NHS Bristol NHS Group Bristol | Weston

Management of Complaints and Concerns Policy

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Contents

1. Quick-Reference Summary

Purpose: It is imperative that people feel able to raise concerns/complaints so we can listen, put things right, and learn with no detriment to care for speaking up.

Scope: Applies to all staff working for/with the Trust. Complaints relating to Freedom of Information requests or the Data Protection Act will be logged and referred to the Information Governance Team for management. Complaints concerning private patients will be logged and referred to the Private Services Team for management.

1) Case Type

- Enquiry: logged and resolved where possible; may escalate to PALS if it needs divisional input.
- PALS concern: informal resolution, minimal investigation, suitable for quick action.
- Formal complaint: requires thorough investigation and written response and/or Local Resolution Meeting (LRM).

2) Core timescales (at a glance)

- Intake & triage: within 2 working days.
- PALS response: within 10 working days.
- Complaint acknowledgement: within 3 working days (Central Team).
- Investigating Manager contact (complaints): within 5 working days of the division receiving the complaint (confirm scope/outcomes, preferences, LRM option, timescales).*
- Complaint response: within 35 working days (end-to-end).
- Local Resolution Meeting: arranged within 35 working days, notes from meeting shared within 10 working days of meeting unless otherwise agreed with complainant.

Extensions: one extension permitted; must be agreed with the person raising it, authorised by Complaints/PALS Manager (or delegate), and recorded on Radar/Datix.

3) What to do if you receive a complaint/PALS concern

Staff should seek to resolve issues promptly at the point of care where appropriate. Where an issue is resolved to the individual's satisfaction and has been managed locally, it does not need to be referred to the Complaints and PALS Team ('Central Team').

If a concern cannot be resolved immediately, or constitutes a formal complaint, it must not be managed locally and must be forwarded without delay to the central Complaints and PALS Team for logging and triage.

4) How the process works (who does what)

- Complaints and PALS Team ('Central Team'): acknowledge, log (Radar/Datix), route to Division, quality check, send for executive sign-off, issue response, close record, report performance.
- Divisional Team: allocate Investigating Manager (IM), monitor progress/timescales, coordinate responses/LRMs (single-division), quality check responses and ensure actions/learning are owned and completed.
- Investigating Manager: early contact*, investigate, draft response or support LRM outcomes, agree actions and follow through.

**Due to existing organisational arrangements at NBT and UHBW, and differences in divisional resources, initial contact with complainants for complaints regarding Bristol and Weston campus sites will continue to be undertaken by the Central Team.*

This approach will be reviewed within six months of the policy going live (December 2026) to support movement to a fully aligned process.

2. Executive Summary

Our Trust aims to provide safe, high-quality care and a positive experience for everyone who uses our services. While we aim to always deliver exceptional care, things can sometimes go wrong, and individuals can feel dissatisfied with the care they have received. When this happens, we want people to feel able to tell us so we can investigate what happened and put things right.

This policy explains how we support patients, service users, families, and carers to raise concerns or make complaints. We want everyone to feel confident that they will be listened to, treated fairly, and never disadvantaged for speaking up.

We are committed to being open and honest when things go wrong. When someone raises a concern or complaint, we will respond in a clear, timely, and supportive way. We will explain what we have found, what we are doing to address the issues, and how we will learn from the experience to improve our services.

Our approach to handling complaints follows national laws, standards, and guidance, including:

- The Local Authority Social Services and NHS Complaints Regulations (2009)
- The NHS Constitution
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 16.
- Parliamentary and Health Service Ombudsman guidance and NHS Complaints Standards
- Good practice guidance from the Patients Association, Healthwatch England, and the Department of Health

- Data protection legislation, including GDPR

We also follow the Duty of Candour, which means being open with people when something has caused harm or distress.

Overall, this policy sets out how we listen, respond, and learn from feedback so we can continue to improve the care and services we provide.

3. Purpose and Scope

3.1 Purpose

This policy sets out how the Trust listens to, responds to, and learns from complaints and concerns. It explains what patients, service users, carers, staff, and the Trust can expect from the complaints process, and how we ensure that concerns are handled in a fair, open, and supportive way.

3.2 For Complainants

- To ensure there is a clear and accessible way for people to raise concerns or make a complaint.
- To make sure complainants receive information and communication that is easy to understand and supports them through the process.
- To provide an honest, timely response that explains what happened, what we have learned, and what actions we will take.
- To ensure complainants are treated with empathy and respect, and that their care is not affected in any way because they have raised a concern or complaint.

3.3 For Staff

- To provide a clear and supportive process that helps staff feel confident in managing complaints and concerns.
- To ensure staff understand the policy, their responsibilities, and the importance of open and constructive communication with complainants.

3.4 For the Trust

- To describe how the Trust manages complaints and concerns in line with national legislation, standards, and best practice guidance.
- To promote a culture where staff feel able to be open and transparent, enabling learning, improvement, and actions that help prevent issues from recurring.
- To ensure the complaints process is accessible to all and supports equality, diversity, and inclusion.

3.5 Scope

This policy applies to everyone working for or on behalf of the Trust, including permanent and temporary staff, volunteers, agency workers, and contractors.

The Complaints and PALS team may receive general enquiries. These are logged for monitoring and handled directly wherever possible. If an enquiry cannot be resolved

promptly or requires input from clinical or operational teams, it may be escalated and managed as a PALS concern.

Complaints relating to the Data Protection Act or Freedom of Information Act are outside the scope of this policy. Such complaints will be recorded by the Complaints and PALS Team and referred to the Information Governance Team, who will manage them in line with relevant legislation and the principles of this policy.

Complaints relating to Private Patients fall outside the scope of this policy. Such complaints will be recorded by the Complaints and PALS Team and referred to the Private Services Team, who will manage them in accordance with relevant legislation and in line with the principles set out in this policy. If the complainant is dissatisfied with the outcome, they may escalate their complaint to the Independent Sector Complaints Adjudication Service (ISCAS).

Complaints made by other NHS organisations, or private/independent providers (including the local authority) fall outside the scope of this policy. Complaints raised by other professionals in other organisations should be referred through the patient safety route, except where a care provider is raising on behalf of a client/patient with their consent.

4. Definition of Terms

4.1 Complaint

A complaint is an expression of dissatisfaction, verbal or written, about an act, omission, or decision by the Trust or those acting on its behalf, where the individual expects or requires a response.

A complaint may arise directly or following an unresolved PALS concern and typically requires a thorough investigation with a formal written response or a Local Resolution Meeting (LRM). Complaints are managed in line with the NHS Complaints Regulations 2009.

4.2 Patient Advice and Liaison Service (PALS) Concern

A PALS concern is an issue requiring minimal investigation and suitable for informal resolution, usually within 10 working days.

These concerns are typically non-complex and easily resolved. They may relate to a current issue occurring for a patient on a ward where prompt action may improve the patient's experience. Unresolved PALS concerns may be escalated to a formal complaint.

4.3 Enquiry

An enquiry is a request for information, advice, clarification, or signposting that does not constitute a formal complaint or concern. Enquiries are typically resolved through the provision of information or guidance and do not require detailed investigation or formal response procedures. Where possible, the Complaints and PALS Team (Central Team) will respond directly to enquiries without involving the division. Divisions will only be engaged where necessary, for example, when the Central Team is unable to obtain a response from the relevant service or team. All enquiries will be recorded on the complaints management system for monitoring purposes.

4.4 Reopened Complaint

A reopened complaint is one previously closed but reopened because:

- The complainant is dissatisfied. They dispute the information, feel there are unresolved issue/s or not all issues are addressed or are dissatisfied for another reason, such as the style or tone of the response.
- The complainant may wish to clarify something
- The complainant may wish to raise new questions

Reopened complaints may require further investigation, clarification, or a local resolution meeting to discuss the outcome. While every effort will be made to support the reopening of a complaint, there may be limitations where a significant period of time has elapsed since the complaint was closed. In such circumstances, the Trust may not be able to respond effectively.

Complainants are therefore advised to request the reopening of a complaint as soon as possible following its closure, and ideally within 12 months.

4.5 Advocacy Services

Independent advocacy services provide free, impartial support to individuals wishing to make an NHS complaint. Advocates can:

- Explain the NHS complaints process
- Support complainants in meetings
- Assist with drafting correspondence
- Refer individuals to other agencies where appropriate
- Support escalation to the Parliamentary and Health Service Ombudsman (PHSO)

These services operate independently of the NHS.

4.6 Parliamentary and Health Service Ombudsman (PHSO)

The PHSO is the independent body responsible for making final decisions on complaints not resolved by the NHS. The Ombudsman assesses whether the Trust acted properly, fairly, and reasonably, and may make recommendations for improvement or remedy.

4.7 Ex-Gratia Payments

Ex-gratia payments are discretionary payments the Trust may choose to make where there is no legal liability, such as payment for loss or damage to personal property.

4.8 Incident

An incident is any unintended or unexpected event that could have led to, or did lead to, harm for one or more patients receiving NHS care.

5. Roles and Responsibilities

Outline responsibilities for:

5.1 Executive Board

- Ensure clear policies, procedures, expertise, and resources are in place for complaint handling.
- Receive and review monthly complaints information, including the number of complaints and response time performance
- Receive and review the Patient Experience Annual Report (includes complaints and PALS data).
- Delegate detailed quarterly analysis of complaint themes, learning, and performance to the appropriate committee (Quality & Outcomes Committee).

5.2 Chief Executive

- Holds overall accountability for how complaints are handled.
- Acts as the Responsible Person under the Regulations.
- Delegates the executive lead for complaints to the Chief Nursing & Improvement Officer (or another appropriate executive director).
- Designates the signing of all formal complaint responses to the Hospital Managing Director, the Hospital Director of Nursing and the Hospital Medical Director.

5.3 Chief Nursing & Improvement Officer

- Acts as the designated executive lead for complaints and ensures Trust compliance with Regulations.
- Reviews escalated or highly sensitive complaints.
- Works with senior leaders to determine Trust strategy for complaints handling.

5.4 Hospital Medical Director (and supporting deputies)

- Jointly reviews escalated or highly sensitive complaints
- Provides clinical oversight and advice on complaints involving clinical care.

5.5 Other Executive Directors (including the Hospital Managing Director, Hospital Director of Nursing and Hospital Medical Director)

- Advise on complaints assigned to them, particularly those escalated as highly sensitive.
- Participate in the rota of signatories for formal complaint responses as required. This may be delegated to designated deputies as required.

5.6 Head of Patient Experience

- Oversees the Trust reports, monthly data, quarterly summaries, and the annual patient experience report.
- Provides high level advice and expertise on effective complaints handling and investigations and supports with complex or sensitive cases.
- Triangulates complaints data with other patient feedback sources.

5.7 Patient Experience Manager

- Oversees operational management of complaints processes across the Trust.
- Reviews escalated dissatisfied responses.
- Produces reports, monthly data, quarterly summaries, and the annual complaints data.
- Advises divisions on effective complaint handling and investigation
- Escalates highly sensitive complaints to the Head of Patient Experience or relevant Director.
- Liaises with Patient Safety, Safeguarding, and Legal teams where harm or risk is indicated
- Triangulates complaints data with other patient feedback sources.
- Ensures complaints handling is in line with national best practice and regulatory requirements.

5.8 Complaints/PALS Manager

- Manages day-to-day operations of the PALS and Complaints Team.
- Manages complex or multi-Trust cases.
- Leads Trust complaints training.
- Ensures acknowledgement of complaints within NHS Constitution timescales.
- Reviews divisional draft responses and forwards them for sign off.
- Manages PHSO cases and highly sensitive complaints.
- Conducts audits of team performance and supports staff development.
- Alerts Communications Team to potential media interest.

5.9 Complaints/PALS Team (Central)

- Allocates complaints to divisions.
- Acknowledge complaints within NHS Constitution timescales.
- Reviews divisional draft responses as requested by the Complaints/PALS Manager.
- Escalates complex/high-risk cases to Complaints/PALS Manager.
- Supports the day-to-day running of the Complaints/PALS service.
- Maintain & update Datix/Radar records.
- Responds to enquiries.

5.10 Divisional Complaints Coordinators/Divisional Patient Experience Team (referred to as 'Divisional Team' throughout this policy)

- Administers and coordinates the management of complaints and concerns within the Division, in line with this policy.

- Allocates Investigating Managers (IMs) to investigate complaints and concerns appropriately.
- Maintains Datix/Radar records
- Liaises with PALS and Complaints Team regularly, escalating areas of concern and potential delays that may affect agreed timescales or response quality.
- Assesses severity and escalates appropriately within the Division, including flagging safeguarding and incident issues to the Divisional Management Team.
- Supports Investigating Managers to ensure extensions to cases are managed properly in line with this Policy.
- Ensures quality check of draft responses.
- Oversees actions and learning by tracking implementation and progress of actions arising from complaints and PALS, and ensuring learnings are shared within divisional governance and more widely as required.
- Monitors divisional performance by reviewing/validating reports on complaint/PALS targets (e.g. delayed responses or dissatisfied complainants)
- Oversees the arrangements and administration of local resolution meetings for their clinical division, ensuring minutes of the meetings are captured accurately.
- Oversees the response to PHSO enquiries into the division.

5.11 Divisional Directors of Nursing (or equivalent)

- Provides divisional leadership and accountability for effective handling, investigation, resolution, and local oversight of complaints.
- Ensures staff awareness and role-based training on the complaints procedure/policy, appropriate to responsibilities.
- Assures quality, fairness, and timeliness of investigations and responses, ensuring delivery within agreed timescales with enquirers/complainants.
- Approves written responses prior to issue from the Division
- Maintains governance oversight by reviewing themes/learning as standing agenda items at Divisional Governance and Divisional Performance Review meetings.
- Monitors complaint performance and reporting, ensuring Divisional Boards receive regular updates (e.g. monthly via Quality & Performance reporting) including complaint volumes, response-time performance, and reopened rates.
- Attends local resolution meetings where required or applicable.
- Ensures incidents and safeguarding alerts are reported via the Trust governance system when identified during complaint investigations.
- Leads thematic learning and improvement planning, including contributing to/using detailed quarterly analysis to respond to themes by confirming actions already taken or proposing new divisional improvement actions.

- Ensures divisional representation at Trust experience forums (e.g. Patient and Carer Experience Group / Experience of Care Group) and that learning is shared back to Divisional Boards, including cross-division learning where common themes arise.

5.12 Experience of Care Group/Patient and Carer Experience Group

- Receives and reviews quarterly reporting summarising complaints and concerns activity, themes, learning, and performance in complaint management.
- Monitors compliance with Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

5.13 All staff

- Have an awareness of this policy to inform or signpost patients, service users or their representative to raise their concerns (via PALS or complaints team).
- Contact their line manager or the Complaints/PALS team if they are unsure how to manage a complaint or concern that they receive from a patient whilst at work.
- Cooperate with a PALS concern or complaint investigation. This may include attending a local resolution meeting.
- Ensure they do not discriminate against any patient/service user or their representative who may have raised a complaint or PALS concern.
- Attend complaints training as required by their role
- Promote a just culture in the investigation of complaints and PALS concerns.

5.14 Volunteers

- Assist with signposting individuals who wish to raise concerns to the Complaints and PALS Team.
- Ensure any complaints or concerns received are promptly passed to a member of staff or directly to the Complaints and PALS Team without delay.

6. Procedures

A flow diagram for the procedures below is provided in Appendix 1.

6.1 Who can raise a concern or make a complaint?

6.1.1 In accordance with the Regulations, a concern or complaint may be raised by:

- Any current or former patient/service user of the Trust
- Any person affected, or likely to be affected, by an action, omission, or decision of the Trust
- A child or young person who is considered Gillick/Fraser competent

6.1.2 **Gillick/Fraser competence** refers to a child under the age of 16 who demonstrates sufficient understanding and maturity to make decisions about their own care. The Trust is committed to applying this principle to children who wish to raise a concern or complaint.

Children will be supported by the Complaints and PALS Team and, where appropriate, signposted to additional resources such as independent advocacy or carers' support organisations.

6.1.3 Where a representative wishes to raise a concern or make a complaint on behalf of a child under 16, they must either:

- Have the child's consent; or
- Demonstrate that the child is not Gillick/Fraser competent and that they are acting in the child's best interests.

The representative should ordinarily be the child's parent or legal guardian or have their consent to act. Where the child is in the care of a Local Authority or Voluntary Organisation, the representative must be authorised to act on behalf of that organisation.

6.1.4 Where concerns or complaints relate to an individual aged 16 or over, consent must be obtained from that individual before information is shared or action is taken on their behalf. A concern or complaint may also be raised by a representative acting on behalf of an individual where:

- The individual has provided explicit consent (evidenced in writing or via a valid Power of Attorney for Health and Welfare)
- The individual has died, and the representative can demonstrate authority (e.g. executor of the will, grant of probate, or consent from the personal representative)
- The individual lacks capacity (as defined by the Mental Capacity Act 2005), and the representative holds appropriate legal authority (e.g. Power of Attorney for Health and Welfare or a Court of Protection deputyship order)

6.1.5 Where a Member of Parliament (MP) raises a concern on behalf of a constituent, the Trust will assume that appropriate consent has been obtained.

6.1.6 If a representative is unable to demonstrate authority to act, the Trust may make a best interests decision to proceed with investigating the concern or complaint. In such cases, the Trust may limit the information shared to protect patient confidentiality.

6.1.7 If a complainant dies before their concern or complaint is concluded, the Trust may contact the personal representative to confirm whether they wish the matter to proceed or be closed.

6.2 Intake and Triage

Timescale: Initial intake and triage of complaints and PALS will be completed within 2 working days of receipt.

1. Contact received by the Complaints and PALS Team (Central Team)
2. Central Team acknowledge receipt:

   - Confirm contact has been received
   - Agree case type with the person raising it
   - Seek consent (if required)

- Draft formal acknowledgment for complaints.

3. Central Team log case

Exception Handling

Any complaint or concern received outside of the central complaints function (for example, correspondence received directly by the Chief Executive's Office or another service area) must be forwarded immediately to the central complaints team for formal intake, logging, and triage in accordance with Trust procedure.

6.3 PALS concerns

Timescale: Response required within 10 working days.

1. A PALS concern is raised and logged on Radar/Datix and routed to the Divisional Team.
2. The Divisional Team assigns an Investigating Manager (IM).
3. The Investigating Manager investigates the concern.
4. The Investigating Manager contacts the person raising the PALS to communicate the outcome.
5. The Investigating Manager updates the Divisional Team with the outcome.
6. The Divisional Team ensures record is completed updates the Central Team, requesting case closure.
7. The Central Team reviews the record, ensures it is complete, and closes the case on Radar/Datix.

Extensions

One extension is permitted

- Must be authorised by the PALS/Complaints Manager or a delegated member of the team.
- Must be agreed with the person raising the concern.
- The PALS/Complaints Manager or delegated member of the team updates Radar/Datix accordingly.

Exception Handling

If the PALS is reopened, the process restarts from Step 1 of the PALS workflow.

If the concern is escalated, it is converted into a formal complaint and follows the complaints process.

Accountability

The Divisional Team provides oversight of progress and response performance against agreed timescales, and will escalate matters within the division as appropriate.

6.4 Complaints

Timescale: Response required within 35 working days.

1. Complaint received (formal complaint). Central Team issues a formal acknowledgement as per intake and triage procedure.
2. Central Team logs the complaint on Radar/Datix and routes it to the Divisional Team.
3. Divisional Team allocates the case to an Investigating Manager (IM).
4. IM contacts the complainant within **5 working days** to:
    - introduce themselves,
    - confirm and clarify the complaint issues (scope),
    - confirm desired outcomes/questions to be answered
    - explore option of an LRM
    - confirm communication preferences (e.g. letter/email/phone),
    - confirm expected timescales, agree extension if required and next steps.

Due to existing organisational arrangements at NBT and UHBW, and differences in divisional resources, initial contact with complainants for complaints regarding Bristol and Weston campus sites will continue to be undertaken by the Central Team.

This approach will be reviewed within six months of the policy going live (December 2026) to support movement to a fully aligned process.

5. IM investigates and drafts the written response, then shares the draft letter with the Divisional Team.
    - If the complainant has opted for an LRM, the IM will investigate but not draft a written response.
    - For multi-divisional complaints, the lead division coordinates and collates input from all relevant divisions/services into one single coordinated response.
    - The Investigating Manager (IM) will finalise the draft response, ensuring it is comprehensive, accurate, and in a format that is ready to be issued to the complainant.
6. Divisional Team reviews the draft for completeness, tone, learning/actions, and evidence and submits it to the Divisional Director of Nursing for review and approval
7. Once approved, the Divisional Team shares the final divisional version with the Central Team.
8. The Central Team completes a Quality Check to ensure:
    - all complaint points are addressed,

- the response is clear and appropriately worded,
- actions/learning are stated (where applicable),
- documentation is complete on Radar/Datix,
- required approvals are evidenced.

9. The Central Team sends the response (plus front sheet) for review/signature by the appropriate executive: Hospital Director of Nursing, or Hospital Managing Director, or Hospital Medical Director (as appropriate).

   Amendments handling:

   - Minor amendments: Central Team makes changes directly.
   - Significant amendments: Central Team returns to the Division via the Divisional Team for rewrite/re-approval as needed.

10. The signed final response returns to the Central Team, who issue it to the complainant.
11. Central Team ensures the record is complete and closes the complaint on Radar/Datix.

Timescales (summary)

- Acknowledgement: within 3 working days (Central Team)
- IM initial contact: within 5 working days of the division receiving the complaint (IM)
- Final response target: within 35 working days (end-to-end)

Extensions

One extension is permitted

- Must be authorised by the PALS/Complaints Manager or a delegated member of the team.
- Must be agreed with the person raising the concern.
- The PALS/Complaints Manager or delegated member of the team updates Radar/Datix accordingly.

Exception handling

Early closure: If the Investigating Manager (IM) contacts the complainant within 5 working days, it may be possible to address their concerns and questions at this stage. Where the complainant is satisfied with the response, the case may be closed. The IM should confirm

this outcome in writing to the complainant and provide a copy of the correspondence to the Divisional Team. The Divisional Team will then forward this to the Central Team to formally close the case.

Reopened complaint response: If a complaint response is reopened the case re-enters the workflow usually at step 1. The reason for the return will be identified and logged.

Escalation: (If a concern is escalated from PALS), it becomes a formal complaint and then follows this Complaints Workflow from step 1.

New issues: Where a complainant provides additional information or raises new issues after a complaint has been accepted, this may impact the agreed response timescale. The extent of any impact will depend on the nature and complexity of the additional matters raised. In such cases, it may be appropriate to extend the response timeframe. Any revised timescale should be discussed and agreed with the complainant at the earliest opportunity to ensure expectations are managed transparently. Where a complainant continues to add new issues or significantly expands the scope of the complaint during the investigation, such that progress towards resolution is delayed, the Trust may consider application of the *Protocol for Managing Unacceptable or Unreasonable Behaviour in the Complaints Process.* This may include situations involving:

- Excessive volume or frequency of contact that prevents progress;
- Continually changing or adding new issues during the investigation, preventing resolution within a reasonable timeframe.

Accountability

Divisional Team

- monitors progress against timescales,
- ensures allocation happens promptly,
- coordinates multi-divisional collation where required,
- arrange single division LRMs where required,
- ensure quality check on draft responses,
- ensures divisional approvals are completed,
- manages divisional-to-central handoffs.

Complaints and PALS Team (Central Team)

- acknowledgement, logging, and routing,
- arrange multi-divisional LRMs where required,
- quality check,

- executive sign-off routing,
- issuing final response,
- closure on Radar/Datix.

6.4 Local Resolution Meetings (LRMs)

6.4.1 Purpose

Local Resolution Meetings (LRMs) are an important mechanism for resolving complaints and concerns promptly, openly, and constructively. While many complaints may be resolved through written communication, face-to-face (or virtual) meetings often provide the most effective means of achieving a satisfactory outcome for the complainant and the Trust.

6.4.2 Offering Local Resolution Meetings

An LRM must be offered to every complainant as part of the complaints process. The complainant chooses whether to have a meeting, and we will agree the format and attendees with them.

The offer of an LRM should be made at the outset of the complaints process and reiterated within the written complaint response.

For PALS concerns, an informal meeting may be arranged to resolve matters face-to-face.

6.4.3 Arranging and Conducting LRMs

Timescales: LRMS should be arranged within 35 working days. Notes from the meeting should be shared with the complainant within 10 working days of the meeting date, unless an alternative timeframe has been agreed.

Single-division complaints:
Where a complaint relates to a single division, the LRM will be arranged and administered by the relevant Divisional Team. The Divisional Team will be responsible for:

- Liaising with the complainant to agree a suitable date and time for the meeting
- Arranging an appropriate venue or virtual platform
- Coordinating attendance of relevant staff
- Recording the meeting and producing a written record, including agreed actions and outcomes

Multi-divisional complaints:

Where a complaint spans more than one division, the LRM will be arranged and administered by the central complaints team. The Central Team will be responsible for:

- Liaising with the complainant to agree a suitable date and time for the meeting
- Arranging an appropriate venue or virtual platform
- Coordinating attendance of relevant divisional representatives
- Recording the meeting and producing a written record, including agreed actions and outcomes

- Obtaining sign-off and agreement of the record and actions from the relevant divisions

LRMs will normally be held within standard office hours (approximately 9am–5pm). Where a complainant is unable to attend during these times, the Trust will make reasonable efforts to accommodate alternative arrangements, whilst also respecting staff members' contracted hours.

The format of the meeting (face-to-face, virtual, or telephone) will be agreed in advance with the complainant.

6.4.4 Recording of Meetings and Information Governance

Our policy is that LRMs should be recorded to ensure an accurate record of the discussion and agreed outcomes.

Recordings will only take place with the prior knowledge and explicit consent of the complainant and staff in attendance.

A copy of the recording will be provided to the complainant as part of the resolution process.

If recording is not agreed, we will not record the meeting. We will still produce a written record of the meeting (including actions and outcomes) and share it with the complainant for accuracy.

The recording of meetings or related conversations without the prior knowledge and consent of all parties involved is not permitted and may be in contravention of data protection legislation.

6.4.5 Staff Support and Wellbeing

Any staff member required to provide an account or attend an LRM must be supported throughout the complaints process by their line manager.

Formal and informal debriefing should be offered to all staff involved in a complaint following an LRM. This will usually be provided by the line manager however, the Central Team can support with debriefings on ad hoc occasions as requested.

Staff must be made aware of, and signposted to, available support services, including:

- Occupational Health
- Employee Assistance Programme (EAP)
- Wellbeing and psychological support services

6.4.6 Outcomes

Where possible, LRMs should aim to:

- Clarify the issues raised
- Provide explanations and apologies where appropriate
- Identify learning and agreed actions
- Support early and effective resolution of concerns or complaints

6.5 Complaints Relating to Other Trusts or Contracted Organisations

With the complainant's consent, the PALS and Complaints Team will liaise with relevant NHS Trust(s), Local Authorities, and/or contracted organisations to gather input on the issues raised. Wherever possible, a single, coordinated response will be provided to the complainant.

At the outset, the organisations involved will agree which will take the lead in coordinating the response. Where multiple organisations are involved, this may result in a longer response timeframe, which will be discussed and agreed with the complainant.

Where a complaint relates solely to the services of another Trust or organisation, and with the complainant's consent, the PALS and Complaints Team will forward the complaint to the appropriate organisation for investigation. In such cases, that organisation will respond directly to the complainant.

6.6 Complaints involving other internal processes

Where a complaint overlaps with other internal processes (for example incidents, patient safety investigations, safeguarding, coronial processes, staff disciplinary processes, or legal claims), we will manage these processes in a coordinated and transparent way that the complainant and their family can understand. The Trust will aim to provide a single coordinated point of contact, ensure appropriate information-sharing across processes, and avoid duplication wherever possible.

6.6.1 Patient Safety Events, Incidents and Patient Safety Learning Responses

When a complaint is received and assessed, consideration must be given to whether the issues raised represent an incident and whether a parallel investigatory process is required. In these circumstances, the PALS and Complaints Team will liaise with the Patient Safety Team and/or Divisional Quality/Governance Team to determine the most appropriate route to understand what happened, taking account of the nature and severity of any related incident. This may result in a patient safety review or investigation.

Where a patient safety review/investigation is underway, it should continue, and the learning and outcomes should capture the complaint issues. The complaint is closed at this stage. The Divisional Team will agree a plan and timescales with those leading the review and ensure the complainant is updated and is aware their complaint issues will be captured in the review/investigation. Where patient safety reviews occur, there is an expectation that those affected are actively involved in the review process.

6.6.2 Safeguarding

Where safeguarding concerns are identified within a complaint, these must be managed in line with the Trust's safeguarding arrangements. The PALS and Complaints Team will liaise with the Safeguarding Team to determine whether there is a safeguarding element to the complaint.

Where a safeguarding concern is identified, the PALS and Complaints Team will share details of the complaint with the Divisional Director of Nursing to agree the most appropriate approach to managing the case. This may require deviation from standard processes, including usual timescales and information-sharing arrangements.

All safeguarding activity will be undertaken in collaboration with the Safeguarding Team and the division and, in accordance with local safeguarding procedures and statutory requirements.

Complaint investigations may continue alongside safeguarding activity (including statutory safeguarding enquiries for children under the Children Act 1989 S47, and for Adults under The Care Act 2014 S42); however, there must be close liaison throughout the process between the PALS and Complaints Manager, the Divisional Director of Nursing, and the Safeguarding Team.

6.6.3 Legal Claims / Proceedings

Where a complaint and a legal claim are raised at the same time, the complaints process will continue unless this is explicitly contrary to advice from the Trust's legal advisors. If the complainant indicates an intention to pursue a legal claim, or where the issues raised suggest potential negligence or likely legal action, the Legal Team must be notified. Where a complaint remains ongoing after a letter of claim is received, the PALS and Complaints Team and Legal Team will agree on the most appropriate approach to managing the complaint alongside the claim.

6.6.4 Police Investigation

Where the Trust is made aware of ongoing criminal proceedings or a police investigation, the complaints process will be suspended until the police have concluded their investigation. If a complaint or concern includes an allegation of a criminal offence, this will be referred immediately to the police for investigation.

6.6.5 Staff Disciplinary

The complaints process is not designed for staff to raise complaints against other staff, except where a member of staff is complaining as, or on behalf of, a patient about Trust services. The Trust will ensure the complaint process is fair to all parties. Complaints investigations are conducted to establish what went wrong and why, rather than to apportion blame. Where concerns about staff performance, capability, or competence are identified during a complaint investigation, the appropriate manager will consider action under the relevant Trust HR/disciplinary policies; this sits outside the complaints process, although the complaint response may reference service learning and improvement where appropriate.

6.6.6 Remedies (Including Financial Remedy)

The Trust is committed to a full, open and honest investigation. Where maladministration or poor service is identified, the Trust will provide an appropriate and proportionate remedy, which may include:

- an apology and full explanation;
- remedial action (e.g. reviewing/changing decisions, revising materials/procedures, training/supervision);
- proportionate financial remedy (e.g. ex-gratia payments) where appropriate, managed in accordance with the Trust's ex-gratia arrangements and administered by the Finance Team.

Requests for compensation relating to personal injury or clinical negligence are not managed as financial remedy under complaints and should be treated as a legal claim and directed to the Trust Legal Team.

6.7 Accessibility of the PALS and Complaints Processes

The Trust will provide easy and equitable access for people who wish to raise a PALS concern or complaint about its services. Information on how to access the Trust's complaints service will be made widely available in a range of formats, including commonly used community languages and 'easy read' materials for patients with a learning disability. Interpreting services will be provided to support non-English-speaking patients, and British Sign Language (BSL) interpreters will be made available to support D/deaf patients in making a complaint.

The Trust recognises the right of patients, their families, and carers to raise concerns or complaints and is committed to ensuring that no individual is treated unfairly or differently as a result of doing so. Discrimination, victimisation, or unfair treatment arising from the raising of a concern or complaint is unacceptable and will not be tolerated. Any allegations of unfair treatment linked to making a complaint will be investigated and addressed appropriately.

More specifically, no patient or any other person involved in the investigation or resolution of a concern or complaint will experience unfair treatment on the grounds of any protected characteristic.

Correspondence and documentation relating to complaints and concerns is not legally privileged and may be disclosed if a subsequent claim, such as a negligence claim, is brought. In accordance with the Data Protection Act, complaint and concern records are classified as personal data. Patients and complainants may request access to their complaint or concern records in the same way as health records. Complaint and concern documentation will be held separately from patient medical records, and any requests for access to medical records must be made via a Subject Access Request to the Information Governance Team.

Details of complaints and concerns will be shared strictly on a "need to know" basis and only with those directly involved in investigating or responding to the issues raised. To support fairness and confidentiality, complaint records will not form part of the patient's clinical record.

The Trust will actively analyse equality-related themes identified through complaints and concerns and will report learning and outcomes to the appropriate governance forums, including the Experience of Care Group and the Health Equity Delivery Group, to support monitoring, improvement, and Trust-wide learning.

6.8 Unacceptable and Unreasonable Behaviour by Complainants

The Trust is committed to handling all complaints fairly and recognises every individual's right to raise concerns. In a small number of cases, the way a complaint is pursued may hinder effective investigation or place disproportionate demands on Trust resources.

The following behaviours are not acceptable and will not be tolerated:

- Harassment, personal abuse, or verbal aggression towards staff.

- Threats of, or actual, physical violence or intimidation.
- Racist behaviour or any other form of discrimination.
- Unacceptable language (noting that some individuals may use swear words as part of everyday speech; context will be considered).

The Trust may also consider behaviour unreasonable where it prevents progress or significantly delays resolution, including where an enquirer:

- Repeatedly fails to specify the issues to be investigated, despite reasonable efforts by Trust staff and, where appropriate, advocacy support.
- Changes the substance of the complaint, repeatedly introduces new issues, or seeks to prolong contact by raising further concerns/questions while the complaint is being addressed.
- Repeatedly raises the same or similar issues after receiving a full response.
- Insists the complaint is handled in ways incompatible with this policy or the NHS Complaints Regulations.
- Makes unreasonable demands and does not accept these as unreasonable (e.g. demanding dismissal of staff or imposing “penalties” if demands are not met).
- Makes excessive contact with the Trust.

The Trust’s overriding aim is to support enquirers to resolve their concerns. The Trust will not label individuals as “persistent” or “unreasonable”; instead, staff will seek to understand factors that may be contributing to the behaviour (including any underlying needs) and will take proportionate steps to enable the complaint to progress.

Where this is not possible, the Trust will apply the Protocol for complainants whose behaviour is unacceptable or unreasonable. See Appendices for a copy of this protocol.

7. Monitoring and Compliance

7.1 Monitoring Effectiveness (Quality Checking, audit and reporting)

The Trust will monitor compliance with this policy to ensure that concerns and complaints are handled effectively, fairly, transparently and with learning embedded, and that improvement actions are implemented and assured through governance routes.

7.1.1 Divisions

- Divisional Leads will provide assurance through monthly Divisional Governance Meetings, ensuring that complaints and concerns are discussed as a standing agenda item, with review of trends and themes, monitored for timeliness, and reviewed for quality and completeness (including reopened)
- Divisions will escalate concerns regarding persistent delays, repeated themes, high-risk issues, or poor-quality responses to the Experience of Care Group (or equivalent route) for additional support and assurance.

7.1.2 The Experience of Care Group

- The Experience of Care Group will maintain Trust-wide oversight through quarterly reporting, including corporate and divisional complaint themes and trends; timeliness and performance overview against agreed internal standards and expectations; cross-division learning, shared actions and evidence of improvement; review of recurring issues and "repeat complaint" drivers; assurance that actions are implemented and evaluated for impact (not just completed).
- The Group will also ensure that learning from complaints is triangulated with other insight sources (e.g. PALS, incidents, Friends and Family Test, safety and quality intelligence), and that learning is fed into improvement programmes.

7.1.3 The Complaints and PALS Team

The Complaints and PALS Team will:

- Maintain accurate, timely records and provide operational oversight of all complaint cases to enable performance monitoring and assurance
- Provide information to NHS England as required, including KO41a returns (and other national data collections as applicable);
- Produce monthly complaints and PALS reporting with narrative for inclusion in the Integrated Quality Performance Report (IQPR) and Board reporting routes;
- Collect and report equality and diversity data (where provided) to support monitoring of fairness of access and outcomes and share this with relevant governance groups (e.g. Experience of Care Group and Health Equity Delivery Group).

7.1.4 Complainants Feedback

The Trust is committed to learning from complainants' experiences of the PALS and complaints process. Following the closure of a case:

- The Complaints and PALS Team will issue an optional feedback survey;
- Results will be collated, reviewed, and reported at least annually, with interim themes shared through governance where issues indicate immediate improvement needs;
- Learning from survey feedback will be translated into service improvement actions (e.g. changes to communication, clarity, accessibility, timeliness, empathy).

7.1.5 Complaints Lay Review Panel

The Complaints Lay Review Panel will meet quarterly and:

- Review a random selection of anonymous complaint responses for quality, tone, transparency, timeliness and person-centredness;
- Provide structured feedback to Divisional Teams and the Complaints and PALS Team;

- Highlight exemplars and areas for improvement to support learning and consistency.

7.1.6 Monitoring Actions

For the majority of feedback and concerns, resolution and improvements should occur as early as possible, ideally at the point the issue is raised, where appropriate.

Where improvements cannot be implemented immediately:

- The Investigating Manager (IM) is responsible for ensuring improvement actions are recorded, owned, time-bound, progressed, and evidenced on completion.
- Divisional Governance Meetings will monitor progress monthly, and overdue/high-risk actions will be escalated through the Experience of Care Group.

Case studies demonstrating learning, actions taken and improvements achieved will be shared at the Experience of Care Group to promote learning and consistency across the Trust.

7.2 Monitoring Table for this Policy

The table below outlines how the Trust monitors policy compliance.

What is Monitored	**Monitoring/ Audit method**	**Monitoring responsibility *(individual/group/ committee)***	**Frequency of monitoring**	**Reporting arrangements *(committee/group the monitoring results are presented to)***	**How will actions be taken to ensure improvements and learning where the monitoring has identified deficiencies**
Timeliness of complaints /PALS investigations	Performance monitoring via system data extraction and weekly divisional tracker review or divisional complaints meetings	Complaints/PALS Manager & Divisional Teams	Weekly, monthly and quarterly	Board; EOCG/PCEG; Divisional Governance, Clinical Quality Group and Quality and Outcomes Committee (via tracker/IPR/quarterly report)	Recovery plans agreed with clear targets/timeframes; nominated leads assigned; progress tracked through governance until compliant
Acknowledgement within 3 working days	Monthly compliance check using system data extraction	Complaints/PALS Manager	Monthly	EOCG/PCEG	Recovery plans with targets/timeframes; process fixes (e.g. admin workflow) and monitoring until sustained compliance

Quality of investigations and response letters	Pre-issue quality review of draft letters by Complaints/PALS Team, monitoring of reopened and feedback from Complaints Lay Review Panel	Divisional Teams, including Divisional Directors of Nursing, Complaints and PALS Manager, Hospital Directors	Ongoing (case-by-case); Monthly reporting; Quarterly complaints report	Board; EOCG/PCEG; Divisional Governance, Clinical Quality Group and Quality and Outcomes Committee (via tracker/IPR/quarterly report)	Drafts returned to Divisions for further work where needed; themes from reopened used for targeted coaching/training and template improvements
Learning from complaints	Action tracking through to completion; thematic learning and notable practice changes reported	EOCG/PCEG oversight; Complaints/PALS Manager, Divisional Teams	Quarterly reporting and shared learning to EOCG/PCEG	Divisional governance groups, EOCG/PCEG	Actions must have owner + due date; overdue actions escalated; learning shared via quarterly reports and case studies
Reopened / cases and reasons	Trend monitoring from system data; analysis of reasons for re-opening	Complaints/PALS Manager; Divisional Teams	Monthly reporting/quarterly reporting	Board; EOCG/PCEG; Divisional Governance, Clinical Quality Group and Quality and Outcomes Committee	Identify and implement practice changes within set timeframe (e.g. training, investigation quality improvements); monitor whether re-open rates fall
PHSO referrals and outcomes	Quarterly/annual review of volumes, themes and outcomes; triangulate with PHSO correspondence	Complaints/PALS Manager	Annual Reporting	Board; EOCG/PCEG; Divisional Governance, Clinical Quality Group and Quality and Outcomes Committee	

8. Associated Documents and References

8.1 Internal policies, SOPs, and guidance documents.

- Duty of Candour Policy
- Accessible Information Standard

- Information Governance/Data Protection Policy
- Safeguarding Adults/Safeguarding Children Policies
- Consent Policy
- Private Patients Policy
- Guidance (Clinical and Non-Clinical): Guidance for the Preparation and Conduct of Meetings with Patients/Families to discuss concerns and/or adverse event feedback

8.2 External references (e.g. NHS England, NICE, Royal Colleges).

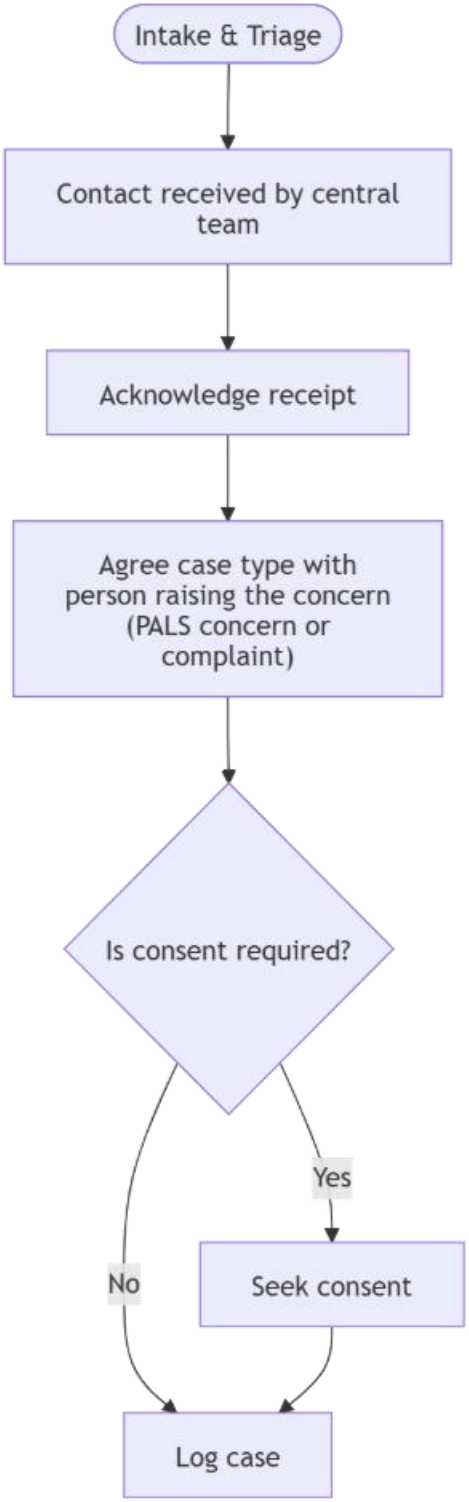
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 https://www.legislation.gov.uk/uksi/2009/309/contents
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- CQC guidance: Regulation 16 – Receiving and acting on complaints CQC guidance: Regulation 20 – Duty of candour https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-20/regulation-20-in-full
- Data Protection Act 2018.
- UK GDPR (as read with DPA 2018)
- Department of Health and Social Care. The NHS Constitution for England
- Parliamentary and Health Service Ombudsman (PHSO). Principles of Good Complaint Handling
- PHSO. NHS Complaint Standards 2022
- PHSO. Model Complaint Handling Procedure for providers of NHS services in England 2022
- PHSO; LGSCO; Healthwatch England. My expectations for raising concerns and complaints (2014).
- NHS England. Ask Listen Do (2018) – improving feedback/complaints accessibility for people with a learning disability/autistic people.
- NHS England. Accessible Information Standard (AIS)
- Healthwatch England. A pain to complain: Why it's time to fix the NHS complaints process (Jan 2025)
- Patients Association (2013). Good Practice Standards for NHS Complaints Handling

9. Document History

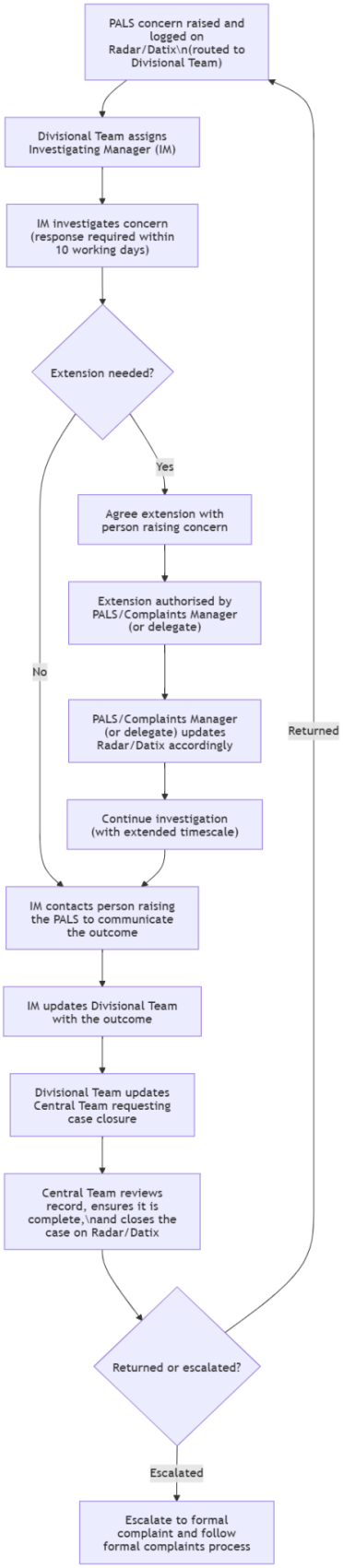
Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revision**
01/07/2026	1.0	Emily Ayling	N/A	New merged policy

10. Appendices

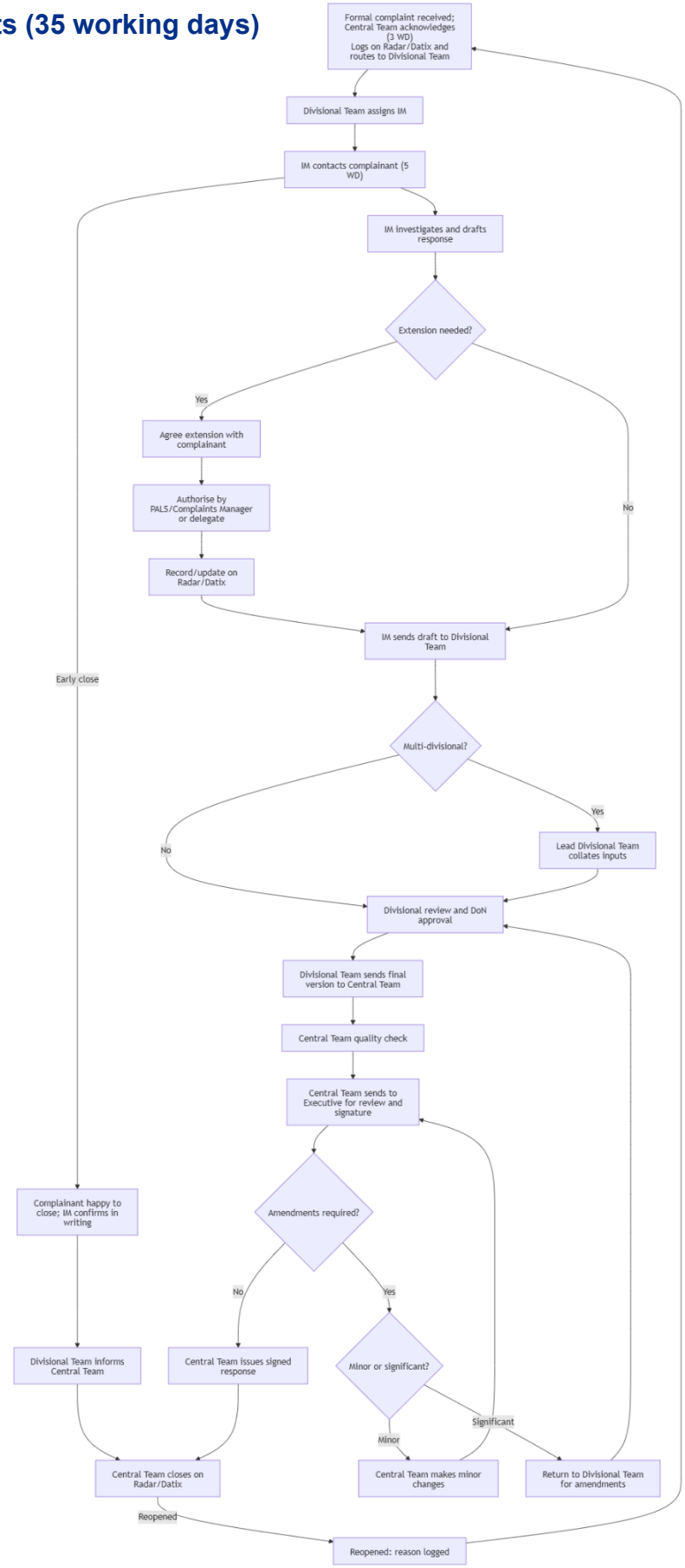
10.1 Intake and Triage (2 working days)



10.2 PALS Concern (10 working days)



10.3 Complaints (35 working days)



10.4 Protocol for Managing Unacceptable or Unreasonable Behaviour in the Complaints Process

10.4.1 Purpose

This protocol sets out how the Trust will respond when the behaviour of a complainant (or someone acting on their behalf) becomes unacceptable or unreasonable, so that:

- complaints can still be handled fairly, thoroughly and in a timely way, and
- staff and others are kept safe, and Trust resources are used proportionately,
- the complainant's right to complain is protected, including consideration of accessibility and reasonable adjustments.

This protocol supports the Trust's complaints handling arrangements under the NHS complaints regulatory framework.

10.4.2 Scope

This protocol applies to all complaint-related contact with the Trust (verbal, written, email, social media, in-person), including contact with clinical services, PALS/Patient Experience, Complaints, Corporate teams, and any staff involved in complaint resolution.

This protocol applies to behaviour (how someone engages), not to the complaint issues (what someone is complaining about).

10.4.3 Principles

1. Fairness and continued access: Everyone has the right to raise a complaint and expect a proper response; restrictions will not prevent consideration of substantive complaint issues.

2. Proportionality: Any action will be the minimum necessary to manage risk and enable the complaint to progress.

3. Safety first: Threats, harassment or violence will trigger immediate protective actions and may be reported to the police.

4. Accessibility and reasonable adjustments: We will consider whether disability, health needs, language barriers, trauma, or other factors may be contributing, and whether adjustments are needed.

5. No detriment to care: A complaint must not adversely affect care or treatment provided or arranged.

6. Clear boundaries: We will set clear expectations for respectful contact and explain what will happen if behaviour continues.

7. Record and review: Decisions will be documented, time-limited, and reviewed.

10.4.4 Definitions

Unacceptable behaviour: Behaviour that threatens safety or wellbeing, includes harassment, discrimination, abusive or threatening conduct, or other conduct that cannot reasonably be tolerated.

For example:

- Threats of harm, intimidation, harassment or stalking-type conduct.
- Physical aggression or violence.
- Discriminatory abuse (e.g. racist, sexist, homophobic language).
- Persistent personal abuse directed at staff (in any channel).

Unreasonable behaviour: Behaviour that, because of its nature or frequency, raises substantial health, safety, resource, or fairness concerns and hinders progress of the complaint.

For example:

- Excessive volume/frequency of contact preventing progress.
- Repeatedly raising the same issues after full response or repeatedly changing/adding issues during investigation such that resolution cannot be reached.
- Insisting on outcomes outside policy/regulations (e.g. demanding dismissal as a precondition for resolution) or refusing to engage with agreed complaint plans.

10.4.5 Procedure

Stage 1 for Immediate safety actions (for extreme/unacceptable behaviour)

Where behaviour poses an immediate risk to safety or welfare, the Trust may:

- end a call/meeting immediately;
- arrange security support;
- restrict access to premises;
- report to police where appropriate.

Note: These emergency actions can be taken without warning where required to protect staff/others. Document actions taken and ensure the complaint issues are still triaged and progressed through an alternative safe route.

Stage 2 for early incidents or moderate behaviour concerns

1. Name the behaviour (factually, not judgmentally) and explain impact.
2. Request change (e.g. “Please do not use personal insults; we can continue if we keep this respectful.”)
3. Offer support and adjustments (advocacy signposting, alternative formats, preferred contact methods, scheduled calls).
4. Refocus on resolution (agree next steps, issues list, timescales).

5. Make a note in the complaints record: what happened, what was said, and any agreed next steps.

Stage 3 formal written warning for use when unacceptable/unreasonable behaviour continues after Stage 2

1. Issue a written warning from the Director of Nursing for the division that includes:
    - what behaviour is unacceptable/unreasonable;
    - expected behaviour and boundaries;
    - what will happen if behaviour continues (possible restrictions);
    - consideration of reasonable adjustments and support options.
2. Set a review period (e.g. 3 months) during which behaviour is monitored.
3. Letter to be reviewed and approved by the Complaints Manager.
4. Complaints Team send letter and save a copy of the letter to the complaints record.

Stage 4 for use where behaviour persists despite a warning, or where the pattern of behaviour significantly hinders progress.

1. Restrictions should be authorised by the **Hospital Director of Nursing (or equivalent)** normally after considering whether adjustments could enable engagement without restrictions.

Possible restrictions (choose the minimum necessary)

- Single point of contact
- Contact in one format only
- Limits on frequency/timing (e.g. calls only on specific days/times; or responses issued at set intervals)
- Require an advocate/representative to communicate.
- Behaviour agreement (“contact contract”) setting expected conduct.
- Premises access controls (appointments only, security presence, or exclusion from non-clinical areas where justified by risk).

2. Communicate restrictions. Complaints Manager to write a draft to the complainant explaining:
    - the reasons for the decision;
    - what restrictions apply and how long;
    - how the complaint will continue to be handled;
    - how to challenge the decision
3. Restrictions must be time-limited (e.g. 3–12 months depending on risk) with a stated review date.
4. Hospital Director of Nursing to sign off letter.
5. Complaints Team send letter and save a copy of the letter to the complaints record.

Ensuring the complaint still progresses

Where restrictions are in place, the Trust will:

- continue to investigate and respond to the complaint issues within the complaint processes
- offer a safe method for submitting relevant new information;
- confirm what information is required to progress (issue list/scope statement), and how/when it will be considered.

10.4.6 Equality, reasonable adjustments, and advocacy

Before imposing (or when reviewing) restrictions, consider:

- whether the person may need reasonable adjustments to engage (disability/communication needs);
- whether independent advocacy or a representative could support communication;
- whether the issue is escalating due to misunderstandings, distress, or barriers that can be reduced with a revised plan.

10.4.7 Staff support and incident reporting

- Staff experiencing threatening/abusive behaviour should be supported, including debrief, wellbeing support, and management oversight.
- Serious incidents (including threats/harassment) should be recorded through the Trust incident system and escalated per Health & Safety arrangements.

10.4.8 Appeals and reviews

Appeal

A complainant may ask for a restriction decision to be reviewed. The appeal will be considered by the Hospital Managing Director or equivalent who was not previously involved in the decision, and the outcome will be confirmed in writing.

Review of restrictions

Restrictions will be reviewed at least every 3- 6 months (or sooner if behaviour improves), and lifted or reduced where appropriate.

10.4.9 Record keeping and information governance

The Trust will keep a record of:

- incidents and evidence;
- stages applied,
- adjustments considered;
- decisions, authorisation, duration, and review dates.