



St Andrew's Healthcare Complaints Procedure

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

Procedure Group: Corporate
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Approved by: Lisa Cairns – Chief Nurse

Complaints Procedure

1. Procedure purpose

St Andrew's Healthcare is committed to supporting a shift of the emphasis of complaints from being process to outcome focused, and ensuring that its complaints handling procedure is accessible to all; that it is fair to patients, relatives, carers and staff and adheres to the user led principles and principles of good complaints handling.

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 and adopt an open, positive attitude towards feedback. We recognise that it can be difficult and stressful for staff to be complained about and it is important for line managers to ensure that staff who are the subject of or who are involved in a complaint are advised of the content, progress and outcome of the complaint. Staff must be treated fairly with a focus on learning and service improvement rather than individual blame.

Feedback: The three C's- Concern, Compliment, Complaint

All feedback is considered a valuable learning source to develop better quality, higher standards of healthcare and improved experiences for all of our patients and carers. It supports the charity to identify what is going well, what we can do better and what requires immediate remedy; providing the charity with opportunities to disseminate good practice and to take action to prevent problems occurring in the future.

Compliments

A compliment is any expression of satisfaction or gratitude for the quality of service provided to patients, relatives, carers, or members of the public or their representatives. Staff should record compliments and the information sent to compliments@standrew.co.uk. The PALS, Complaints and Patient Engagement team will record this electronically on Datix.

Concern

A concern is an expression of opinion that something is or has gone wrong. It is something, according to the person's perception, that has let them down in regards 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.

Complaint

A Complaint is an allegation that something has gone fundamentally wrong and where set procedures have not been followed resulting in a person expressing their dissatisfaction. A complaint can be raised from a concern- when a person feels their concern has not been resolved.

Complaints may be made verbally or in writing and may be addressed to individual staff members, team managers, the Patient Advice and Liaison Service (PALS), Complaints and Patient Engagement Team or to the Chief Executive Officer.

The charity is committed to responding to complaints without undue delay and within set timeframes. We are required to report on service improvements and outcomes including the number of complaints and the complaints handling performance.

Every person who raises a complaint must be treated with respect and courtesy and offered appropriate support throughout the handling of the complaint.

It is a key principle that no one will be discriminated against or treated badly as a result of making a complaint or raising a concern. Patients who raise complaints will not have their care or treatment compromised because they have raised a complaint. It is important that patients are reassured that raising a complaint does not reflect negatively on them.

The Charity's approach to handling complaints, as described in this procedure is underpinned by the six principles of good complaint handling as set out by the Parliamentary and Health Service Ombudsman in 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

2. Links to Policy – [Complaints Policy](#)

3. Exceptions to the Complaint Regulations

The Complaints Policy does not cover the following:

- 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 the Information Governance team.
- Events arising to Serious Incident Investigations

4. Key requirements

Complaints via Whistleblowing

Where the Charity has decided not to investigate a complaint because it falls within one of the categories above, then the PALS, Complaints and Patient engagement team will contact the person who raised the complaint to explain the decision.

If a complaint indicates a prima facie need for referral to another process or it is thought that there is a likelihood of legal action, the PALS, Complaints and Patient Engagement Manager will inform the Charity's Legal Department and risk Managers, together with any other relevant officers who need to be aware.

The complaint will continue to be investigated unless the person who raised the complaint explicitly states that they intend to take legal action.

The PALS, Complaints and Patient Engagement team will inform the person who raised the complaint to advise them of this.

Senior managers and clinicians may wish to consider whether it is appropriate to move the patient or member(s) of staff when an alleged serious or complex allegation or complaint has been made. The PALS, Complaints and Patient Engagement Manager will forward any information that may help in the decision making process. Additionally, if a move was not originally considered necessary, subsequent findings may suggest a re-assessment of the original decision.

If a decision is made to embark upon an investigation under another procedure, the complaints process will cease in respect of all matters that are the subject of such an inquiry. This usually refers to serious allegations about the conduct, behaviour, and performance of employees of the charity. There may be issues within the original complaint that are not related to the above allegations and these should be investigated under the Complaints Procedure, when all other investigations have been completed. The PALS, Complaints and Patient Engagement team will inform the person who raised the complaint about the differentiation and ensure they are aware of what will happen next.

The PALS, Complaints and Patient Engagement team and Safeguarding team will work collaboratively to ensure information and learning is shared, to effectively manage complaints that are escalated to safeguarding.

Who can make a Complaint

- A person who receives or has received services from the charity or a person who is affected, or likely to be affected by the action, omission or decision of the Charity, which is the subject of the complaint e.g. a relative, or carer
- A person/agency acting on behalf of a person with that person's consent e.g. CQC or solicitor.
- A person acting on behalf of a person who has died; is a child; is unable to make the complaint themselves because of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005 and where the charity considers that the complainant is acting in the best interests of that person.

Where a representative makes a complaint on behalf of a child, the charity must not consider the complaint unless it is satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child.

If it is decided not to accept a complaint because the person who raised the complaint does not fall within any of the categories above, then the PALS, Complaints and Patient Engagement team will write to them and explain the decision.

Anonymous Complaints

Occasionally anonymous complaints are received and where there is sufficient detail, the complaint should be investigated in accordance with this procedure.

Time Limits on Making a Complaint

Complaints should be made within **12 months** of the incident or of becoming aware of the incident, which gives rise to the complaint.

Where a complaint is made after the 12-month time limit, the PALS, Complaints and Patient Engagement Manager may use discretion 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.

Support for people who raise a complaint and for staff who are the subject of or involved in a complaint

People who raise complaints can be offered independent support when making a complaint through specialist and contracted advocacy services or through an independent advocacy service sta@pohwer.net ext. 6552.

The charity 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.

The Charity is committed, where possible, to communicate with everyone who raises a complaint in their preferred medium of communication, e.g. telephone, face to face, email, letter and will utilise Ask, listen, Do resource for people with autism and learning difficulties.

It is recognised that being complained about can be difficult and stressful for staff and it is important that line managers take responsibility for ensuring that any staff who are the subject of a complaint are advised of the content, progress and outcome of the complaint.

Support for staff is offered through the employee Assistance Program called HELP. Human Resources provide the individual with the contact details (telephone 0800 019 3453).

In the event it is deemed necessary to suspend the individual a member of the Employee Relations Team in HR make a weekly call on a Friday.

PALS/Complaints Interface

There is a clear differentiation between the roles of PALS and the complaints process. PALS do not investigate complaints but it is a role of PALS to inform people about the complaint procedure and support people to make a complaint where required.

A key PALS role is to help people to talk through their concerns so that they can identify the nature of the problem and work out various options, including raising a complaint for resolving the issue, explaining the potential consequences of each option. Where an individual approaches PALS and subsequently decides to make a complaint, this is then acted upon as per the complaints policy and procedure.

Someone contacting PALS may initially frame a concern in the form of a complaint and PALS staff will seek to identify if the concern can be dealt with more informally. In all cases, the approach adopted will be agreed with the person raising the concern.

Using PALS does not remove the right of patients or carers to pursue the complaints option at any stage. However, it is not appropriate to use PALS and complaints simultaneously to

address the same problem, and it is not appropriate to use PALS to pursue a concern once the complaints policy has been exhausted.

In some cases, it will be necessary for PALS to refer an individual to the complaints policy and procedure, particularly when the concern or allegation is potentially serious and it is unlikely that the issue can be resolved through the informal process.

Concerns

- An enquiry or everyday expression of concern is not a complaint. Where possible, staff within the service should deal with straightforward concerns and issues raised by patients and their families. This can usually be done by the person to whom the concern is directed or by their 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.
- Services should record concerns that have been raised and addressed locally and inform the PALS, Complaints and Patient Engagement Team to record on Datix. This enables teams to review the issues and consider whether they can be addressed more proactively. It also allows this information to be considered within wider governance processes and identify any emerging themes that may escalate into complaints
- Allegations against staff should be recorded on Datix as an incident, by the staff member who receives the allegation.

Complaints process stage 1

Complaints received directly by Chief Executive Officer, will be forwarded on receipt to the PALS, Complaints and Patient Engagement Team.

A complaint received regarding an Executive director or any other member of staff who reports directly to the Chief Executive Officer, will be acknowledged and investigated by the Chief Executive Officer. The PALS, Complaints and Patient Engagement team will be advised for reporting purposes only.

Consent and capacity

- Where more than one directorate or organisation (health or social care) is involved in a complaint, the PALS, Complaints and Patient Engagement team, or relevant service lead will ensure [consent](#) from the person who raised the complaint is obtained prior to the involvement of stakeholders and agree an appropriate lead person to co-ordinate the investigation and response.
- When a complaint is made on behalf of a patient, the PALS, Complaints and Patient Engagement Manager must be satisfied that there are reasonable grounds for a complaint to be made by a third party on behalf of another person. It will be necessary in the interests of confidentiality, to obtain the patient's written consent before investigation or resolution can take place and this should be obtained where capacity is not in question, using the [consent form](#). Where written consent is not

possible, verbal consent can be obtained and recorded on the [consent form](#) and the reasons why written consent was not possible.

- If the patient is unable to express a view, the investigation should proceed as if agreement to progress the complaint had been given. In instances where a patient has capacity to decide but does not wish an investigation to proceed, an investigation can still be initiated through internal governance processes if it is viewed that a complaint is serious enough to warrant it, after discussion between the PALS, Complaints and Patient Engagement Manager and Clinical Lead, about how the process will be managed. In these cases, the outcome will be fed back to the complainant once the process is completed, without breaching the patient's confidence.

Acknowledgment

- Where possible and within **1 working day**, personal contact either in person or by telephone with the person who has raised the complaint will be made by the PALS, Complaints and Patient Engagement Team or the service managing the complaint locally. *Speaking directly to the person who raised the complaint can improve relationships, enable better understanding why they have raised the complaint and how they would like the complaint resolved. It creates a positive communication link from the start of the process.*
- Acknowledgement of any complaint must be made **within 3 working days** from receipt of the complaint.
- Unless the complaint is at **level 1** (see below), the PALS, Complaints and Patient Engagement team will issue the acknowledgement letter. It is therefore essential that services forward any complaint they receive immediately to the PALS and Complaints Team inbox, pals&complaints@standrew.co.uk or by telephone on ext. 6829.
- An acknowledgment letter will confirm what the complaint is regarding and inform the person who raised the complaint about the complaint process, the timeframe in which they can expect a response and contact details for either a named person involved in the handling of the complaint and / or the PALS, Complaints and Patient Engagement team.
- If a complaint is received from an MP, the Chief Executive Officer will issue the acknowledgment letter.

Complaint levels

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. It is a key principle to ask the person who raises the complaint how they would like it resolved.

The service must work with the PALS, Complaints and Patient Engagement team and consider what level the complaint falls within ([see flow chart](#)).

- **Level 1: Low level - local resolution:**
For some low level and more straightforward complaints the service may provide verbal or written (including email) acknowledgement and response without involving the PALS, Complaints and Patient Engagement Team. In these incidences, the service must send the completed [local resolution form](#)

to pals&complaints@standrew.co.uk to record on DATIX within **10 working days**.

- **Level 2 – moderate:**

The PALS, Complaints and Patient Engagement team will liaise with the service to explore if the issue can be resolved locally using the local resolution form as per level 1. If not, the service must use the Investigation [Report template](#) and return the completed form to pals&complaints@standrew.co.uk within **20 working days**.

- Named individuals will be identified by senior staff within the service and will be responsible for leading a complaint investigation and for developing and progressing [action plans](#).

- **Level 3 – Major:**

A formal investigation will be required using the [Investigation Report template](#).

A response must be returned to pals&complaints@standrew.co.uk within **20 working days**

- Named individuals will be identified by senior staff within the service and will be responsible for leading a complaint investigation and for developing and progressing [action plans](#)

- **Level 4 – Serious:**

Complaints at this level may be investigated under our Serious Incident, Accident, Incident Near Miss Procedure / policy ([Incident Recording, Notification and Investigation Procedure](#)). The PALS, Complaints and Patient Engagement Team will work closely with the Serious Incidents team to ascertain if an SI investigation is required and will populate a response to the original complaint once the investigation is completed. The PALS, Complaints and Patient Engagement Team will inform the person who raised the complaint that their complaint is being escalated to an SI; explain the process and the expected response time.

Response times to complaints escalated to an SI may be extended to align with the Serious Incident, Accident, Incident Near Miss Procedure / policy ([Incident Recording, Notification and Investigation Procedure](#))

- If the complaint does not fall into the serious incident criteria, a formal investigation will be required using the [Investigation Report](#) template
- A response must be returned to pals&complaints@standrew.co.uk within **20 working days**
- Named individuals will be identified by senior staff within the service and will be responsible for leading a complaint investigation and for developing and progressing [action plans](#)

For Complaints at **level 2 and above**, the PALS, Complaints and Patient Engagement Team will be responsible for keeping the person who raised the complaint informed about how the complaint is being taken forward. It is the IPUS responsibility to keep the PALS, Complaints and Patient Engagement team updated.

When in any doubt how a concern or complaint should be managed, staff should contact the PALS, Complaints and Patient Engagement team pals&complaints@standrew.co.uk or by telephone on ext. 6829.

Responses

Complaints at level 2 and above which have been investigated using the Investigation Report:

- A signed final response letter must be sent to the person who raised the complaint within **30 working days**. The Chief Executive Officer will approve all complaint response letters at this level, having received all of the relevant information – original complaint, investigation and supporting documents
- Copies of responses are attached to the relevant Datix complaint form. It is expected that Operational and Clinical Leads discuss the outcome with the staff members involved.
- Although Notifiable Safety Incidents will not be investigated under the Complaints policy, all responses to complaints will be written in accordance with Open and Honest Care (Duty of Candour) Policy.
- Responses 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 PALS, Complaints and Patient Engagement team
 - provide information and contact details of the Parliamentary and Health Service Ombudsman as the next stage of NHS complaints process.
- Once a complaint response has been sent, the PALS, Complaints and Patient Engagement team will close the complaint.

Extensions

- If there are valid reasons why an extended timescale is required by staff investigating a complaint- if the issues or aspects of the investigation are complex, and /or they cover more than one organisation, extensions should be negotiated at the earliest opportunity with the service team, PALS, Complaints and Patient Engagement Manager and the person who raised the complaint.
- The PALS, Complaints and Patient Engagement team should always be informed if a complaint is proving more complex than first anticipated or is proving difficult to resolve. The opportunity to discuss approaches at an early stage may help to prevent a complaint escalating to the Parliamentary and Health Service Ombudsman for review.
- Nonetheless, the Charity will make every endeavor to meet timescales in order to maintain levels of performance.

Investigating a Complaint

Managers are responsible for staff who investigate complaints have received any appropriate training and have the skills to conduct investigations. Managers should also consider who should investigate the complaint and ensure there are no conflicts of interest.

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.

Before interviewing patients, the staff investigating the complaint must ascertain whether they require an appropriate adult, advocate, named nurse or other staff to be present. They must also get prior agreement from the patient's Responsible Clinician.

If the complaint has been raised by advocacy on behalf of the patient, the advocate must be invited to any meetings with 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 policy and procedure for the investigation of complaints.

If the complainant and/or staff are not interviewed, the investigating officer should inform the PALS, Complaints and Patient Engagement Manager of the reasons for their decision not to do so.

Staff investigating the complaint will:

- Contact the person who raised the complaint, offer a meeting if appropriate and agree the most appropriate and preferred method of formal method of communication.
- 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 the Lead Investigating Officer.
- Complete the [Investigation Report](#) for submission to PALS@complaints@standrew.co.uk 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 good or not to 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 / make these changes
.All complaints lead to some level of learning and meaningful change
- Ensure all relevant documents including staff statements, policy documents, and file notes are collated for inclusion in the complaint file.

Complaint process stage 2: Independent Review- Parliamentary & Health Service Ombudsman (PHSO)

People who have raised a complaint will be advised of their right to apply to the Parliamentary and Health Service Ombudsman (PHSO) to undertake a review of their case should they remain dissatisfied with the way the charity has handled their complaint and this should occur within 12 months of receiving the charity's final response.

The PALS, Complaints and Patient Engagement team will respond to any requests for information by the PHSO and the charity will consider and act on all PHSO decisions and recommendations following reviews of complaints.

The PALS, Complaints and Patient Engagement Manager will monitor complaints referred to the PHSO. All referrals will be recorded on DATIX and reported at the Quality Safety and Assurance Committee via the Head of PALS, Complaints, Carer and Patient Engagement.

The PALS, Complaints and Patient Engagement Manager is responsible for maintaining positive working relationship with the PHSO.

Allegations of a Criminal Nature

If a complaint contains an allegation of a criminal nature and/or is deemed sufficiently serious, it will be referred initially to the Police for investigation. The service 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 Police will decide whom they wish to interview. The PALS, Complaints and Patient Engagement team will advise the person who raised the complaint and any staff named in the complaint of any referral to the police.

It is noted that the Complaints Regulations should only be used to investigate complaints about the provision of services for which the charity is responsible. However, complaints by patients about the actions of other patients will be managed within a structure, which meets the needs of the person who raised the complaint, and will be viewed as a mechanism to identify areas of practice below the expected standard and improve the delivery of care to ensure a safe and therapeutic environment is provided. These may include allegations of:

- patient versus patient threats, intimidation, bullying, harassment, verbal abuse
- patient versus patient physical assaults/altercations
- patient versus patient sexual assaults/abuse

Complaints of this nature will be referred to Safeguarding. The PALS, Complaints and Patient Engagement team will record this referral on the DATIX complaint form

Patient versus patient issues that indicate a direct failure by the charity to provide a safe and secure environment for patients to live in will be processed under the Complaints Regulations.

Reporting and Learning

The charity is supporting the national shift of complaints reporting and learning from being process focused to outcome and performance focussed.

The charity is committed to listening, changing, and improving services in response to complaints and concerns and where possible, involving the people who raised the complaint in these changes.

A charity-wide annual report will be compiled and include:

- Complaints and PALS activity
- Key performance indicators
- Performance with the complaints process
- Performance of complaint action plans
- What service improvement was planned and made from the learning of complaints
- If and how people who raised complaints were involved in planning and making identified changes.

Regular reports will be submitted to Court of Governors, the Board, and the Quality and Safety Assurance Committee and other governance committees as requested.

Monthly IPU reports will be submitted to Operational Leads, Clinical Leads, Director of Nursing and Director of Operations, Quality Business Partners and Heads of relevant professions, providing information about:

- Complaints and PALS activity
- Emerging themes from concerns and complaints
- IPU performance with the complaints process
- What service improvement was planned and made
- If and how the person who raised the complaint was involved in planning and making these changes.

The PALS, Complaints and Patient Engagement Manager will ensure that systems are in place to collate and provide information on complaints activity to meet the requirements of external partners. This information will include evidence of actions and service improvements arising from the investigation of complaints.

Unreasonable Persistent Complainants and Unreasonable Complainant Behaviour

The Charity 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 either can impede the investigation of their complaint or can have significant resource issues for the Charity.

[Complaints: Handling Unreasonable Persistent Behaviour Procedure](#)

5. 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 procedures, and is responsible for approving and signing complaints response letters.

The PALS, Complaints and Patient Engagement Manager will frequently review the complaint process across the charity. This will incorporate the consistency of the complaints handling, quality, and timeliness of the investigations, responses, actions taken and the satisfaction of people who raised complaints. This information will be recorded monthly in the IPU monthly PALS and Complaints report.

The implementation and effectiveness of this procedure will be assessed via the various reporting mechanisms. An annual audit will also be conducted resulting in the production of an audit report for consideration and action by senior management where appropriate. In addition, the effectiveness of the policy and procedures will be

judged based on feedback from people who raised complaints about their experience of the process.

IPUs will monitor complaint action plans, identify and address any reoccurring themes, identify any relation between concerns and complaints and provide information regarding service improvements and performance to inform PALS, Complaints and Patient Engagement reporting.

Management in IPUS should provide assurances that staff are competent in relation to the Charity's complaints Policy and associated Procedures and that lead investigators have the skills and confidence to undertake thorough investigations.

The charity will adopt the [My Expectations user led vision](#).

The PALS, Complaints and Patient Engagement team will seek feedback on the following five principles via the annual patient survey and monthly feedback mechanisms:

1. 'I felt confident to speak up'
2. 'I felt making a complaint was simple'
3. 'I felt listened to and understood'
4. 'I felt that my complaint made a difference'
5. 'I would feel confident making a complaint in the future'

6. Training

The Charity recognises that complaints handling is an important part of training for all employees to ensure they are properly equipped to support and deal with complaints. Therefore, the PALS, Complaints and Patient Engagement Manager will liaise with Learning and Development to ensure that basic training on complaints handling is available to staff including:

- Charity's induction programme
- E-Learn module on SAP
- CPD events
- Local training delivered by PALS, Complaints and Patient Engagement team as required, in the form of guidance and other training opportunities.

Staff that are required to lead complaint investigations will have additional training and / or guidance' from the Lead Investigation Officer.

Member of the PALS, Complaints and Patient Engagement team will be available to offer help on dealing with complaints for any member of staff.

Monthly PALS and complaint drop-ins will take place in each of the sites.

7. References to Legislation and Best Practice

Relevant legislation:

- 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

Relevant Charity Policies, processes, Strategies and Reference Source Documents

- Open and Honest Care (Duty of Candour) Policy (COR06)
- Safeguarding Children Policy (CRM 07)
- Safeguarding of Vulnerable Adults Policy (CRM 06)
- Safe Working Relationships Between Staff and Patients (CRM 32)
- Records Management Policy (IG03)
- Public Interest Disclosure "Speaking Up" Policy (HR 16)
- Policy Management Policy(COR 01)
- Police Liaison and Prosecution Policy (PCC 33)
- Managing Cause for Concern for Medical Staff (HR 61)
- Accident, Incident, Near Miss and Serious Incident (SI) Reporting Policy (COR 160)

8. **How to change or get an exception to this procedure** – please refer to the exception process [Policy and Procedure Exception Application Link](#)

9. **Definitions** (if applicable)

TERM	DEFINITION
PALS	Patient Advice and Liaison Service
Complaint	An allegation that something has gone fundamentally wrong and where set procedures have not been followed resulting in a person expressing their dissatisfaction.
Concern	An expression of opinion that something is or has gone wrong. It is something, according to the person's perception, that has let them down in regards 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.

10. **Key changes** - please state key changes from the previous version of the procedure

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 the word complainant, introduction of complaint levels, introduction of the My Expectation user led vision
1.1	November 2019	Updated advocacy contact details