

Complaint Handling Policy	
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	Changes to approval for due date extension
	Sign off process for cases resolved verbally
	Introduction of accountability framework
	Criteria on who can be asked to investigate
	Guidance on complaints received at an executive level
	Introduction to AI for complaint management
	Revised Complex Case Process
Version	Summary of changes
3.1	Changes to timescales
	Additional guidance for investigating managers
	Update process for executive office complaints
	Updated extension process

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1) Purpose and rationale

This policy document aims to demonstrate the process and timescales for complaint handling, to manage expectations of the complaint handling process, and illustrate the potential process involved in resolving or upholding a complaint.

This policy also provides guidance and detailed information about the management of concerns and complaints.

The Trust recognises that all types of feedback, i.e. compliments, concerns, queries and general feedback, must be managed appropriately and listened to, to develop and if necessary, improve services.

Although in everyday language, terms such as ‘complaint’ and ‘concern’ may be interchangeable, in this policy the following definitions apply:

- A **Concern** is an expression of dissatisfaction that can usually be resolved informally
- A **Complaint** is an expression of dissatisfaction, usually requiring a formal investigation and a written response and/or a meeting.
- A **Query** is a request for information, a simple question or signposting advice.
- **Feedback** is an expression of views which may or may not require a response.
- A **Compliment** is an expression of appreciation and/or recognition

This document is the Trust-wide policy on how individuals can make, and how the Trust will manage complaints and other forms of feedback. The purpose of the Complaints Policy is to explain how the Trust acknowledges and implements The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, along with demonstrating how it listens to the views of its patients.

The aims of this policy are to:

- Ensure that the Trust’s commitment to listen to, and learn from, patient feedback is documented.
- Fulfil the need to implement a complaints management procedure that is easy to understand and simple to use, whilst giving the Trust a robust assurance, that complaints are effectively managed, and lessons can be learnt.
- Support Trust employees to conduct investigations which are thorough, fair, responsive, and open.

- Demonstrate that the Trust will learn from complaints and use them to improve the services for service users.
- Ensure that the Trust's service is accessible to everyone.
- Show the Trust will respect individuals' rights to confidentiality.
- Ensure the Trust Board is accountable for improving the quality of services.
- Satisfy the complainant by conducting a thorough investigation and providing a full explanation, addressing all issues raised in a detailed complaint response. Lessons are learnt and actions are in place to ensure learning has taken place.
- Ensure that service users are not treated differently because of making a complaint and ensure that everyone is treated with compassion and understanding of their circumstances.
- Reinforce positive behaviour by celebrating compliments.

The Trust will follow the principles for "Good Complaint Handling" as identified by the Parliamentary Health Service Ombudsman (PHSO).

The PHSO principles for Good Complaint Handling are:

- *Getting it right*
- *Being customer focused*
- *Being open and accountable*
- *Acting fairly and proportionately*
- *Putting things right*
- *Seeking continuous improvement*

Under the Government's guidance on the implementation of the NHS Complaints Procedure there are two stages for dealing with complaints:

- **Stage 1** - Local Resolution.
- **Stage 2** - Parliamentary and Health Service Ombudsman.

Complaints and feedback may be made about any matter reasonably connected with the Trust, including:

- Its provision of health care or any other services.
- The function of commissioning health care or other services under an NHS contract or planning for the provision of such care or other services with an independent provider or an NHS Foundation Trust.

Matters excluded from consideration under the arrangements are:

- A complaint made by another NHS body
- A complaint made by an independent provider or an NHS Foundation Trust about any matter relating to arrangements made by the Trust with that independent provider or NHS Foundation Trust.
- A complaint made by an employee of the Trust about any matter relating to his or her contract of employment.

- A complaint which is being or has been investigated by the Parliamentary Health Service Ombudsman.
- A complaint arising solely out of the Trust's alleged failure to comply with a data subject access request under the GDPR (General Data Protection Regulations)/Data Protection Act 2018 or a request for information under the Freedom of Information Act 2000.
- A complaint about which the Trust is taking or is proposing to take disciplinary proceedings in relation to the substance of the complaint against the person who is lodging it.

2) Scope

This Complaints Policy applies to all GWH Employees, and as such they have a duty to make themselves aware of the policy and its implications.

Employees should be aware that complaints may be made by the following:

- A patient or service user
- The carer of a patient or service user, with their explicit consent
- A representative/advocate of the patient, with their explicit consent

A complaint may be made by a representative acting on behalf of a patient, or any person who is affected by or likely to be affected by the action, omission or decision of the Trust, where that person:

- Has died.
- Is a child who cannot demonstrate Gillick competence (*see section below*).
- Is unable by reason of physical or mental incapacity to make the complaint themselves.
- Has requested a representative to act on their behalf and given consent for this.
- Has appointed legal power of attorney, which has been enacted.
- Is a Member of Parliament acting on behalf of their constituents.

Where the patient or person affected has died or is unable to raise concerns themselves, the representative must be a relative or other person who, in the opinion of the Head of PALS or Deputy Head of PALS, has a sufficient interest in their welfare and is a suitable person to act as representative.

The need to respect the confidentiality of the patient is a guiding principle, and to ensure this is upheld, guidance and advice may be taken from the Legal Services Team.

If in any case it is established that a representative does not have a sufficient interest in the person's welfare or is unsuitable to act as a representative that person is to be notified of this in writing and the reasons for the decision are to be provided.

Complaints that relate to children:

In the case of a child, the representative must be a parent with parental responsibility, guardian or other adult person who has care of the child.

Where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation.

Gillick Competence

Gillick competence states that a child below the age of 16 can consent for their own medical treatment if they demonstrate sufficient understanding. This principle is adopted within the complaints process

and therefore, there is no minimum age for a young person to raise concerns about the care they have received. The young person will be offered support by the PALS team and signposted to any additional resources such as local Healthwatch organisations such as Healthwatch Swindon or Healthwatch Wiltshire.

3) Definitions

The following terms and acronyms are used within this document:

AMD	Associate Medical Directors
BSW	Bath and North East Somerset, Swindon and Wiltshire
DD	Divisional Directors
DDON	Divisional Directors of Nursing
GWH	Great Western Hospital
CEO	Chief Executive Officer
CCRP	Complex Case Review Process
CQC	Care Quality Commission
EIA	Equality Impact Assessment
ICB	Integrated Care Board
ISCAS	Independent Sector Complaints Adjudication Service
MD	Managing Director
NHS	National Health Service
PALS	Patient Advice and Liaison Service
PHSO	Parliamentary Health Service Ombudsman

4) Duties:

4.1 Managing Director

The Managing Director (MD) or nominated deputy is accountable for ensuring effective management of complaints across the Trust and is the responsible signatory for complaints rated at High 'seriousness' as set out in the matrix (see Appendix J). Where complaints are addressed to a joint Bath Salisbury Wiltshire (BSW) Chief Executive Officer (CEO), these will be answered by the MD post holder.

4.2 Executive Directors

The Chief Nurse / Deputy Chief Nurse have the delegated responsibility for ensuring the efficient and effective implementation of the Complaints Policy and for the PALS Team.

4.3 Governors

From their initial induction, Governors are provided with a copy of the Governor Guideline on how to deal with a complaint or concern. Governors provide an important link between the hospital and the local community, enabling the Trust to reflect the interest of current and prospective service users. While welcoming ideas, suggestions and general comments, it is not the responsibility of Governors to deal with individual personal complaints about the hospital, or the care and treatment received.

- *Governors have a duty to inform the PALS team of any patient concerns and complaints they are made aware of as swiftly as possible*

4.4 Associate Medical Directors (AMD), Divisional Directors (DD), Divisional Directors of Nursing (DDON)

AMDS, DD and DDONS are accountable for the thorough investigation of complaints within their division and for ensuring all concerns and complaints are responded to in a timely manner. They are responsible for ensuring the investigation is carried out in line with this policy and where an action is identified, it is subsequently implemented.

AMDS/DD/DDONS should, as a minimum, discuss complaints/responses each week with their PALS representative.

AMDS/DD/DDONS should ensure that anonymised complaints and any 6 monthly complaints reports are discussed at the Division and/or Division Quality Governance meetings, according to whichever they feel is most appropriate.

DDS/DDONS are responsible for quality checking responses due to be sent from their division. The DD/DDON is responsible for ensuring the draft response, together with any supporting evidence and administration documents are returned to the PALS within the agreed timeframe. Where cases have become overdue, they are responsible for prioritising the response completion.

AMDS/SS/DDONS will hold a Divisional weekly meeting looking at compliance against upcoming target dates, obtaining live updates from services and investigating managers and ensuring appropriate oversight of the 48-hour call.

4.5 Managers

Managers are responsible for ensuring that staff in their areas are aware of the complaints policy. Managers are responsible for ensuring that complaints are allocated in a timely manner and that both concerns and complaints are responded to within the agreed timeframe. Managers are responsible for implementing changes identified through a complaint investigation as identified in the Closure Checklist. Managers are to offer support to staff in their areas both with investigating complaints and where they are named in complaints. Posters are to be displayed in patient facing areas providing the name of the manager in charge. Where an individual has not completed an investigation to time, their manager is ultimately responsible for taking over the complaint and seeing it through to speedy completion.

4.5A Investigating Manager

This role may be undertaken by any individual within the Trust who is of an appropriate seniority. To support patient experience and ensure efficient workflow management, Investigating Managers are typically appointed from staff working at Band 6 or above.

The Investigating Manager is responsible for making contact with the complainant within 48-hours of case allocation and undertaking a full and proportionate investigation of the concerns raised. This includes collating relevant information, obtaining statements, reviewing medical records where appropriate, and drafting a comprehensive response for Divisional approval. The Investigating Manager will remain the main point of contact for the complainant, supported by the PALS facilitator.

Investigating Managers may be appointed from outside the relevant service, speciality, or Division where this supports impartiality or improves the timely progression of the case.

The Investigating Manager is also responsible for identifying all learning actions arising from the investigation and ensuring these are clearly documented within the Closure Form.

4.6 PALS Team

The PALS Team are responsible for facilitating the complaints process, administrating and acting as an impartial go between for clinical teams and the complainant to ensure thorough replies are provided to the complainant whilst chasing responses to required timescales. Through the Chief Nurse/Deputy Chief Nurse they will provide regular reports and keep the Trust Board informed of complaint themes and trends, the actions which have been taken to rectify problems and improvements in the quality of the services provided by the Trust.

Each Division has a PALS Complaints Facilitator assigned, who will support the Investigating manager. Both the Investigating Manager and the PALS Complaints Facilitator will keep the progress log up to date on the complaints management system with actions from investigation.

4.7 All GWH Employees

All staff have a duty to listen to concerns and complaints raised by the Trust's patients and their carer's, and to resolve these locally wherever possible, this may involve escalating to local managers. Complainants should only be directed to PALS where local resolution has not been possible. All staff have a duty to co-operate with the complaints process and assist any subsequent investigation. Guidance for employees can be found at Appendix C.

GWH Employees have a personal responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

4.8 Document Author and Document Implementation Lead

The document author and the document implementation Lead are responsible for identifying the need for updating this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.9 Accountability Framework

The Trust has a developed Accountability Framework which underpins roles and responsibilities, and Complaint Management is listed therein. The most recent Accountability Framework is available through the Trust intranet for reference.

Complaints Process

5.1 Timescales for making a complaint

A complaint or concern should be raised within 12 months.

The Head of PALS may choose to investigate if they are of the opinion that the complainant had good reason for not making the complaint within the 12-month time period, and it is still possible to investigate the complaint effectively.

In any case where the Head of PALS makes the decision to investigate outside of the 12-month period, the complainant will be informed in writing with further guidance if necessary.

The complainant can ask the Parliamentary Ombudsman (PHSO) to consider their complaint for an independent review. In accordance with the Records Management Code of Practice 2021, complaint files will be kept for 10 years from the date of closure of the case.

Where consent is required to proceed with any complaint enquiry, day one of the investigation will commence the day that consent is received.

5.2 Complaints that relate to Children

Complaint files that relate to Children or Babies, where there is the possibility of future legal proceedings are kept until their 25th birthday. If the baby or child has died, the complaint file is kept for 10 years.

5.3 Methods of making a complaint

Patients and their families should be supported to raise their concerns with the department or clinical area leadership team in the first instance; in most cases, this enables a swift and effective resolution to the issue. It is expected that all employees help those wishing to give feedback and support them to find resolution. Where a junior member of staff cannot resolve themselves, they should escalate to the department/clinical area leadership team in the first instance and only in exceptional circumstances and if they are unable to resolve should patients and their families be signposted to PALS.

In some situations, a patient or family member may prefer to use the PALS service to help them articulate the complaint and gain resolution. This is usually when their own efforts have failed or there are additional support needs.

The PALS team are focused upon resolving concerns promptly for patients and their families.

Situated on the ground floor of GWH, with easy access beside the main entrance, the PALS team at GWH offer a variety of ways to make a complaint.

The PALS team can be contacted by:

- Visiting their office **in person**, based at the GWH near the main entrance
- Via **email** to gwh.pals@nhs.net
- Via **telephone** to 01793 604031
- **In writing** to The Patient Advice and Liaison Service, Great Western Hospitals NHS Foundation Trust, Marlborough Road, Swindon, SN3 6BB.
- The PALS and Complaints team are available from 9.30am until 4.30pm, Monday to Friday.
- Out of hours telephone messages may be left, and a member of the PALS team will return the call.
- Automatic email responses are generated to the first email contact made so that individuals know their feedback has been received.

5.4 Triage Process for Complaints

Where possible, GWH aim to quickly resolve a complaint without the need to log a formal complaint. Swift resolution is beneficial to both the complainant and the Trust.

If a complaint is not able to be resolved on the spot, or through escalation to the department/clinical area leadership team OR if it was received directly by the PALS team, the first step is for it to be triaged, so as to establish the seriousness of the issue and most appropriate and effective response for the complainant.

At this stage, it could be that an issue that was initially presented as a complaint, is actually considered to be a concern, that can be resolved swiftly, or even 'on the spot' and prevents the need for a formal complaint to be logged.

5.5 Complaints that can be resolved 'On the Spot'

The objective of 'on the spot' resolution is to listen and respond to patient concerns and resolve issues at the same time. This might involve doing something straight forward, for example swapping a plate of food that is not hot enough.

A complainant's concerns should be addressed constructively and where possible will be dealt with immediately by the employee receiving the complaint. The complainants' concerns must be treated with compassion and understanding and cared for with sensitivity, and in an open and supportive manner. Concerns can be dealt with by the person receiving them or escalated to the most appropriate staff member in the department/clinical area leadership team. Further escalation can be sought as appropriate i.e. Senior Sister/Charge Nurse/Matron/Deputy or Divisional Director (DD) Head of Service (HOS) or Site manager.

Employee guidance on dealing with 'On the Spot' resolution can be found in Appendix B

Where it is not possible to deal with the concern or complaint immediately, or if the complaint requires a fuller investigation or if the complainant wishes to address their concerns/complaint to somebody not involved, they should be referred to the PALS team, who will assist them further.

Concerns/Complaints resolved 'on the spot' are usually less serious and do not need to be formally logged, although good practice would be for all issues to be recorded to capture themes within the ward/department their quality monitoring process. Actions resulting or any learning from the concern/complaint should be discussed in the next available team meeting and documented in the minutes of that meeting.

5.6 Dealing with a Concern

Once the PALS team have considered an issue in detail, there are two possible routes to manage resolution. Depending on the issues raised, its seriousness and possible resolution, it could be treated as a '**concern**' or a '**complaint**'.

'**Concerns**' are typically less serious issues which can usually be resolved within **25 working days**., in line with BSW group.

An example might be a concern in relation to parking, delayed results, waiting times or request for further information.

The Trust recognises that recording and responding to concerns is important to help develop all services. Concerns are managed by the PALS team with the support from the relevant service area to establish what might have happened to cause the concern.

The PALS team will monitor the response time and maintain contact with the person raising the concern.

If an issue cannot be resolved through the concerns process, or if it is more serious, is in writing or will need further investigation, it will progress to the 'complaints' process and will be coordinated by a PALS Complaints Facilitator.

5.7 Consent

Where a complaint is made on behalf of a patient, consent must be obtained from the patient to disclose personal health information and the results of any investigation.

In order to uphold the duty of confidentiality to the patient. The complainant will be asked to return a consent form to PALS

If consent is not received within ten working days, then the case will automatically close with the option to reopen should consent be obtained. This should be communicated to the complainant.

- Day one of investigation will commence on the day consent is received

Where a complaint has been made on behalf of a patient by a Member of Parliament (MP) it will be assumed that implied consent has been given by that patient.

If, however, the Complaint relates to a third party, consent will need to be obtained from the patient prior to the release of personal information.

If a complaint is received from the local Commissioning group, Care Quality Commission (CQC), Healthwatch or any other Advocacy Service, the PALS team will confirm consent has been obtained from the patient previously.

Where it is known that the complaint involves a vulnerable adult, vulnerable child or patient with Learning Difficulties, the PALS team will consider escalation to the Safeguarding Lead or Learning Difficulties Lead.

5.8 Capacity

If a patient is considered not to have mental capacity, the PALS team will access their medical records for supporting information to substantiate this concern.

They may also need to discuss this with the appropriate staff who were recently involved in the patients care, as they would have relevant observations regarding perceived capacity. It should be asked whether a formal capacity assessment has taken place.

It is then the decision of the Head of PALS or the Deputy Head of PALS to commence the investigation, acting in the best interest of the patient.

5.9 Access to Health Records

Complainants may request access to or copies of their medical records under the Data Protection Act 2018. They can access their own medical records or a child's medical records (if they have parental responsibility). Consideration must be given to the duty of confidentiality owed to the child. The law regards young people aged 16 or 17 to be adults in respect of their rights to confidentiality. The PALS team are able to provide complainants with details of how to Access their Health Records.

The Access to Health Records Act 1990 (AHRA) provides a small cohort of individuals with a statutory right to apply for access to information contained within a deceased person's health record.

5.10 The Role of the Investigation Manager

Although it is appropriate to raise questions about the allocation of a complaint at the point of assignment, allocation decisions must not be challenged once the investigation timescales have commenced. Reallocation risks unnecessary delay and may adversely impact the Trust's ability to

provide a timely response to the complainant. Any change of Investigating Manager must be agreed by the DD/DDON/DDDON.

The allocated Investigation Manager will assess the complaint. Where a more appropriate senior member of their team will undertake the investigation, PALS must be informed so that the Complaint Management System can reflect this.

All managers within the Trust are eligible to act as an Investigating Manager, and complaints should be allocated on this basis. Reallocation should therefore be discouraged unless there are exceptional circumstances.

The Investigating Manager will review the complaint and make contact with the complainant within 48 hours and clarify any issues raised in the complaint and provide a point of contact should the complainant wish to raise any questions during the investigation.

Investigation Managers should not have any more than four cases assigned to them to investigate. If an Investigation Manager has four cases already assigned to them and a new case is received to investigate, the Complaints Facilitator will speak with the divisional tri for guidance on who the new case should be assigned to.

5.11 Record Keeping and Responding

Full records of the investigation should be kept by the Investigating Manager and updated regularly on the complaint management system.

These notes should include a record of discussions with employees, reflections, personal statements, and any support offered. Guidance on writing and collecting information can be found at Appendix H.

The Trust has a standard response timeframe for complaints. Depending on the level of seriousness identified during the triage process which is carried out by the complaint's facilitator using the Seriousness Matrix, the response will either be signed off by relevant Divisional Director or Divisional Director of Nursing (DDON) for low and medium rated complaints, or the Managing Director for high rated complaints. Investigations should be completed to allow time for the relevant person to approve the response rate before the complaint target date.

Any complaints which have been passed to the Trust to investigate and respond to from the local Commissioning Group (ICB) or the Care Quality Commission (CQC) ICB will follow the same timeframes.

Regardless of who will sign the response, DD or DDON remains responsible for ensuring the response:

- Communicates to the recipient with compassion and understanding.
- Addresses all the issues raised.
- Is accurate.
- Gives a full and honest explanation.
- Provides an apology (or apologies) where appropriate.
- Explains the actions that have been/will be taken to improve the situation (action plans can be included where appropriate).
- Explains the monitoring arrangements to ensure actions will be implemented.

If the Managing Director is unavailable, then a nominated Deputy will assume responsibility.

Although most 'complaints' will be responded to in writing, the Trust will use the most effective method of communication and will aim to match the communication preferences of the person making the complaint.

It may be possible to resolve a complaint verbally if the complainant agrees to this. Full notes of the discussion and resolution must be captured and added to the complaint management system *and* documented on the Closure Form. The Closure form must then be Divisionally approved in the same way as a formal response, with identified actions and learning included.

The PALS team will ensure that all relevant information they receive is recorded on the complaints management system and is available without unnecessary delay to the Parliamentary Health Service Ombudsman (PHSO) if requested.

5.12 The Investigation Period and Extensions

The Trust expects the majority of complaints to be concluded within the standard response timeframe of **35 working days**. Investigating Managers and their line managers must recognise that this timeframe represents a fixed deadline, and adherence is a core expectation of the complaints process.

Extensions to this timeframe will be subject to strict controls and will only be considered in exceptional circumstances. Any request for an extension must be appropriately justified, agreed in advance, and managed to ensure that complainants receive timely and fair outcomes.

Where a case is identified as complex (see appendix G, Complex Case Review Process), a bespoke investigation period can be agreed and communicated with the complainant from the beginning.

If a longer response time is required or if a meeting with the complainant within timescale cannot be achieved, the Investigating Manager can only obtain approval from the Deputy Chief Nurse for an extension, which should only be granted in exceptional circumstances. See Appendix L, Complaint Extension Process. Once approved, this must be communicated to the complainant by the Investigating Manager and to the PALS Complaints Facilitator so that they can inform the complainant in writing.

The date will be amended on the Complaint Management System by the PALS Complaints Facilitator and full details captured in the Extension section, including reason, date extended and communication with the complainant by the Investigating Manager.

5.13 Informing the Complainant of the Trust's Review Process

All complaint responses will inform the complainant that if they have any outstanding or further concerns or feel that the complaint has not been satisfactorily resolved, they may contact PALS for further information on our review process. It will also detail the contact information and role of the PHSO as a as an avenue for independent investigation for complaints that cannot be resolved at a local trust level.

5.14 Learning from Complaints

As a learning organisation, the Trust is committed to learning from complaints and acting where an investigation has identified a need to alter practice.

The AMD/DD/DDON are responsible for ensuring any action plans resulting from the complaint investigation are implemented within the agreed timescale with actions being included in their

monthly Divisional Quality meeting. Support and monitoring with learning will be provided to the divisions from the PALS team including actions from complaint cases.

Progress on action plans will be recorded through the complaints management system and included in the monthly Quality Report to enable organisational learning from complaints. Where agreed with the complainant, they should be kept informed on the progress of the actions by the Investigation Manager.

5.15 Investigation Review

Although the Trust uses a quality approach to the investigation of complaints, there will be occasions when it will not be possible to resolve a complaint during the initial investigation.

In these cases, the reasons for continuing dissatisfaction should be discussed with the PALS team. If particular questions haven't been fully answered or if a review is needed then the Complaints Facilitator will acknowledge the review request and will arrange for the complaint file to be sent to an appropriate senior, and preferable executive level, employee. The review should be carried out by an independent investigation manager and not returned to the original Investigating Manager.

The review will consider if the appropriate process was followed and if the outcome of the complaint was right. The individual who is reviewing the complaint response will have thirty-five working days to complete the review and draw up a formal response in the third person which will then be sent to the Managing Director for signing.

If the complainant remains dissatisfied with the responses and no further concerns have been determined by the complainant following the review, the complainant should be referred to the PHSO detailing that all areas of local resolution have been exhausted.

5.16 Parliamentary and Health Service Ombudsman (PHSO)

The PALS Team will be the single point of contact for the PHSO. The PALS Team will manage all requests and will ensure deadlines are met. The team will arrange any conciliatory/ex-gratia payments recommended by the PHSO and agreed by the Trust. Any such payments would be at a cost to the relevant service area/Division.

Any action plans requested by the PHSO are the responsibility of the DD/ HOS /DDON who will be held accountable for their creation and quality. In most cases, the PHSO give three months, or a specific date as indicated for an action plan to be created and sent back to them. On occasions the local ICB or CQC may be requested by the PHSO to receive a copy of the action plan.

Action plans should be drawn up and signed off by the appropriate Division within one month before the agreed timeframe. This then gives time for consideration by the Chief Nurse, Medical Director or Managing Director (whoever is the most appropriate) who will provide 'sign off' on behalf of the Trust. The process for signing off and sending will be facilitated by the PALS Team, who will also advise if these timescales alter.

5.17 Independent Advice

All complainants have access to information about independent help, guidance support or advocacy when making a complaint. This information is available from the PALS team and is included in the complaints leaflet.

5.18 Legal Implications

If the complainant has instigated formal legal action, the complaints procedure should continue as long as it does not compromise or prejudice a concurrent legal investigation. This is at the discretion of the Head of PALS and the Legal Services Manager, with the complainant and person identified in the complaint being advised appropriately in writing.

An apology is not an admission of negligence, and the Trust should always apologise for a poor experience. The NHS Resolution provides guidance on the principles of 'Being Open' with the Trust's patients and their carer's. All professional bodies have also endorsed the principle of being open and working to a Just and Learning Culture.

Potential complainants are informed that the Trust does not pay compensation as a result of the complaints process, where this is applicable.

5.19 Recording Complaint Meetings

Where complaint meetings are held, PALS can offer to make a recording of a complaint meeting. In advance of the recording consent of all parties must be sought. The audio file will be uploaded to the complaints management system (or a digitally scribed transcript).

It is the responsibility of the Division involved to arrange for any minutes of meetings to be taken and typed up where recordings are not being used.

Microsoft Teams meetings may be offered when it is not appropriate or not possible to hold face to face meetings. A recording of the meeting may be requested prior to the meeting to the PALS Complaints Facilitator; consent must be gained from all parties attending.

The PALS team will share the audio recording of the complaints meeting with the complainant and all those present. Transcriptions are not routinely provided and will only be **considered** on request. Creating an accurate transcript can be time-consuming and difficult, particularly where conversations overlap or audio quality is variable. Any digital transcription must be accompanied by a disclaimer, as such tools are inherently prone to error. PALS and complaint meeting attendees should not promise transcripts and should advise that an audio recording will be provided instead.

5.20 Media Interest

Members of staff are to refer any media interest in a complaint to the Trust's Communications team. The Trust's Communications Manager is to be briefed where any complainant expresses their intention to contact the media.

5.21 Process following death of a complainant

The common law duty of confidentiality continues after death, and we need to respect the wishes of our patients from when they were alive. If the patient did not provide consent or authority for anyone else to have the information or act on their behalf, then it would not be advisable to proactively share the information about the complaint with anyone else. In these cases, we would undertake a preliminary investigation to ensure that an incident has not occurred, document the findings and close the case.

However, if a subsequent complaint is received by the next of kin about the same circumstances, then we would look to share the findings with them at that point.

5.22 Confidential aspects of complaints

Some types of feedback will be made and responded to in the public domain, for example through the website 'Care Opinion'. However, the general principle is that all feedback should be confidential, unless consent is given for it to be disclosed.

The information about a complaint and all the people involved is strictly confidential and will only be disclosed to those who need to know.

Complaint records will be kept separate from health records, subject to the need to record information which is strictly relevant to a person's health in their health records.

Correspondence about complaints or concerns will not be included in the patient's health records.

Employees are to be aware that should they be asked by the Investigating Manager to make a statement in relation to a complaint, this forms part of the complaint record and may be made public (disclosed to the complainant and others involved in the investigation).

Any statements should be saved on the Complaint Management System.

5.23 Use of Artificial Intelligence

Artificial Intelligence (AI) tools should be used with caution in the handling of complaints. Only the Trust's designated and approved AI platforms may be used for work-related purposes.

Unique patient identifiers, confidential information, or sensitive content must not be copied verbatim into any AI tool. This includes names, NHS numbers, dates of birth, addresses, and detailed clinical or safeguarding information.

AI may be used to support tasks such as refining language, checking tone, or assisting with sensitive phrasing. It must not be used to generate complete complaint responses or correspondence, particularly where this may result in impersonal wording, inappropriate assumptions, or inaccuracies.

All AI content must be manually reviewed, edited, and approved by the Investigating Manager prior to issue. The Investigating Manager remains fully accountable for the accuracy, appropriateness, and quality of the written correspondence they have developed for the complainant.

Further guidance on the appropriate use of AI within complaint management is available on the Trust intranet under PALS.

6) Other Complaints

6.1 Complaints received by Executive Leaders

Complaints may be received directly by Executive Leaders at hospital level or across the wider Group. This may occur via written correspondence, telephone contact, or where a complainant attends Trust premises seeking direct engagement.

In all instances, complainants must be advised of the Trust's formal complaints process and informed that details of their concern will be shared with the Patient Advice and Liaison Service (PALS). This ensures appropriate recording, governance oversight, compliance with timeframes, and coordinated management of the complaint. It also ensures that appropriate consent can be obtained, and a robust audit trail is maintained.

Executive leaders may wish to meet with complainants or respond personally whilst ensuring that the process is governed through the Trusts agreed complaint process.

Where Executive Leaders have taken any actions or made contact with a complainant, PALS must be kept fully informed and updated following each step to ensure a complete and accurate case record is maintained. This is particularly important where a case may be shared with the PHSO or another regulatory body, as the Trust must have full oversight of all aspects of case management.

In the interests of fairness, consistency, and parity of treatment, the Trust must ensure that all complainants are managed through the same complaints process. It would not be equitable to offer enhanced or disproportionate Executive involvement based on a complainant's persistence, method of contact, or ability to escalate concerns, as this could disadvantage other service users and undermine the principle of equal access to the complaints process.

If a complainant indicates that they do not wish PALS to be involved, they should be advised that the Trust manages complaints through a standardised approach designed to ensure fairness, transparency, and appropriate oversight for all complainants. This approach cannot be varied on an individual basis.

Executive Leaders should avoid commissioning or initiating additional medical, independent, or parallel reviews alongside the formal complaints process as this can create duplication of efforts and risk.

6.2 Complaints Brought by Members of Parliament (MP) on Behalf of Constituents

MPs in receipt of complaints about health services from members within their constituency often address personal letters to the Chairman, Managing Director or Chief Executive. These are acted upon in the same way as any other letter of complaint and are passed on to the PALS team for action. Letters from MPs on behalf of members of their constituency will automatically assume consent for the release of personal information.

6.3 Complaints Alleging Fraud and Corruption

Any complaint which concerns allegations of possible fraud or corruption is passed immediately to the Director of Finance for action.

6.4 Complaints about Services Provided by Other Agencies

If the Trust receives a complaint that is solely concerned with areas dealt with by another health body or by a body outside the NHS, the PALS team will inform the complainant and forward the complaint to the correct body, with the permission of the complainant. If there are any doubts over which body is responsible for handling the complaint, this must be resolved before the complaint is dispatched.

Where the Trust receives a complaint which is mainly concerned with services provided by the Trust, but includes issues regarding an external agency, the PALS team will forward a copy of the complaint as appropriate for investigation, consent must be gained from the patient prior to any discussions or sharing of documents with another party. When appropriate, the PALS team will incorporate the response from the external agency into the Trust's final response. However, signposting concerns relating to an external agency to be resolved directly is best practice.

Where a complaint involves more than one NHS provider or one or more other bodies such as a local authority, the PALS team will confirm which concerns fall within the Trust responsibility.

Complaints which require 'Independent Review' under the NHS Complaints Procedure and also involve either Social Services or fall within the remit of the Care Quality Commission (relating to patients who are or have been detained under the Mental Health Act), remain subject to both the NHS and the local authority or Care Quality Commission procedures. The Trust advises complainants of what matters fall under which procedure.

6.5 Complaints about the Data Protection Act 2018 and the Freedom of Information Act 2000

The Trust may consult the Information Commissioner's Office (ICO) about complaints arising out of an alleged failure to comply with a data subject access request under the Data Protection Act 2018 (Ref 27) and with requests made under the Freedom of Information Act 2000 (Ref 28). It is standard practice to conduct an internal review before this step. Complaints alleging a data protection incident (involving the confidentiality, availability or integrity of data) will be handled under the Trust's Data Security and Protection Incident Reporting Procedure as there are separate timeframes to notify the ICO in the event that the incident is considered serious. Additionally, there are further reporting requirements to the Trust's Caldicott Guardian and SIRO.

6.6 Complaints about Serco Facilities Management (including Closed Circuit Television (CCTV) Access)

Complaints about facilities management will be passed to Senior Management of Serco Facilities Management for investigation and a full response. The PALS team will be responsible for facilitating this process.

Subject Access Requests for Closed Circuit Television (CCTV) footage will be sent to Senior Management of Security for them to action. They will keep the PALS team updated with the progress of these requests.

6.7 Complaints Regarding Private Care

The complaints procedure will cover any complaint made about the Trust's employees or facilities relating to care in the Trust's private patient unit. Signposting to the Independent Sector Complaints Adjudication Service (ISCAS) is applicable where PHSO signposting would usually be placed.

Complaints will be forwarded to the Private Practice Manager and recorded on the complaints management system and facilitated by the PALS team.

6.8 Complaints to be investigated as Incidents

Where a complaint indicates that a patient safety event may have taken place, the PALS team must liaise with the relevant divisional governance team to ensure incident and complaint management is handled in line with the Patient Safety Incident Response Framework (PSIRF) and that a single Investigating Manager is identified to liaise with the complainant regarding the incident and complaint. The PALS team are not responsible for communication with the family regarding patient safety reviews as they do not have the appropriate oversight or clinical understanding to answer questions. The Complaint Management system link function should be utilised across modules within the Datix system.

6.9 Complaints about the Patient Advice and Liaison Service itself

Complaints can be directed in writing to the Head of Patient Experience and Engagement, Great Western Hospitals NHS Foundation Trust, Marlborough Road, Swindon, SN3 6BB who will ensure

oversight from the Deputy Chief Nurse. These complaints will continue to follow aspects of the complaint management process.

7) Guidance and Support for Employees Involved in a Complaint

7.1 Immediate sources of support

Employees who are named in a complaint are to be supported by their line manager.

The employee's line manager assumes responsibility for escalation to People Operations where this is applicable.

Employees will also be notified of the support offered by Occupational Health and Staff Support Services in respect of access to external counselling services, should that be appropriate.

If line managers are concerned that the employee is not coping well with the complaints process, he or she will discuss this with the employee and refer them to Occupational Health.

7.2 On-going support: internal

Line managers will continue to be a source of advice and support throughout the complaint process and will keep employees informed about the progress of the complaint. If the PALS team become concerned that employees are distressed during the process of the complaint investigation, this will be raised with a member of the Divisional management team.

7.3 Serious Allegations and Disciplinary Investigations

The complaints procedure is not intended to be used for the investigating of employee disciplinary issues. The purpose of the complaint's procedure is to thoroughly investigate complaints with the aim of satisfying complainants, whilst being fair to employees.

However, complainants may identify information about serious matters, and the Trust may feel it appropriate to consider disciplinary investigation at any point during the complaint's procedure. Consideration as to whether or not disciplinary action is warranted is a separate matter for the Trust.

The information gathered during a complaint investigation may be made available for a disciplinary investigation, although the consideration of disciplinary action is separate from the complaint's procedure. The Trust has a duty to maintain employee confidentiality and must not share information regarding action against employees with the complainant other than that Human Resources Policies have been followed.

Where a complaint indicates the need for a referral to the disciplinary procedure, one of the professional regulatory bodies or agencies such as the Police, the investigation under the complaint's procedure may pause or cease if it does not compromise or prejudice the concurrent investigation. Where necessary other Trust-wide policies and procedures may need to be applied and could preclude compliance with this policy.

7.5 Employee Grievances

Employee grievances are handled outside of this document. Employee grievances are complaints that are raised by an employee towards an employer within the workplace, such as a breach of employment contract or harassment.

Employees can utilise the complaints procedure if their complaint relates to their own health care or if they are acting on behalf of a third party. In both situations they act as a patient or member of the public and not an employee.

8) Evaluation of the Complaints Process

8.1 Internal Evaluation of the Complaints Process

A section in the monthly Divisional Quality Reports will be compiled by the PALS team. This may include the numbers of complaints received, themes and trends of complaints and the associated actions and learning.

Evaluation letters will be sent to complainants who have recently used the complaints process to gather feedback on how their complaint was handled. These letters will be sent by the PALS team.

Each DD/DDON is responsible for ensuring that the Trust's Complaints Policy is followed and that in their absence alternative measures are put in place and the PALS Team notified of these measures.

Each DD/DDON will meet with their PALS Complaints Facilitator, Head of PALS or Deputy Head of PALS to discuss complaint themes and any concerns regarding the complaints process.

A monthly review report will be carried out on closed cases to ensure process is being followed and discussed at the divisional governance meeting ensuring that actions which have been identified from learning of closed cases are completed.

8.2 External Evaluation of the Complaints Process

The PALS team will contribute to the Trust's annual report on its complaint handling and performance of responding to complaints within timeframe.

9) Procedure for Handling Unreasonably Persistent Complainants

In some instances, there are complaints that provide an outcome that fails to satisfy the complainant, and they persist with their complaint despite the best endeavours of the trust to find resolution.

9.1 Definition of an Unreasonably Persistent Complainant

Complainants (and, or anyone acting on their behalf) may be deemed to be unreasonably persistent complainants where previous or current contact with them shows that they meet one or more of the following criteria:

- a) The complainant persists in pursuing a complaint where the Trust's complaints procedure has been fully and properly implemented and exhausted.
- b) The complainant continually raises new issues or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response or whilst the complaint is being investigated (care must be taken not to discard new issues which emerge because of the investigation or the response. These might need to be addressed as either reviews of previous complaints or separate complaints). Independent advice services could be called upon to assist in such circumstances, ensuring that new and legitimate issues are answered.
- c) Despite the best endeavour of staff to confirm and answer the complainant's concerns and, where appropriate, involving Independent Advice Services, the complainant does not accept the response and/or where the concerns identified are not within the remit of the Trust.

- d) While addressing a complaint, the complainant has had an excessive number of contacts with the Trust, which have placed unreasonable demands on employees. A contact may be in person or by telephone, email, letter or person. Discretion must be used in determining the precise number of “excessive contacts” applicable under this section, using judgement based on the specific circumstances of each individual case.
- e) The complainant (and, or anyone acting on their behalf) has harassed or been personally abusive or verbally aggressive towards staff dealing with their complaint or their families or associates. Employees must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this.
- f) The complainant is known to have recorded meetings, face-to-face or telephone conversations without the prior knowledge and consent of other parties involved and used these recordings without prior permission. Whilst it is legally accepted that recordings can be made as ‘note taking’ it should be with knowledge and permission of all others involved and only and strictly used for its intended purpose. The Trust reserves the option to use the legal/criminal process available if recordings are used inappropriately, as per the Patients Recording Consultations Policy.
- g) The complainant has focussed on a matter to an extent which is out of proportion to its significance and continues to focus on this point. It is recognised that determining what is justified can be subjective and careful judgement must be used in applying this criterion.
- h) The complainant displays unreasonable demands or patient/complainant expectations and fails to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).
- i) The complainant has threatened or used actual physical violence towards staff or their families or associates at any time.
- j) The complainant has sent indecent or offensive items to employees or their families or associates in the post or has hand-delivered indecent or offensive items to employees or their families or associates at any time.

9.2 Options for Dealing with Unreasonably Persistent Complaints

Where complainants have been identified as unreasonably persistent in accordance with the above criteria, a joint discussion with the DDON/DDDON and the Head/Deputy Head of PALS, will determine what action to take. When there is also evidenced aggression or threat of violence this joint discussion will include security, the Associate Manager for Health, Safety, Fire and Security, DDON/DDDON and the Head/Deputy Head of PALS

The group will notify complainants in writing of the reasons why they have been classified as unreasonably persistent complainants and the action to be taken. A record must be kept for future reference, in the complaint file, showing the reasons why a complainant has been classified as unreasonably persistent. This will not form part of their or their family’s medical notes, however digital alerts can be added where a behavioural contract has been issued in conjunction with Security.

The group may decide to manage complainants in one or more of the following ways:

- i. Try to resolve matters, before invoking this procedure by drawing up a signed ‘agreement’ with the complainant (if appropriate, involving the relevant advocate in a two-way agreement) which sets out a code of behaviour for the parties involved if the Trust is to

continue processing the complaint, reference to the Violence Prevention and Reduction Policy (Ref 15). If these terms are contravened, consideration would then be given to implementing other action as indicated in this section.

- ii. Once it is clear the complainant meets any one of the criteria above, it may be appropriate to inform them in writing that they may be classified as an unreasonably persistent complainant, copy this procedure to them, and advise them to take account of the criteria in any further dealings with the Trust. In some cases, it may be appropriate, at this point, to suggest that the complainant seeks advice in processing their complaint, e.g. through an Advocacy Service.
- iii. Decline contact with the complainant either in person, by telephone, by email, by fax, by letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party.
- iv. If employees are to withdraw from a telephone conversation with a complainant, it may be helpful for them to have an agreed statement available to be used at such times.
- v. Notify the complainant in writing that the Trust has responded fully to the points raised and has tried to resolve the complaint, but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered. They should be informed of their right to appeal and of their right to go to the Ombudsman.
- vi. Enforce the Trust's Minimising Violence and Aggression in the Workplace Policy.

9.3 Withdrawing 'Unreasonably Persistent' Status

Once complainants have been determined 'unreasonably persistent' there needs to be a mechanism for withdrawing this status. For example:

- (i) Head of PALS to review the unreasonable persistent status on an annual basis
- (ii) If the complainant submits a further complaint for which the normal complaints procedures would appear appropriate.

Staff should previously have used discretion in recommending unreasonably persistent status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Discussion will be held with the Senior Manager and subject to their approval normal contact with the complainant and application of the Trust's Complaints Procedure will then be resumed.

10) Consultation

Below is a list of consultees who supported the formulating of this document.

Job title and department	Date approved
Governance Facilitator – Division of Medicine	24/12/2024
Governance Facilitator – Integrated Care & Community	31/12/2024
Divisional Director – Surgery, Women's & Children's	21/01/2025

Legal Manager	09/01/2025
Compliance Manager	09/01/2025
Head of Information Governance and DPO	23/01/2025
Head of PALS	24/12/2024
Chief Nurse	27/12/2024
Head of Patient Experience and Engagement	30/12/2024

10) Training and support

The PALS service deliver a number of 1-1 and group training initiatives to support complaint management, please contact the department for details.

11) Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring / audit method	Monitoring responsibility (individual / group / committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified
The process for listening and responding to patients, their relatives and carers	Complaints database	Head of PALS	Quarterly	Incorporated into Patient Quality report (slides) and the bi-annually Patient Experience Report	
	Patient Experience Report	Head of PALS	Bi-annually	Trust Management Committee / Trust Board / Quality and Safety Committee Commissioners	Trust Management Committee will agree corrective action as necessary and will escalate risks to the Board
The process by which the organisation aims to improve as a result of concerns and complaints being raised	Patient Experience Report	Head of PALS	Monthly	Executive Committee and Trust Board	As above
	Complaint response writing training	Head/ Deputy of PALS	Ad hoc basis / Bi-annually (pending funding)	PALS training log	As above
Actions for managers or individuals to take if	Audit of complaints policy	Head/ Deputy of PALS	People Operations- yearly or sooner if required	Clinical Managers, Patient Quality Committee	Action plan drawn up

employees involved with a complaint is experiencing difficulties associated with the complaint.	People Operations copied into emails to Division Managers containing complaint letters	Head/ Deputy of PALS	When appropriate People Operations	Head of People Operations, Line Manager	Action agreed as necessary depending on the case
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12) Supporting Documents

The following links provide more details of the Complaints policy and linked documentation:

Ref No.	Document title	Link to document location
1	The NHS Complaints Procedure	www.nhs.uk
2	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	www.legislation.gov.uk
3	Statutory Instrument 2006 No. 2084 The National Health Service Amendment Regulations 2006	www.legislation.gov.uk
4	The Mid Staffordshire NHS foundation Trust Public Inquiry (Francs Report)	www.midstaffspublicenquiry.com
5	Everyone counts: Planning for Patients 2013/14	www.england.nhs.uk
6	Complaint Handling in NHS Trusts (Patient Association)	http://www.patients-association.com
7	Good Practice Standards for NHS Complaint Handling (Patients Association)	http://patients-association.com
8	NHS Governance of Complaints Handling (Parliamentary and Health Service Ombudsman)	http://www.ombudsman.org.uk
9	Health and Social Care (Community Health and Standards) Act 2003	http://www.legislation.gov.uk
10	Social Services Complaints Procedure for Adults	http://www.adviceguide.org.uk
11	Incident Management Policy	Eolas Medical
12	Duty of Candour Policy	Eolas Medical
13	Safeguarding Children & Young People Policy	Eolas Medical
14	Safeguarding Adults at Risk Policy	Eolas Medical
15	Violence prevention and Reduction Policy	Eolas Medical
16	Health Records Subject Access Requests Procedure	Eolas Medical
17	Freedom of Information Requests Procedure	Eolas Medical
18	Parliamentary and Health Service Ombudsman NHS Complaint Standards	http://www.ombudsman.org.uk
19	Department of Health Records Management Code of Practice for Health and Social Care 2021	www.gov.uk
20	Access to Health Records Act 1990	http://www.legislation.gov.uk
21	Swindon Health Watch	www.healthwatchswindon.org.uk
22	Swindon Carers Centre	www.swindoncarers.org.uk
23	Clwyd/Hart complaints review	www.gov.uk
24	The Advocacy People (SEAP)	https://www.theadvocacypeople.org.uk/

25	The NHS Constitution	www.gov.uk
26	Data Protection Act 2018	www.gov.uk
27	Freedom of Information Act 2000	www.gov.uk
28	Care Opinion	www.careopinion.org.uk
29	Guidelines on how to deal with a complaint or concern	Available from the Trusts Governance and Membership officer

Appendix A – Equality Impact Assessment (EIA)

At this stage, the following questions need to be considered:

1	What is the name of the policy, strategy or project?		
2.	Briefly describe the aim of the policy, strategy, project. What needs or duty is it designed to meet?		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		No
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?		No
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		No

Signed by the manager undertaking the assessment	Tania Currie
Date completed	12 th August 2026
Job Title	Head of Patient Experience and Engagement

On completion of Stage 1: A full impact assessment will normally be required if you have answered YES to one or more of questions 3, 4 and 5 above.

Appendix B - Employee Guidance (Leaflet)

Dealing with a concern raised by a patient

Introduction

This leaflet explains the part you can play in dealing with concerns raised by patients, and how to try to avoid concerns turning into complaints.

Resolving an issue quickly and feeding back to the person concerned what you have done in response, is often enough to stop it becoming a formal complaint. It also helps the patient feel as if their views are taken seriously.

Valuing Feedback

The Trust welcomes feedback from patients about the care and treatment they receive. This helps us to learn how to improve the way we do things and put things right if we get them wrong. But often patients will not know who or to whom they can raise a concern. All employees have an important role to play in openly and actively encouraging patients to speak up, so that we can alleviate and resolve concerns promptly.

Equally as an employee you may be unfamiliar with what you should do if a patient raises a concern. We want staff across the Trust to feel empowered to deal with any issues a patient raises. Below are some top tips to help you to do this.

What is a concern?

Concerns are issues which cannot be resolved on-the-spot but are typically less serious issues than complaints which can usually be resolved within 24 hours. On occasions resolution may take up to 7 days. Concerns are usually made verbally. A concern might be made in relation to the cleanliness of a public space, where the resolution is to arrange for a cleaner to undertake an additional clean of a public toilet.

All employees have a duty to listen to concerns raised by patients, their representatives and their carer's.

Top tips for dealing with concerns

- ***Take time to listen.*** Taking time to speak to the patient and understand exactly what they are unhappy about and how we can help to resolve the issue.
- ***Apologise.*** Offer a sincere apology for the experience of the person(s)
- ***Take personal responsibility for dealing with the issue.*** All employees should feel empowered to deal with any concerns. If you cannot deal with the issue yourself, seek support from your line manager or a more senior employee.
- ***Resolve the issue as quickly as possible.*** Generally, concerns are straightforward and can be resolved on the spot with an apology and action to put the matter right.
- ***Keep the patient informed of progress.*** If the issue is going to take some time to resolve, keep the patient informed of actions you have taken and tell them when you expect the issue to be resolved.
- ***Seek advice from a senior employee.*** If the patient is still unhappy or the issue you are dealing with is too complex, seek advice from your line manager or a more senior employee.
- ***Manage expectations and keep your promises.*** If you promise to resolve an issue within a certain time frame keep that promise. If, due to unforeseen events, you cannot respond in the timeframe

promised, let the patient know the reasons for doing this. Manage expectations and do not leave the patient wondering what's going on.

- **Try to avoid a complaint.** *Many patients that raise a concern don't want to make a complaint; they just want their issue resolved promptly. Do not automatically direct the patient to the Patient Advice and Liaison Service (PALS) or advise the patient to make a complaint. Most issues can be resolved within the ward or department.*

PALS Team

The PALS Team can provide support to you as an employee if you are trying to resolve a concern or complaint from a patient or service-user. If the patient wishes to speak with a member of our team about their concern, they can call 01793 604031 or email GWH.PALS@nhs.net. Alternatively, they can visit us at the address below.

The Patient Advice Liaison Service (PALS)

The Great Western Hospital

Marlborough Road

Swindon

SN3 6BB

If you have tried to resolve the concern through the route above but the patient still wishes to make a complaint, please direct them to the PALS Team. The PALS Team are responsible for managing the complaints process on behalf of the Trust.

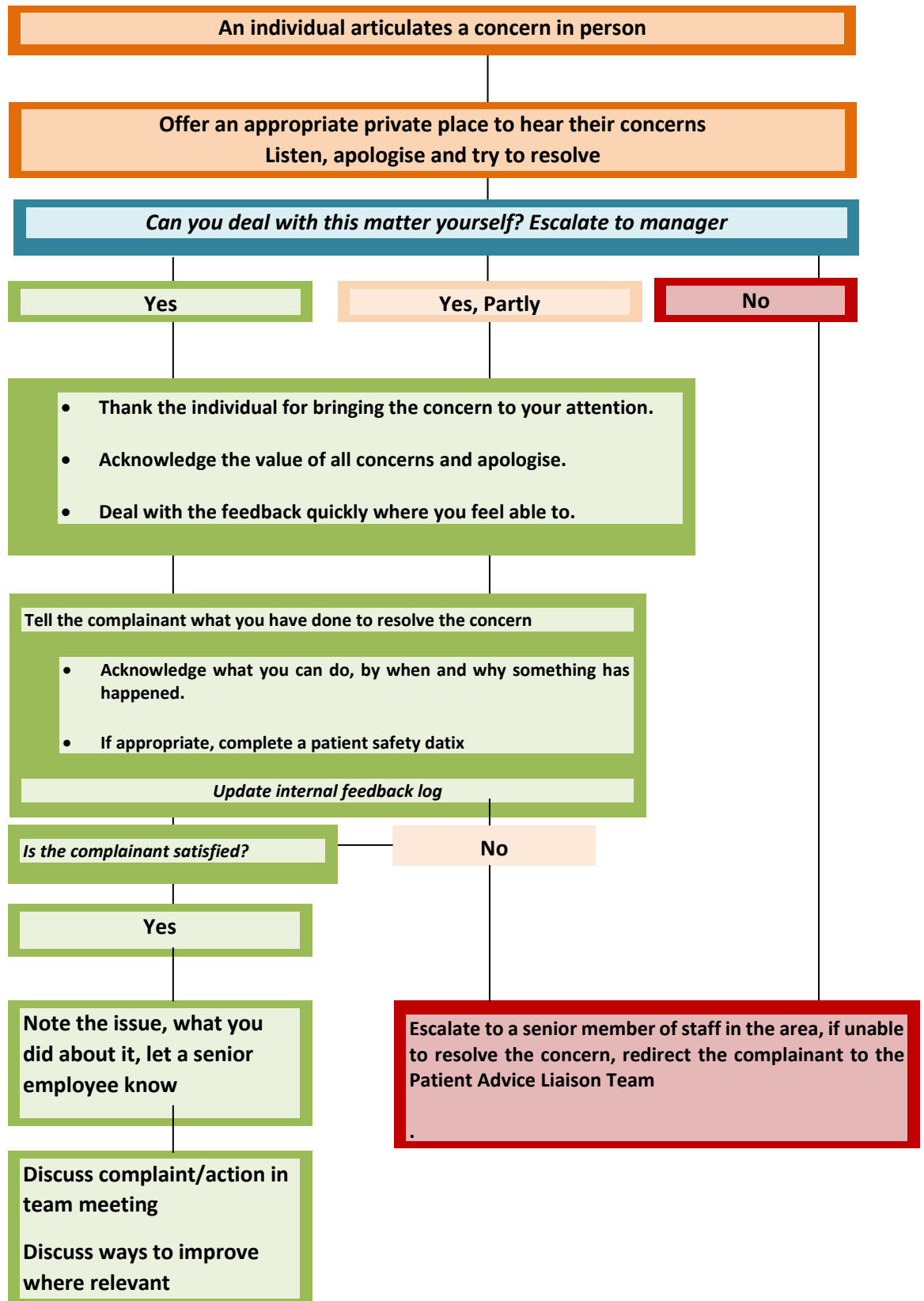
What happens next?

On receiving a concern, the PALS Team will log the concern and facilitate an investigation into what has happened. The PALS team will continue to keep the complainant up to date when a concern has been logged.

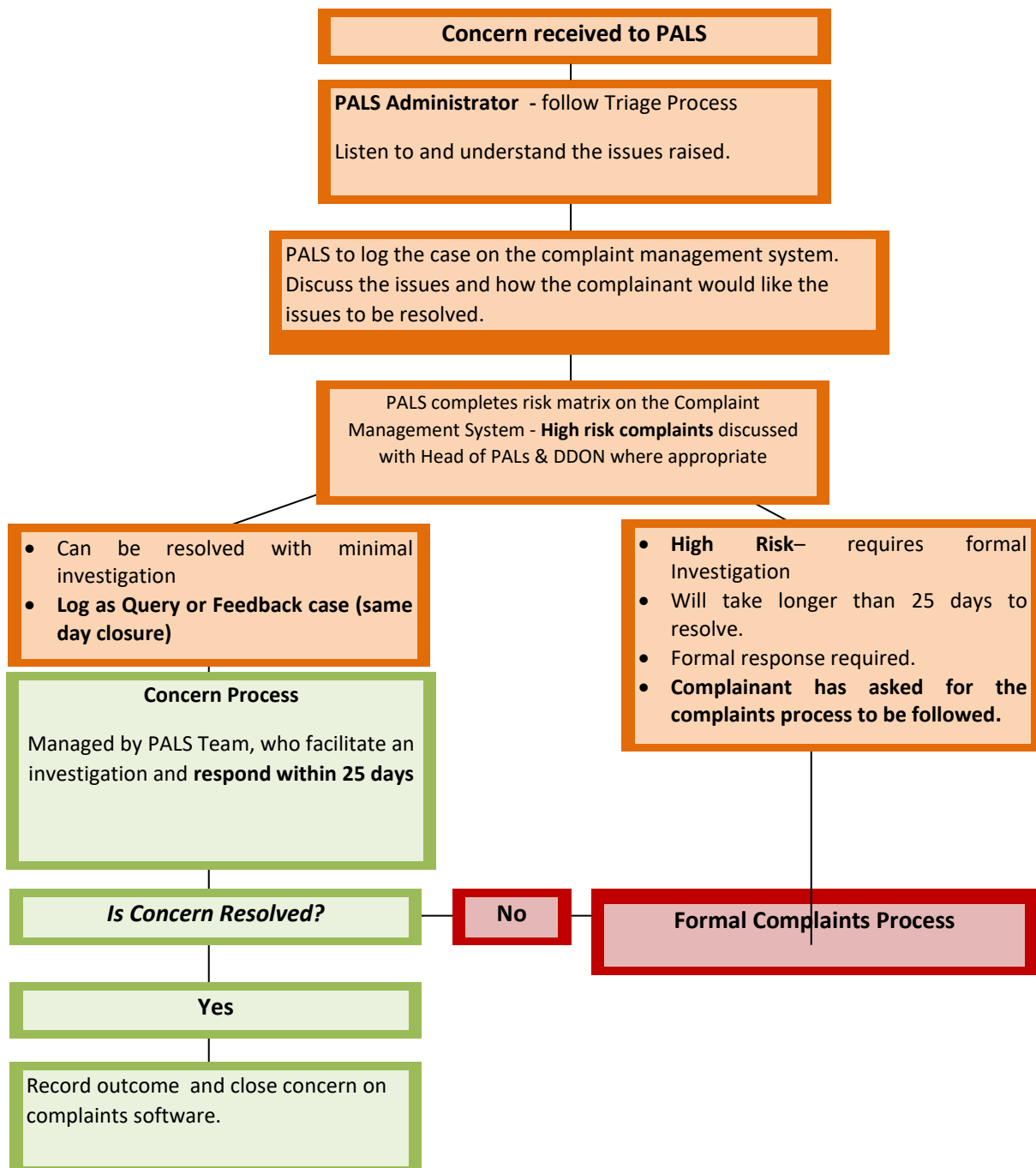
Need help or advice? *Call PALS on 01793 604031.*

Insert 'on the spot flowchart'

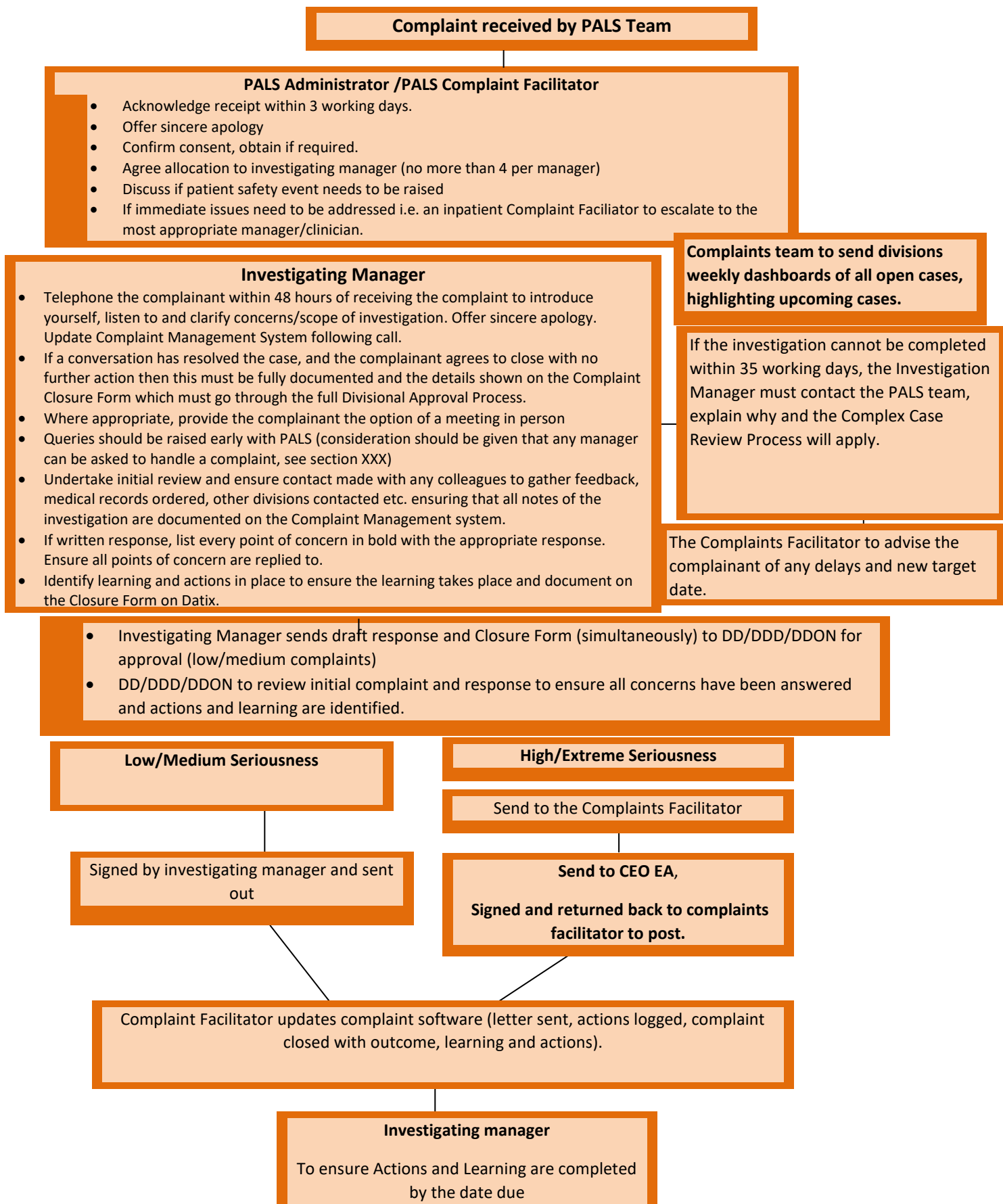
Appendix C-Employee Guidance for 'On the Spot' resolution to verbal concerns



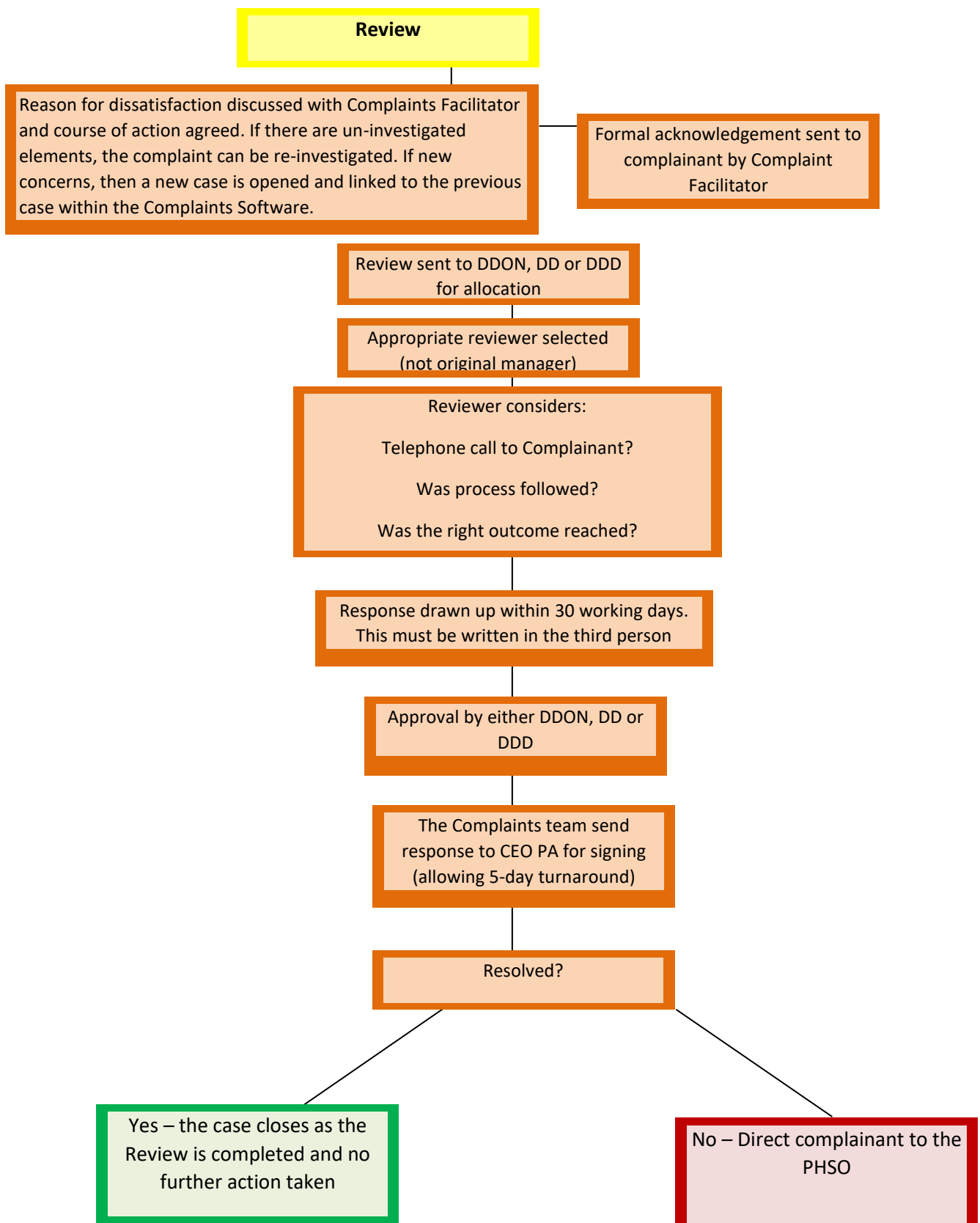
Appendix D – Concerns Process – Managed by the PALS Team



Appendix E – Trust Wide Complaints Procedure



Appendix F - Review Process



Appendix G – Overview of Process for Complex Complaints

Process for Managing Complex Complaints

1. Identification of a Complex Complaint

A complaint may be considered complex if it is:

- Cross-divisional
- Linked to a Patient Safety Event
- Involving multiple departments or specialties
- Serious (e.g. legal, safeguarding, allegations against staff)
- Involving external bodies (e.g. CQC, ICB, MP)

2. Initial Case Creation and Information Sharing

- PALS to log the complaint on Datix, selecting one division for case creation (for system purposes)
- PALS to share full case details by email with DDONs and Deputy DDONs, including: a summary of the complaint and a breakdown of which elements appear to sit with each division

3. Allocation Decision

- DDONs/Deputy DDONs to review the case and direct PALS on which division will hold the complaint.
- This allocation decision is final, but all agree to ensure their area's will contribute and take ownership of the elements required.
- Allocated division to ensure the 48-hour call is completed.

Considerations may include:

- Sharing or alternating ownership between divisions
- Avoiding disproportionate allocation to front-door services
- Use of the wider accountability framework (any manager-level role can hold a complaint)
- Where PALS then receive direct requests for reallocation, these can be pushed back with a DDON copied into the response
- PALS Complaints Facilitator to record any allocation discussions/decisions in Datix progress notes.

4. Escalation if Allocation Is Delayed

If a case remains unallocated at the time of the Divisional Weekly Complaints Meeting:

- The case should be colour-coded on the meeting report
- PALS to raise it during dedicated agenda time to ensure swift resolution

5. Oversight and Case Management

- Division to maintain ongoing oversight of the case.
- Where progress stalls, the DDON/s will intervene to support resolution.

6. Complainant Communication and Timeframes

- Decisions around complexity and case assignment should be made within a week
- PALS to acknowledge the new case to the complainant in the usual way
- A decision should be made early on whether a longer response timeframe is required due to complexity.
- An adjusted acknowledgement letter to the complainant should then be sent clearly stating the revised response date.
- A timeframe decision should be made case by case, led by the DDON group
- For the complainant, there should be one clear point of contact for the case, this is the person that completed the 48-hour call.

7. Investigation and Response Drafting

The Investigating Manager will:

- Coordinate and compile all individual response elements
- Assemble these into a single formal written response

8. Approval and Sign-Off

- Letter and checklist to be approved at Divisional level by the DDON with overriding responsibility for the Divisional designation of the investigating manager allocated.
- Where appropriate, the response should then be sent to the MD PA for signing.

Appendix H – Employee Guidance: Obtaining Information for Complaint Investigations

Introduction

Any Trust employee directly involved in a complaint may be asked to provide information in connection with the investigation. Employees asked to provide information will be supported in this process by the Investigating Manager, their line manager and the DD's /DDON or HOS. Further advice and support can be obtained from the PALS Team.

Patient Consent

The PALS Team is responsible for ensuring that appropriate patient consent for the release of personal information is obtained.

A copy of any information that is given is kept in the complaints management system complaint file for that complaint and may be passed on if the complainant requests an Independent or Parliamentary Health Service Ombudsman's Review of their complaint.

General Principles in Obtaining Information

Any written information you obtain or provide for a complaint should be:

- Written in ink or typed
- Legible and concise
- Factual, accurate and relevant
- Avoid abbreviations
- Explain any technical words, phrases or procedures and avoid jargon

Format - the following format should be followed when obtaining information to ensure consistency and completeness of investigations into complaints:

Title - the title should indicate the date, place and time of the issue complained about.

Opening paragraph - please give the following information as it applied when the events under investigation occurred:

- Your Name
- Address
- Post in the Trust
- How you can be contacted most easily

Narrative of events – please provide a narrative of the events, keeping to the facts.

In date and time order state:

- When and what you did and why.
- Where relevant, identify your contributions to clinical notes, adding explanations if you feel there is any ambiguity.

Final Checks - as a trust we must be 100% confident with what we are saying.

- Remember your statement could be made public. Always reread what you have written.
- Once you are confident with your statement, date and sign it.
- Give your signed, written statement to your line manager, keeping a file copy for yourself.

Appendix I – Advice for the Public (Leaflet)

Making a Complaint

We Value Your Feedback

The Trust works hard to provide everyone that uses its services with excellent experience. However, we recognise that sometimes things go wrong. When this happens, we want to learn from what people tell us so we can put things right and stop it happening again.

We are committed to listening to the views of our customers and have a team dedicated to helping you through the complaints process. Our PALS Team facilitates the process ensuring complaints are dealt with fairly and thoroughly and resolved as quickly as possible.

What is a complaint?

A complaint is any concern or issue you have with the service, care or treatment you have received from the trust. Complaints are usually made in writing but can also be made in person or over the telephone.

Some patients worry that making a complaint will affect their care. Please be assured, raising a concern or making a complaint will not affect the care you or a loved one receives.

Who can complain?

Anyone who is receiving or has used our services can make a complaint. If you are unable to do so yourself then someone else (usually a close relative, friend or a carer) can complain on your behalf. If someone is making a complaint on your behalf, then consent is needed.

Are there time limits on making a complaint?

Yes. It is important that you make your complaint as soon as possible after the event. At the latest, all complaints must be made **within twelve months** of the problem occurring or within twelve months of it coming to your attention.

How do I make a complaint?

If you have a concern, we will always recommend that you first let an employee know at the time. For example, if you are staying in hospital, you could speak to the nurse in charge or ward manager. They will listen to you and try to resolve your concern on the spot.

If you have done this and are not happy with the outcome, or you wish to raise your concern with someone not directly involved in your care, the PALS Team can advise you on making a complaint.

Please put your complaint in writing and send it to the address below or femail it to gwh.pals@nhs.net You can also visit the PALS and Complaints Team in person or speak to a member of the team by calling: 01793 604031.

PALS & Complaints
The Great Western Hospital
Marlborough Road
Swindon
Wiltshire
SN3 6BB.

The PALS and Complaints Team are available Monday to Friday, 09:30am 16:30pm.

What will happen next?

Your complaint will be acknowledged by the PALS Team within three working days. It will be assigned to an Investigating Manager who may contact you to find out what you would like to see happen as a result of making your complaint.

The Trust aims to resolve and inform patients of the outcome of all complaints within 35 working days, although sometimes it does take a little longer if your complaint is complex.

Can I get help to make a complaint? Yes. Our PALS Team can offer you help and support with making a complaint and signpost you to independent support and advocacy.

What if I am not happy with how my complaint was handled?

If you are not happy with the way the trust has dealt with your complaint or the outcome, you can request an independent review from the Parliamentary and Health Service Ombudsman (PHSO). You can contact the PHSO by calling: 0345 015 4033, or you can write to them at:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

For further information, you can visit their web site at www.ombudsman.org.uk

Exclusions to this NHS Complaints Process

As a general rule, the NHS complaints process cannot be used for the following:

- If you are taking legal action against the hospital – the complaints process will cease once legal action has been taken.
- If you are seeking compensation from the Trust – claims for compensation cannot be sought through the complaints process.
- If your complaint is about private medical care – you should address your concerns directly to the consultant in charge of your care.

Getting this leaflet in another format:

If you would like this information in another format, i.e. large print or another language, please contact the PALS Team on 01793 604031.

Appendix J – Seriousness Matrix, from the DH guide ‘Listening, Responding Improving’

Step One: Decide on the Seriousness:

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to patient care. No impact or risk to provision of patient care. OR Unsatisfactory service or experience related to patient care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of patient care or the service. No real risk of litigation.
Medium	Service or patient experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High	Significant issues regarding standards, quality of patient care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity. Serious issues that may cause long term damage to an individual, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. High probability of litigation and strong possibility of adverse national publicity.

Step Two - How likely is it to re-occur?

Likelihood	Description
Rare	Isolated or ‘one off’
Unlikely	Rare – unusual but may have happened before
Possible	Happens from time to time – not frequently or regularly
Likely	Will probably occur several times a year
Almost Certain	Recurring and frequent, predictable

Step Three - Categorise the risk

Seriousness	Likelihood of Recurrence				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
LOW	LOW				
MEDIUM		MODERATE			
HIGH			HIGH		

Appendix K – CQC Case Handling Process

CQC Enquiry form received from the Trusts CQC inspector.

Normally emailed directly to the Deputy Chief Nurse/Compliance Manager, who will forward the case gwh.pals@nhs.net for the complaints team to check whether there is an existing complaint and if not to log on the complaints management system.

- Complaints Facilitators to log the case as a CQC complaint, and to liaise with the investigation manager, advise of the process and the complaints management system case number. The Complaints Facilitator may need to contact CQC for further patient information such as the full name, date of birth (DOB), NHS number.
- The Deputy Chief Nurse/Compliance Manager will acknowledge the email to CQC inspector and copy to gwh.pals@nhs.net.
- Any notifications received from CQC will have consent already received.
- The CQC template should be added onto case file for the investigation manager to complete if only responding to CQC. If responding to the complainant but copy to CQC a normal response letter should be completed.
- The CQC Enquiry number (ENQ) to be noted in the summary box.
- With all CQC cases responses are to be approved by the division and Deputy Chief Nurse within **35** working days as per the complaints process.
- The final approved response should be sent to the Deputy Chief Nurse/Compliance Manager for her to email the CQC Inspector for the case to be closed, please do not send to the complainant until agreed by the Deputy Chief Nurse. Complaints team to mark the case as sent and inform the investigation manager to outcome the case.

**Learning should be added by the investigation manager in the normal way
and tracked to ensure the improvements are made.**

Appendix L – Complaint Extension Process

Complaint Extension Process

To set out the process for requesting and approving an extension to a complaint response deadline.

Key Principles

- Extensions are exceptional, not routine.
- Requests must be planned, transparent, and timely.
- Complaints should not be left to become overdue before an extension is sought.
- Clear communication with complainants is essential.

Standard Timeframes

- The standard complaint response timeframe is 35 working days.
- Complaint extensions are granted only in extenuating circumstances and should not be considered routine.
- For complex complaints (see Complex Complaints Review Process), an appropriate response due date is agreed at the outset of the investigation.
- For all other complaints, it is the expectation that the response will be issued within the agreed deadline.

1: Identification of Need for Extension

- Where it is identified that a complaint cannot be completed within the agreed timeframe, this must be recognised early.
- An extension must not be requested once a complaint is overdue.
- Requests must be initiated while the complaint is in green (not yet due) or amber (due in the next week) status, allowing sufficient time for communication with the complainant.

2: Divisional Discussion

Before any formal request is made, the proposed extension must be discussed at the Weekly Divisional Complaints Meeting.

3: Formal Extension Request

Following divisional discussion, the investigating manager must formally request approval for an extension via email to the Deputy Chief Nurse. Extensions can *only* be agreed by the Deputy Chief Nurse.

The request must:

- Be made directly by the investigating manager
- Be sent by email

- Include the DDON, copied in

The email must clearly set out:

- The complaint reference and brief case summary
- The original response deadline
- The specific reasons the complaint could not be completed on time
- The proposed new response date

4: Decision and Confirmation

- The Deputy Chief Nurse reviews the request and determines whether an extension is justified.
- Approval (or refusal) is confirmed via return email.
- If approved, the new agreed deadline becomes the revised response date and must be recorded on the complaints system and communicated to the complainant.