England Regulations 2009, 2014; NHS Complaints Standards, 2022)

For complaint timescales, please see '*Preface Reference 3 – Complaints and Concerns Process – for staff*'.

7.9. Record keeping during the complaints process

All complaint records are logged onto St Andrew's Healthcare's Datix system and safeguards are in place to ensure that these records are only accessible on a need-to-know basis.

Complaint record information is kept separately from a patient's personal healthcare records.

See below section 6.13 on '*Complaint records retention period*'.

7.10. Allegations of a criminal nature

If a complaint contains an allegation of a criminal nature, it will be referred initially to the Police for investigation. The Division will also conduct its own investigation into the complaint, being advised of the progress of the police investigation so that it does not hinder their inquiries. The Patient and Carer Experience Team will advise the person who raised the complaint, and any staff named in the complaint, in addition to their Line Manager and Employee Relations, of any referral to the police.

7.11. Unreasonable persistent behaviour

St Andrew's Healthcare is committed to treating everyone who raises a complaint equitably and recognises that it is the right of every individual to pursue a complaint. However, in a minority of cases, individuals pursue their complaints in a way that can impede the investigation of their complaint or can have significant resource issues for St Andrew's Healthcare.

St Andrew's Healthcare will always seek, in the first instance, to work with the individual to ensure that they are utilising the Complaints Policy appropriately. If, however, attempts are unsuccessful in this regard, St Andrew's Healthcare reserves the right to implement the Handling Unreasonable Persistent Behaviour Policy.

Please see '*Handling Unreasonable Persistent Behaviour Policy*' via the Policy A-Z for more information.

7.12. Making a referral to the PHSO

St Andrew's Healthcare aims to resolve all issues to the satisfaction of the individual who raised them. If St Andrew's Healthcare has been unsuccessful in achieving this, people are encouraged to highlight this to St Andrew's Healthcare in the first instance so that a satisfactory resolution can be attempted. However, it is acknowledged that this may not always be possible, and some people may not wish to pursue any further interactions with St Andrew's.

Anyone who raises a complaint will be informed via the final response letter of their right to make a referral to the PHSO if they remain dissatisfied and will be given the contact information to do so.

The Ombudsman is the final stage of the complaints procedure in England and referrals to the PHSO should be made as soon as possible following any dissatisfactory outcome of a complaint.

If an individual makes a referral to the PHSO as they remain dissatisfied with the outcome of their complaint, or they consider the process to have been improperly or unfairly carried out, the PHSO will request as much information from the individual as possible to determine whether the referral falls inside their remit. Sometimes the PHSO will require further information to determine whether they will accept the referral, in which case they will request all necessary information from the Patient and Carer Experience Team so they can make an informed decision.

The Patient and Carer Experience Team is not automatically made aware of referrals to the PHSO but is made aware of any referrals the PHSO accepts to pursue on behalf of an individual.

St Andrew's Healthcare is committed to working with the PHSO to support the satisfactory resolution of any complaints and to ensure that any failings identified by the PHSO in the handling of complaints leads to learning that improves processes for all in St Andrew's Healthcare.

7.13. Making a referral to the LGSCO

If a complaint is regarding councils and adult social care then complainants have the right to escalate their complaint to the Local Government and Social Care Ombudsman, [Home - Local Government and Social Care Ombudsman](#)

7.14. Making a referral to the Northants Children's Trust

If a complaint is regarding children/young people within the Outpatients division, complainants may wish to instead utilise the formal Northants Children's Trust complaints route via West Northamptonshire Council, [Comments, compliments and complaints | West Northamptonshire Council](#)

7.15. Complaint records retention period

St Andrew's Healthcare follows the NHS Records Management Code of Practice (2021) states that complaint case files should be held for 10 years before being reviewed and securely destroyed if no longer required.

The retention period begins at the closure of the complaint. A complaint is not closed until all processes, including potential and actual litigation, have ended.

A detailed complaint file must be kept separately from the patient file.

7.16. Key performance indicators

In line with the NHS Complaint Standards (2022), St Andrew's Healthcare measure overall timescales for resolving all complaints against the following principles:

- We will aim to complete our investigation within the timescale shared with the person making the complaint at the start of the investigation
- The maximum amount of time, for example in a Patient Safety Incident or an unexpected death, and/or a longer timescale has been agreed with the person raising the complaint, we will conclude the investigation and issue a final response within six months

St Andrew's internal targets are to:

- Acknowledge all complaints within 3 working days
- Conclude an investigation and issue a final response within 30 working days
- Bespoke all complaint timescales to meet the needs of the investigation which may exceed the internal target of 30 working days

Key Documents			
Name of form	Where to find the form	Who to complete	Frequency of completion
Acknowledgement letter	• Intranet/Hub • Patient and Carer Experience Team	PALS and Complaints Coordinator	Within 3 working days of receipt of email
Investigation template form	• Intranet/Hub • Patient and Carer Experience Team	Assigned investigator	Within 20 working days of complaint
Local resolution form	• Intranet/Hub • Patient and Carer Experience Team	Assigned investigator	Within 3 working days of concern
Draft response letter template	• Intranet/Hub • Patient and Carer Experience Team	• Assigned investigator • Assured by Quality Matron • Business Administration Manager to support if necessary	Within 20 working days of complaint
Holding letter template	• Intranet/Hub • Patient and Carer Experience Team	• Assigned investigator • Quality Matron	Sent to complainant if extension required/agreed

Datix form	Datix	- Assigned investigator - Quality Matron	Add updates and documentation throughout complaint process
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Staff can access key documents on [The Hub](#)

8. Roles and Responsibilities

It is vital that the division and service complained about takes responsibility for addressing the complaint. All staff must be aware of the Complaints Policy and their roles and responsibilities in relation to the policy.

Board of Directors

The Board, through the Executive, are ultimately accountable for the design and delivery of all policies and procedures.

Chief Executive Officer

The Chief Executive Officer is deemed the 'responsible person' accountable for ensuring the efficient operation of this policy and is responsible for reviewing, approving and signing complaint response letters. In the Chief Executive Officer's absence, this responsibility is delegated to the most appropriate Deputy.

Associate Director of Patient and Carer Experience

The Associate Director of Patient and Carer Experience is responsible for the oversight of the complaints caseload, including providing guidance and expertise to colleagues across St Andrew's Healthcare, as well as patients, families and carers. They are also responsible for ensuring that the Complaints Policy is followed correctly and that processes are in place to support effective complaint management within divisions.

The Associate Director of Patient and Carer Experience will:

- Be responsible and accountable for the complaint handling and the Complaints Policy
- Give priority and importance to good complaint handling
- Develop a culture that values and welcomes complaints as a way of resolving issues and improving services
- Ensure that effective governance arrangements underpin and support good complaint handling
- Ensure the policy is delivered through a clear and accountable complaint handling process
- Ensure learning from complaints is used to improve services
- Ensure the continuous quality improvement and delivery of complaints training in relation to roles and responsibilities

The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) allows delegation of the relevant functions of the Responsible Person and Complaints Manager (St Andrew's Associate Director of Patient and Carer Experience) to staff, where appropriate, to ensure provision of an efficient and responsive service.

The PALS and Complaints Lead is responsible for:

- The triage of complaints and concerns, prior to circulation to the appropriate senior leader within the Division
- Supporting divisions with the daily management and investigation of complaints and concerns including logging, recording and closing complaints
- Quality assure draft response letters prior to Chief Executive Officer approval
- Ensure patients, families and carers are aware of their right to access Independent Mental Health Advocacy
- Ensure complainants know who they can contact if they wish to escalate a complaint if they are unhappy with the response
- Liaison with the CQC with regards to the progress of complaints which are received via the CQC

Quality Matrons and General Managers are responsible for:

- Assigning an appropriate and independent complaints handler to investigate the complaint
- Ensuring the effective investigation or early resolution of complaints and concerns within their area
- Ensuring patients, families and carers are aware of their right to access Independent Mental Health Advocacy to assist in supporting them with their complaint
- Ensuring that all complaints have clear lessons learned
- Ensuring patients, families and carers are made aware of any actions/changes made within the ward or division as a result of lessons learned from complaints
- Ensure effective communication with any complainant on progress and/or how timescales will be adjusted to meet the needs of the investigation
- Creating a culture that welcomes concerns and complaints as an opportunity to improve St Andrew's Healthcare services
- Ensuring a focus on implementing change from the lessons learned
- Ensuring a response letter is drafted for CEO approval

Quality Matrons have the overall responsibility for the satisfactory and timely closure of complaints within their division, in conjunction with the implementation and ongoing assessment of any changes made from lessons learned.

All staff are expected to embrace a culture of welcoming feedback and attempting to resolve patient, family or carer concerns and complaints at the earliest opportunity, signposting to the CQC, PHSO and/or Advocacy as needed.

If a staff member is the subject of a complaint or concern, then the person responsible for the investigation will be delegated accordingly to ensure independency.

It is the responsibility of all staff to adhere to St Andrew's Healthcare Complaints Policy and ensure that any complaints or expressions of concern received, are passed to the Patient and Carer Experience Team, to ensure these are addressed as per policy. (NHS England Regulations 2009, 2014; NHS Complaints Standards, 2022).

9. Monitoring and Oversight

Divisions and services will:

- Adopt a fair and consistent approach to the investigation of all complaints
- Be responsible and accountable for investigating complaints and use local resolution as the first approach, as appropriate
- Be responsible and accountable for providing information, as requested, to the Patient and Carer Experience Team, in line with deadlines
- Be responsible and accountable for providing information as requested to the Parliamentary and Health Service Ombudsman and other external regulators
- Extract learning from complaints to continually improve the quality of service provided
- Involve the person who raised the complaint in the action plan for learning and change, as far as is possible
- Communicate effectively with the Patient and Carer Experience Team to meet complaint response deadlines

St Andrew's Healthcare maintains a record of each complaint received, which includes the following:

- Who made the complaint and the subject matter
- The acknowledgement letter
- The outcome/investigation report
- Retains a copy of the complaint response letter
- Whether the final written response was sent within agreed timescales
- The lessons learnt from each concern/complaint and the actions taken in response

The Associate Director of Patient and Carer Experience meets and/or liaises with the Chief Executive Officer on a monthly basis and/or as required to discuss complaints progress, any trends and any areas of concern.

PALS and Complaints data, including number of complaints, concerns and compliments, themes and lessons learned are shared with Divisions monthly and Commissioners as appropriate on a quarterly basis.

Complaints regarding children/young people within the outpatient's division are reported to the Northants Children Trust (NCT) within 2 working days of receipt, via the PALS and Complaints team to sufficiency@nctrust.co.uk

Each month, all compliments logged are shared with the Communications team to be included in Charity updates.

St Andrew's Healthcare monitors all feedback and complaints, looking for trends and risks that may need to be addressed. Monthly reviews are undertaken specifically in relation to any PALS and Complaints records relating to doctors, which is shared with the Revalidation Officer. Monthly reviews are undertaken specifically in relation to concerns and complaints raised that relate to restrictive practices, which are then reported to St Andrew's Healthcare's Restrictive Practice Monitoring Group.

Governors aligned to complaints meet with the Associate Director of Patient and Carer Experience on a bi-monthly basis to provide oversight of progress within the team, current caseload and any identified trends across the Charity.

PALS and Complaints activity is reported to Associate Directors of Nursing, Court of Governors, Quality and Safety Group, Quality Safety Committee, Board and the Executive meeting.

As soon as is practical after the end of the financial year, St Andrew's Healthcare will produce and publish an Annual Complaints Report as a part of the Quality Account. This will include how complaints have led to change and improvement in the services St Andrew's provides.

Divisions will monitor complaint action plans, identify and address any reoccurring themes, identify any relation between concerns and complaints and provide information regarding service improvements within their clinical governance structures and IQPR (Integrated Quality and Performance Report) meetings. Divisional senior leadership should provide assurances that staff are competent in relation to St Andrew's Healthcare's Complaints Policy and that complaints handlers have the skills and confidence to undertake thorough investigations.

With each final response letter, the Patient and Carer Experience Team will seek feedback on the following five principles via a feedback form:

- 'I felt confident to speak up'
- 'I felt making a complaint was simple'
- 'I felt listened to and understood'
- 'I felt that my complaint made a difference'
- 'I would feel confident making a complaint in the future'

All local resolution paperwork provides the opportunity for patients, families and/or carers, to state whether they felt listened to or have any suggestions for improving the complaints process. (NHS England Regulations 2009, 2014; NHS Complaints Standards, 2022)

This policy is also accounted for within the Charity's Risk Management Framework, incorporating appropriate controls and mitigations and as such there will be periodic reviews over the accuracy and effectiveness of any policy/procedure related controls. For further information, go to the Risk Management Hub page.

10. Diversity and Inclusion

St Andrew's Healthcare is committed to *Inclusive Healthcare*. This means providing patient outcomes and employment opportunities that embrace diversity and promote equality of opportunity, and not tolerating discrimination for any reason

Our goal is to ensure that *Inclusive Healthcare* is reinforced by our values and is embedded in our day-to-day working practices. All of our policies and procedures are analysed in line with these principles to ensure fairness and consistency for all those who use them. If you have any questions on inclusion and diversity, please email the inclusion team at diversityandinclusion@stah.org

11. Training

- The Patient and Carer Experience Team provide training to Divisions on the entirety of the complaints process
- The PALS and Complaints Coordinator will be available to offer support in dealing with complaints for any member of staff on a daily basis
- The Patient and Carer Experience Team will aim to host one CPD (Continuous Professional Development) event per annum
- The eLearning module 'Complaints and Feedback' is available to complete on SAP
- Investigations training will be available for all staff to complete
- The Associate Director of Patient and Carer Experience will report themes and examples of lessons learned and actions taken in response to the Charity's Learning Lessons Group (LLG) which may inform targeted staff training
- The Patient and Carer Experience Team will work with the Learning and Development Team, Associate Directors and Quality Matrons to review and monitor complaints training attendance

12. References to Legislation and Best Practice

- A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture (Clwyd and Hart, 2013) ([A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture \(publishing.service.gov.uk\)](#))
- NHS Complaint Standards (Parliamentary and Health Service Ombudsman, 2022) [NHS Complaint Standards | Parliamentary and Health Service Ombudsman \(PHSO\)](#)
 - NHS Complaint Standards Model Complaint Handling Procedure for Providers of NHS Services in England (NHS Complaints Standards and Parliamentary and Health Service Ombudsman, 2022) [Model Complaints Handling Procedure \(ombudsman.org.uk\)](#)
 - Mental Health Act 1983: Code of Practice 2015 (Department of Health, 2015) [Mental Health Act 1983 \(publishing.service.gov.uk\)](#)
 - My expectations for raising concerns and complaints (Parliamentary and Health Service Ombudsman, Healthwatch, Local Government Ombudsman, 2014) [Report My expectations for raising concerns and complaints.pdf \(ombudsman.org.uk\)](#)
 - Principles of Good Administration (Parliamentary and Health Service Ombudsman, 2009) [0188-Principles-of-Good-Administration-bookletweb.pdf \(ombudsman.org.uk\)](#)
 - Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman, 2009) [0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf \(ombudsman.org.uk\)](#)
 - Regulation 20: Duty of Candour (Care Quality Commission, 2022) [Filter Icon \(cqc.org.uk\)](#)
 - Records Management Code of Practice 2021 (NHS, 2021) [Records Management Code of Practice 2021 - NHS Transformation Directorate \(england.nhs.uk\)](#) Saying Sorry (NHS Resolution, 2017) [NHS-Resolution-Saying-Sorry-2017.pdf](#)
 - The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009 \(legislation.gov.uk\)](#)
 - Northants Children's Trust Complaints, Compliments and Representations Policy [1.6.1 Complaints, Compliments and Representations](#)
 - Local Government & Social Care Ombudsman [Home - Local Government and Social Care Ombudsman](#)

- West Northamptonshire Council: Comments, Compliments and Complaints
[Comments, compliments and complaints | West Northamptonshire Council](#)

13. Exception Process

Please refer to the exception process [Policy and Procedure Exception Application Link](#)

14. Key changes

Version Number	Date	Revisions from previous issue
1.0	August 2019	Replaced previous Complaints policy (PCC 11) v 16.1 after a Governance Review and split into a Policy and a number of procedure documents. Removal of use of the word complainant and introduction of My expectations user led vision.
1.1	July 2022	Removal of reference to IPU's (Integrated Practice Units), replaced by Divisions. Introduction of NHS Complaint Standards 2022. Updated reference to Data Protection Act 2018. Change from reference to PALS, Complaints & Patient Engagement Manager to Patient and Carer Experience Manager.
1.2	November 2022	Complaints Policy and Complaints Procedure combined to produce one Complaints Policy document, for accessibility and ease of referral. Embedding of NHS England Regulations (2009; 2014), and NHS Complaints Standards (2022).
2.0	June 2023	Staff roles and responsibilities changed within the Charity which saw an increase and emphasis on divisional responsibility. The complaints process was re-mapped and includes new prefaces such as; new complaints process flowcharts for Staff, Patient, Families and Carers, therefore this document needed amending to reflect these changes.
2.1	September 2024	Clarity added to point 7.4.3 due to staff query.
2.2	December 2024	Added a new statement within the monitoring section to highlight this policy has an associated risk as recorded within the risk register
2.3	March 2025	Clarity added to process flow to show where actions/lessons learned are monitored/shared.
2.4	June 2025	Addition of reference to Northants Children's Trust Complaints, Compliments and Representations Policy (Pages; 14, 22, 26, 28)