



St Andrew's Healthcare Complaints Policy

St Andrew's College adheres to the St Andrew's Healthcare complaints policy which can be found on the proceeding pages.

Policy Group: Corporate
Version no.: 1.0
Date of issue: August 2019
Approved by: Charity Executive Committee (CEC)

Complaints Policy

1. Policy Summary / Statement

The purpose of this policy is to provide the Charity with clear standards to ensure good complaint handling, high quality investigation and meaningful response to complaints, in compliance with regulations and best practice including NHS Constitution (DoH 2009, revised 2015) The Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009 ('the complaints regulations').

This policy, procedure and forms aims to ensure that all patients and carers have access to an effective complaints process and sets out the responsibilities of the IPU and service that is subject of a complaint.

St Andrew's Healthcare is committed to supporting a shift of the emphasis of complaints from being process to outcome focused as outlined in My Expectations (Link here) (Parliamentary and Health Service Ombudsman, Healthwatch, Local Government Ombudsman 2014) and has adopted the User Led Vision five principles: (Link here)

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'

The charity is also committed to supporting NHS England's Ask, Listen, Do project: <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 or both, their families and carers when giving feedback, raising a concern or making a complaint.

This policy and procedure does not cover staff complaints. Staff can direct their complaints to Safecall, which is a confidential service; CQC; Line managers; hospital directors and Human Resources.

2. Links to Procedures (if applicable)

- [Complaint process flowchart](#)
- [Local resolution form](#)
- [Investigation Report](#)
- [Local resolution guidance](#)
- [Complaints, Concerns and Compliments form](#)
- [Consent form](#)
- [Action plan](#)

3. **Monitoring and Oversight** – who is accountable, who is responsible for assurance i.e. owner, relevant Charity-wide Group

The Chief Executive Officer is accountable for ensuring the efficient operation of this policy and associated procedures, and is responsible for approving and signing complaints response letters.

It is vital that the IPU and service complained about takes responsibility for addressing the complaint. All managers and staff must be aware of the policy and procedure and their responsibility.

The PALS Complaints and Patient Engagement Manager will:

- set the complaint handling policy, and own both the policy and the process
- give priority and importance to good complaint handling to set the tone and act as an example for all staff
- develop a culture that values and welcomes complaints as a way of putting things right and improving service
- be responsible and accountable for complaint handling
- 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 the service

IPUS (Integrated Practice Units) will:

- adopt a fair and consistent approach to the investigation of all complaints
- be responsible and accountable for investigating complaints and using local resolution as the first approach
- be responsible and accountable for providing information as requested to the PALS Complaints and Patient Engagement 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 as 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 PALS Complaints and Patient Engagement team to meet deadlines

4. **Diversity and Inclusion**

St Andrews 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 practises. All of our policies 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@standrew.co.uk.

5. **Training** - how do people access training or support if relevant. Please contact Learning & Development to discuss your requirements.
- E-Learn module on SAP
 - CPD events
 - Local training delivered by PALS, Complaints and Patient Engagement team as required.

6. **References to Legislation and Best Practice** - these may be included at the relevant point in the policy or associated procedure(s) and as a separate section as appropriate – Harvard Referencing. <http://www.harvardgenerator.com>

- Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture, Clwyd-Hart, October 2013
- The PHSO Good Complaints and Good Administration documents
- My Expectations (Parliamentary and Health Service Ombudsman, Healthwatch, Local Government Ombudsman 2014)
- NHS Resolution – saying Sorry 2017
- Making Complaints Personal – Healthwatch 2016
- The PHSO Good Complaints and Good Administration documents
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and associated documents.
- Local authority Social Services and national Health Service complaints (England) regulations, DoH 2009 and amendment Regulations 2009
- Mental Health Act code of Practice 2015
- Duty of Candour CQC 2014

7. **Exceptions to this Complaint Policy:**

The following are not covered by the Complaints policy and procedure:

- Complaints that have already been investigated under the NHS Complaint Regulations (2009), unless there are significant reasons to do so;
- Complaints which are under the investigation by the parliamentary & Health Service commissioner;
- Complaints from professionals about other professionals;
- Staff complaints about employment issues;
- Complaints which are subject to an 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 1998. These will be forwarded to information governance team.
- Events arising to Serious Incident Investigations

How to request a change or an exception to this policy

Please refer to either the [Policy and Procedure Update Application Link](#)

Or the exception process [Policy and Procedure Exception Application Link](#)



8. **Key changes** - please state key changes from the previous version of the policy

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