



Complaints, Concerns and Feedback Policy

Clinical Area / Department	Whole Hospital
Policy Title	Complaints, Concerns and Feedback Policy
Reference Number	GQ007
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Reviewed By (name and job role)	Christopher North – Quality and Assurance Lead Jade Holland PALs and Complaints Officer
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Reviewed By (committee)	CGRMC
Policy Author and Job Role	Director of Quality and Assurance (Circle Hospital Bath)



Version	Date	Summary of changes
1.	March 2010	New Policy
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3.0	December 2014	Planned review. No material changes. New policy to meet the Patients Association Best Practice Guidance September 2013 being developed and due for implementation from April 2015.
4.0	March 2016	Complete policy review, implementation of revised appendices.
5.0	March 2019	Requested review following changes to legislation, ISCAS code of practice and role titles in Circle.
6.0	March 2026	Branding changed to Sulis from Circle Hospital Bath. Full review. Accessible Complaints Policy incorporated into Policy (Section 7) Role name changes, and responsibilities updated. Complaints Standards and KPIs included Learning from complaints, remedial action and compensation add (Section 8) Capacity and Consent section added (Section 6.12)

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I INTRODUCTION

- 1.1 Sulis Hospital recognises that feedback, in the form of complaints, concerns, comments and compliments, received from people who use our services, their families/ carers and those commissioning or referring into our services, provide a valuable source of information about the quality of the care we provide.
- 1.2 It is essential that feedback is received positively by all our staff and that concerns or allegations are investigated thoroughly and responded to promptly with corrective/improvement actions when this is indicated. Complaints, and all patient feedback should be viewed as a positive way to improve services and avoid the risk of similar situations occurring again.

2 SCOPE

- 2.1 The Policy sets out the Hospital’s procedure for managing and responding to complaints and concerns comments and PALs enquiries, and provides staff with the confidence to effectively handle any that are received and to provide a standardised approach which places the complainant at the heart of all decisions made. which focus on listening, learning, and timely, empathetic resolution.
- 2.2 Sulis is committed to handling complaints in line with the NHS Complaints Regulations and adopting best practice principles from the Parliamentary and Health Service Ombudsman (PHSO) publications, including the updated Complaints Standards (section 6.1). The content of this policy reflects the requirements from the recommendations from the Francis Report 2013, including the principles of openness, transparency and candour and the Clywd-Hart Report on NHS Complaints 2013. This policy will establish a standardised approach to complaint handling across the organisation to ensure fairness and rigour of investigation, and to guarantee that all departments deliver an accessible and impartial complaints management service without detriment to any person’s on-going care.
- 2.3 The way in which we investigate complaints and concerns ensures fairness to all involved. We ensure that people who raise complaints and provide us with vital feedback on our performance are not discriminated against and their care is not compromised. Equally, the family or carers complaining on behalf of a person being treated will continue to be treated with respect. If any complainant tells us that they are concerned that they have been adversely treated because of raising the complaint, this will also be investigated.

3 PURPOSE

- 3.1 To set out a clear framework for all Sulis staff on how the hospital will support the effective implementation of the NHS Complaints (England) Regulations 2009, as well as the Parliamentary and Health Service Ombudsman NHS Complaint Standards (updated 2022), and the expectations when a complaint is handled by the hospital.
- 3.2 Sulis is committed to achieving and maintaining the highest possible standards of care and experience. All staff within the hospital, may have contact with people who use our services, carers, family members, stakeholders and external organisations who wish to make a comment, raise a concern or make a formal

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complaint or allegation regarding the services provided. It is therefore essential that *all* staff read, understand and follow this policy and its related procedures, to ensure our stakeholders have access to an impartial and rigorous complaints system.

4 DEFINITIONS

Complaint	An expression of dissatisfaction - either spoken or written - that requires a response. It can be about an act, omission or decision made, or the standard of service provided.
Complainant	Person making that statement that something is unsatisfactory or unacceptable
Compliment	Any expression of appreciation
Concern	Minor criticisms, expressions of dissatisfaction or discontent that may require a response, and which may need to be pursued through a formal route.
Claim	An application for compensation.
Feedback	Information or statements of opinion about the hospital.
Goodwill payment	A payment made when there was no legal obligation to pay it. Any such payment
Local Resolution	The first stage of the complaint resolution process, which involves investigation and action at hospital level.
PHSO	Parliamentary and Health Service Ombudsman - investigate complaints about UK government departments, other public organisations and the NHS in England.
PALS Patient Advice and Liaison Service	A service that offers advice, support and information on health-related matters. PALS provides a point of contact for people who use our services, their families and/or carers.
Service user	Any individual accessing a service from the organisation.
Accessible Information	Information which is able to be read or received and understood by the individual or group for which it is intended.
Communication Difficulty	All individuals who have a sensory loss (self-defined and to any degree of severity) including people who are blind, d/Deaf, or deafblind. Additionally other communication difficulties or limitations such as Aphasia, Autism, Learning Disability, or physical injury causing impairment.
Communication Support	Support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.

5 DUTIES AND RESPONSIBILITIES

- 5.1 **Sulis Executive Board** – Accountable for ensuring that Sulis operates an accessible, impartial and rigorous processes for reviewing, investigating and responding to feedback.
- 5.2 **Clinical Governance and Risk Management Committee (CGRMC)** – Responsible for the overall monitoring of the quality and timeliness of complaints, concerns, claims and PALS management. Receiving and reviewing reports in respect of received feedback, with such reports to include complaint rates, themes, trends and lessons learned, at Hospital and Divisional levels;

Ensuring robust systems are in place to enable feedback to be considered and acted upon, lessons learned to be cascaded and for actions to be implemented to provide the best possible care going forward.

- 5.3 **Quality Improvement Steering Group (QISG)** – Working group to review details of patient feedback

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and progress against actions derived from complaint investigations and patient feedback questionnaire data.

5.4 **Hospital Director (HD)** – has overall accountability for the day to day running of the hospital and, specifically, for ensuring that written complaints are investigated fully and responded to honestly and in writing. Responsible for authorising and signing complaints responses or delegating this duty to an appropriate Executive colleague.

5.5 **Associate Director of Nursing & AHP's** – has delegated authority to authorise and sign complaints responses in accordance with the Scheme of Delegation. Is operationally responsible for corporate nursing and allied health professional input into investigations.

5.6 **Quality & Assurance Lead** – Is operationally responsible for complaints management and for the provision of performance and quality reports to the Hospital's Committees and Executive Board.

5.7 **Medical Director** – has delegated authority to authorise and sign complaints responses or claims decisions in accordance with the Scheme of Delegation. Is operationally responsible for corporate medical input into investigations.

5.8 **PALS & Complaints Officer** – Assist with investigations relating to their service area or department, to include supporting the investigator to interview staff, collect statements, review clinical notes and produce reports or responses where appropriate and also operationally responsible for the day-to-day management and processing of complaints, concerns, and claims, monitoring compliance with legislation, regulation, policy and procedure and for escalating any non-compliance.

5.9 **Service/Clinical Unit Leads** - This includes the assignment of investigation and response within their teams and ensuring that all staff members within the team understand how to manage feedback initially received by them.

Wherever possible, work to resolve patient concerns at an early stage, to prevent concerns developing into formal complaints.

5.10 **All staff** – staff in all services may have contact with people who use our services, carers, family members, stakeholders and external organisations who wish to give feedback. It is therefore essential that *all* staff read, understand and follow this policy and its related procedures, to ensure our stakeholders have access to an impartial and rigorous complaints system, including:

- co-operating with the implementation of this policy and, specifically, any investigation in which they are involved.
- reporting complaints in the relevant form / template and escalating where appropriate.

6 COMPLAINTS

6.1 The Complaints process

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Standards	KPI/Target
Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 – Amended 2022 (NHS Complaints Regulations)	All complaints and concerns will be acknowledged within 3 working days, ideally in writing.
Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Amended 2022 (NHS Complaints Regulations)	<ol style="list-style-type: none"> All complaints and concerns will be responded to within an agreed timeframe shorter than 6 months with an emphasis on early resolution. Timeframe agreed with the complainant. 90% Complaints resolved within agreed timeframe. 75% of all complaints and concerns resolved within 15 days.
CQC Regulation 16: Receiving and acting on complaints	Improvement action will be taken in response to any failure identified

6.1.1 Sulis is committed to improving the quality of its services seeing patient feedback as essential for the Hospital to learn valuable lessons from comments, concerns, complaints and compliments.

6.1.2 In order to operate effectively, the system should:

- Be easily accessible for patients or their carers.
- Be inclusive, treating all service users with dignity and respect in accordance with their needs and irrespective of gender, marital status, age, race, colour, nationality, disability, ethnic origin, social background, sexual orientation, creed, religious belief, political opinion or gender reassignment.
- Seek to resolve issues efficiently, effectively and as close to the source as possible.
- Be an open process (subject to confidentiality considerations), which is impartial, independent and objective. Promoting a culture of openness is considered a prerequisite to improving quality and patient care.
- Form part of an integrated process for reporting and handling complaints, ensuring that lessons learned from complaints are disseminated throughout the hospital to improve quality and patient care.

6.2 Who can raise a Complaint, Concern or give feedback?

6.2.1 Complaints and concerns can be raised to any Sulis staff member by:

- a person who receives or has received services from the hospital.
- a person who is affected, or is likely to be affected, by an act, omission, or decision of the hospital.
- a person who is acting as a representative on behalf of someone who: has died, is a child, is unable to make the complaint themselves due to physical capacity or lack of mental capacity [within the meaning of the Mental Capacity Act 2005] or has requested that the person act on their behalf.
- a Member of Parliament, councillor or solicitor may write on behalf of the person who has used our services.

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6.3 How Can Complaints, Concerns and Feedback be given?

6.3.1 All staff should encourage service users, relatives and carers to provide feedback wherever possible.

6.3.2 Information for Service Users, their relatives and carers regarding processes for complaints, claims, concerns or compliments and how to provide feedback to the organisation are available via the following means:

- leaflets displayed in areas across the Hospital;
- directly from members of staff;
- the hospital website; [Sulis Hospital Bath | Feedback and Complaints](#)

6.3.3 When an individual wishes to provide feedback, they should be encouraged and supported to do so. This could include helping them to write a complaint, obtaining interpreters or signposting them to an advocacy service.

6.4 What is the Process for Handling a Complaint or Concern?

6.4.1 All feedback received by the hospital will be forwarded to the PALS & Complaints Officer and copied to the Quality & Assurance Team.

6.4.2 All feedback should be logged onto the Quality Management System by the staff members responsible to do so.

6.4.3 An initial assessment of the feedback should be made by the PALS & Complaints Officer and any feedback which may relate to a potentially serious adverse incident should be discussed with the Quality & Assurance Lead and escalated to the Associate Director of Nursing & AHPs and Hospital Director as appropriate.

6.4.4 When a complaint is made by a representative [i.e. not the Service User], consent should be obtained from the person on whose behalf the complaint is made. Where possible, boundaries of communication should be established with the person affected, for example, does the person wish to be copied into correspondence and what amount of personal clinical information would they wish to be shared with their representative. Consent is not required when it is felt that there are reasonable grounds for a complaint to be made by a representative of another person.

6.4.5 **Compliments** - Compliments can be provided to any member of staff by any member of the public. Verbal compliments should be relayed to the relevant staff. Where a compliment is provided in writing the relevant manager will respond by telephone or in writing; an electronic copy should be forwarded to the relevant manager for cascade to their teams and to the Quality & Assurance Team for logging.

6.4.6 **Comments** - Comments can be made in writing, by email, phone or via the website or on feedback cards located across the hospital.

6.4.7 All comments received or completed forms should be forwarded to the PALS & Complaints Officer. They will arrange for feedback to be provided to the appropriate department lead on comments made in respect of their area and/or incorporated into the complaints process where relevant.

6.4.8 Each department is responsible for ensuring comments they receive are reviewed and actioned accordingly, a written copy of the actions taken should be forwarded to the Quality & Assurance

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Lead/Complaints Officer. If appropriate, the relevant department will provide a response directly to the person who has made comments informing them what actions have been taken. Comments and suggestions received from people who use our services will be acknowledged within two working days of receipt and useful suggestions will be acted upon wherever possible.

6.4.9 Verbal Complaints

Where possible, all verbal complaints and concerns should be dealt with at the time, and the staff member receiving the feedback should attempt to establish what resolution is being sought and determine whether or not this can be delivered and, if so, within what timeframe. If the resolution to the verbal feedback can be delivered in full within one working day then this can be recorded as a concern, and no written response is required. However, the nature of the verbal feedback and the resolution reached should be documented by the member of staff responsible for resolving the matter using the Statement of Complaint/Concern form. The form should be forwarded to the PALS & Complaints officer, copying in the Quality & Assurance Team for logging.

If the staff member is unable to resolve the verbal feedback, then this should be escalated to their line manager. The Associated Director of Nursing & AHP’s Lead, their Deputy, or the PALS & Complaints Officer can be asked for assistance as required.

If the decision is to handle the matter as a **concern**, this should be clearly communicated, with corrective action taken and a response provided to the person raising the concern within an agreed timeframe.

If the decision is to handle the matter as a **complaint**, then the process set out in clauses 6.6.1 to 6.6.4 [inclusive] should be followed.

6.4.9 Complaints in writing

The PALS & Complaints Officer will review every complaint and make a decision as to the complexity and seriousness. The following needs to be considered:

- If the complaint involves issues that could potentially compromise public or individual safety or involve the media, or if the complaint is graded as high or extreme, the Hospital Director and Associate Director of Nursing & AHP’s and Medical Director should be informed immediately, and this should be recorded as evidence;
- Complaints which may constitute a serious category must be discussed with the Hospital Director and Associate Director of Nursing & AHP’s in the first instance before any action is taken.
- Complaints about members of staff that involve allegation of misconduct or abuse should be referred to the Associated Director Human Resources for Sulis for advice and action [refer to Disciplinary and Grievance Policies].

Where a Complaint is about clinical care, an appropriate clinical member of staff should be involved in the risk assessment.

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6.5 Timeframe for Submission of a Complaint

Complaints should be made within 12 months of an incident occurring or it coming to the complainant's attention. This timescale can be extended if the PALS & Complaints Officer is satisfied that there is good reason for the time delay and that it is possible to investigate the complaint effectively.

In the case, that the PALS & Complaints Officer and Investigation Lead decide that it is not possible to fairly or effectively investigate the complaint due to the timeframe that has elapsed, the complainant will be informed of the decision in writing. The complainant can appeal this decision in writing to the Hospital.

6.6 Process for Managing a Complaint

6.6.1 Written Complaints

Complaints regarding NHS-funded services follow a two-stage resolution process.

Complaints regarding private-funded care follow a three-stage resolution process.

6.6.2 Stage one – Local Resolution

Stage one for any complaint, whether NHS or private-funded, should be managed as follows (noting the difference in timeframes):

- 6.6.2.1 All complaints received in hard copy must be stamped and dated on the day of receipt to the hospital. All complaints should be forwarded to the PALS & Complaints Officer immediately.
- 6.6.2.2 If a complaint is received electronically, the PALS & Complaints Officer must obtain the complainant's official mailing address and telephone number. Preferences for further communication will be documented at this stage in the complaint file, or on the statement of complaint form for complaints received verbally.
- 6.6.2.3 All complaints will be logged within the Quality Management System and shall include address, age and gender of the complainant, the relationship of the complainant to the person using our services, where relevant, and the source of the complaint. This is the responsibility of the PALS & Complaints Officer.
- 6.6.2.4 The complaint must be acknowledged within two working days for NHS funded and private-funded [either verbally or in writing]. A letter of acknowledgement [Appendix 3] will always be sent following contact with the complainant.
- 6.6.2.5 The Quality & Assurance Lead will ensure that the complaint is risk graded and triaged before contacting the complainant and providing the investigation plan.
- 6.6.2.6 Contact will be made with the complainant, as soon as possible and within the required acknowledgment period. A discussion should take place regarding the issues for complaint, how the complaint will be managed and the timeframe that this will occur in.
- 6.6.2.7 Whenever possible, a conciliatory approach should be taken. This is especially important if the complaint is particularly complex. The PALS & Complaints Officer can support the nominated Investigator to set

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up an initial meeting with the complainant if deemed appropriate.

6.6.2.8 For each complaint, the Investigator will ensure the level investigation is proportionate to the level of the complaint. The Investigator will usually be the Department Lead from the service that is being complained about, with independent challenge of responses being offered from within the Quality & Assurance Team and Medical and Nursing Teams. The investigation will include:

- meeting with the complainant if appropriate
- taking statements from relevant staff involved
- ensuring staff involved in complaints are aware of support mechanisms and how to access these
- reviewing medical records, policies and procedures as appropriate [whenever possible, documented evidence to support statements should be sought]
- seeking independent expert advice where indicated
- formulating a draft response [as if replying to the complainant], ensuring that the response addresses all the issues identified
- re-assessing the risk grading of the complaint at the end of the investigation.
- conclude whether the complaint is upheld or not
- determine actions for improvements.
- ensuring all relevant documents, including staff statements, policy documents and file notes are collated for inclusion into the complaint file
- keeping contemporaneous records of the investigation
- return the draft response to the Quality & Assurance Team by the required timeframe

6.6.2.9 For each complaint, the PALS & Complaints Officer will review the Investigators draft reply, investigation pack and then:

- review the response to complainant
- seek clarification and liaise with the complaint investigator for further information as required
- once finalised, the draft response letter will be sent to the Quality & Assurance Lead for review before being sent to the Associate Director of Nursing and AHP's and Hospital Director for formal sign off.
- record any actions for improvements on the Complaints Action Log

6.6.2.10 Clinical or service leads should ensure that any staff involved in complaints are supported during the investigation process and their mental health and wellbeing considered. They should also support staff when they are required to provide statements, be interviewed or when there is escalation to Human Resources (HR).

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- 6.6.2.11 During the investigation and following the conclusion of the complaint, the staff member[s] involved will be kept fully engaged and informed of progress and given details of the outcome of the complaint.
- 6.6.2.12 The PALS & Complaints Officer will record the progress with the complaint investigation within the Quality Management System. Hard copy documents will be scanned and uploaded to the system, with retention of the hard copy in accordance with requirements. This includes copies of any correspondence to the complainant or staff, logging of telephone calls made or face-to-face conversations and any electronic correspondence.
- 6.6.2.13 The Quality & Assurance Lead will monitor the progress of the investigation on a weekly basis; any complaints that are proving difficult to resolve should be discussed with the Quality & Assurance Lead by the PALS & Complaints Officer.
- 6.6.2.14 Complaints will be handled in the strictest confidence and care will be taken that information is only disclosed to those who have a demonstrable need to have access. All records relating to complaint investigations are confidential and must be kept separate from any medical records and in a secure environment for ten years from the date of the last contact. Care must be taken with the accuracy, legibility and language used within all correspondence. In accordance with the Data Protection Act [2018] and the General Data Protection Regulations a complainant has the right to access all correspondence within the complaint file.
- 6.6.2.16 All complaint responses should comply with the agreed timescale; however, if a response is not going to be available within the pre-agreed timescale, the PALS & Complaints Officer will contact the complainant to negotiate an extension. This must be confirmed in writing.
- 6.6.2.17 If the complainant remains dissatisfied following receipt of the outcome of the investigation, the PALS & Complaints Officer should pursue alternative means of local resolution. This could include initiating further investigation or organising for relevant staff to meet directly with the complainant.
- 6.6.2.18 A complainant has the right to have issues investigated under the complaint process at the same time as they are pursuing a claim for clinical negligence; however, it is not within the remit of the complaints process to investigate clinical negligence, and this should not be commented on within the complaint response.

6.6.3 Stage two – Review

If a complainant remains dissatisfied with attempts at local resolution they can, depending on their funding arrangements, ask either of the following to review their case:

- in the case of NHS-funded funded services – the Parliamentary and Health Services Ombudsmen [PHSO] *
- in the case of privately funded services – Complaints Manager at the Royal United Hospitals Bath

The purpose of the review is to identify whether the hospital has acted appropriately when assessing

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the complaint in order to identify if there is evidence of maladministration or service failure.

6.6.4 Stage Three – Review (Private funded services)

If a private-funded complainant remains dissatisfied with the attempts to resolve their complaint at stage two they can ask the Independent Healthcare Sector Complaints Adjudication Service [ISCAS]* to review their case:

* The relevant external agency will request the hospital to provide a copy of the complaint file and health care records. After undertaking the review, the external agency may undertake an investigation that may include a review of clinical care and/or complaint management. The agency will also normally write and formally ask for relevant information to be provided by a specific date. After completing their review, they will send a final report informing the hospital whether they uphold the complaint or not and any corrective action that the organisation must implement. Complaints referred to either external agency will be monitored by the PALS & Complaints Officer and reported to the CGRMC.

6.7 Complaints relating to another organisation incorrectly sent to the Hospital

If it becomes apparent that the complaint relates to another organisation and does not involve the Hospital, the PALS & Complaints Officer will contact the complainant to advise them that the complaint relates to another organisation.

The PALS & Complaints Officer will request permission to forward the correspondence to the relevant organisation or will seek confirmation that the complainant will contact the correct organisation themselves. If consent for forwarding has been obtained, a summary record of the conversation and a scanned copy of the complaint letter should be made and uploaded into the Quality Management system. The original letter can then be forwarded to the relevant organisation, via secure email or password protected.

If contact cannot be made with the complainant by telephone, then the Quality & Assurance Lead/PALS & Complaints Officer will write to the complainant advising them that attempts have been made to contact them and that the complainant needs to redirect their letter to the correct organisation, details of which will be included in the letter.

6.8 Complaints involving more than one organisation

Where a complaint spans more than one organisation, attempts should be made to identify the organisation that will lead the complaint management. The leading organisation will most usually be the organisation associated with most issues or the most severe issue. The leading organisation should facilitate one response that encompasses all the investigation outcomes. For clarity, the response should be clear about which organisation has investigated what elements of the complaint.

6.9 Member of Parliament (MP) letters

When a complaint is received from an MP on behalf of an individual, consent to investigate the complaint and respond to the MP is required from the person using our services. This may be included within the letter if the MP has arranged this. It is important that boundaries of communication are established, for example whether

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the person affected wishes to be copied into correspondence and what degree of personal clinical information they wish to be shared with the MP. A response to the MP's letter must be provided.

6.10 Solicitor letters

When a complaint is received from a solicitor on behalf of an individual, consent to investigate the complaint and respond to the solicitor is required from the person using our services. This may be included within the letter if the solicitor has arranged this. It is important that boundaries of communication are established, for example whether the person affected wishes to be copied into correspondence and what degree of personal clinical information they wish to be shared with the solicitor. A response must be provided within the agreed timescale.

6.11 Exclusions complaints process

- A complaint that has already been investigated under the complaint regulations.
- Complaints by a responsible body such as a Nursing home or GP practice.
- Complaints regarding employment
- Complaints regarding Freedom of Information or Subject Access Request, this will be managed separately by the relevant department.
- If the complaint makes reference to a claim for compensation, the complainant must be informed that the complaint and claims processes are independent of each other and that the purpose of the complaint's investigation process is to identify learning rather than attribute blame or establish liability.

6.12 Consent and Capacity

6.12.1 Data protection is very important to the Sulis, as is the well-being of our patients. We have a duty to ensure that any information shared is for a legitimate purpose and only to those individuals who have the legal right to this information. It is important that any information shared is not likely to cause additional distress or upset. This is particularly relevant in cases where a complaint is made on behalf of a patient or where there are concerns around capacity.

6.12.2 If a complaint is made on behalf of a patient, and there is a reasonable belief that the patient has capacity to consent to the sharing of information, the PALs & Complaints Officer will seek and facilitate written consent as soon as possible. If the patient does not consent, the complaint goes no further.

6.12.3 Where there is a concern that a patient may lack capacity, the PALs & Complaints Officer and/or relevant department leads will assess whether the representative is acting in the best interest of the patient. If it is determined that the representative is not acting in the patient's best interest, the complaint will not be considered or further investigated. The representative will be notified in writing, with a clear explanation of the decision and the reasons for no further action. If the representative is acting in the patient's best interest, the complaint will be shared with the relevant department, and an investigation will be carried out. This ensures that Hospital continues to learn and make tangible improvements to the services we provide, while upholding the principles of the Mental Capacity Act (2005).

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6.12.4 When a person lacks capacity to consent to the complaint and there is a Lasting Power of Attorney (LPA) or Deputy for Health and Welfare decisions representing them, the Hospital must ensure that evidence of this is obtained. The person’s representative will need to provide this evidence to the PALs & Complaints Officer who will ensure that it is valid. For an LPA to be valid it will need to be registered with the Office of the Public Guardian (OPG). A person who holds deputyship should be able to produce the relevant court of protection documentation. The PALs & Complaints Officer may need to search OPG registers for evidence. If this is not in place, a decision needs to be made on the appropriateness of sharing information with the person making the complaint. In doing so, the Hospital will consider:

- The role and relationship of the complainant to the patient.
- Whether the complainant has a legitimate reason to access confidential information.
- Whether it is appropriate to share information with the clinical team(s) caring for the patient.
- Consultation with the Caldicott Guardian may be required to support decision making.

6.12.5 In circumstances where a patient is deemed to lack capacity to make a complaint or engage with the complaints process due to ill health, and commencing a complaint is likely to cause deterioration in the patient’s health, the PALs & Complaints Officer will liaise with the relevant clinical team/s caring for the patient to seek a best interest’s decision on the appropriateness to commence the complaints process. If felt to be at the detriment to the patient’s health, the complaint will be placed on hold until a time that the complainant is well enough to progress the complaint. The PALs & Complaints Officer will liaise with the department to gain updates on the complainant’s health and write to the complainant when they are deemed well enough to continue with the complaints process.

6.12.6 Where a complaint is made by an adult with parental responsibility on behalf of a child, consent is required if the child is 16 or older in the same way as it would for an adult. All young people must be involved in the complaints process, and their views should be central to decision making. The person investigating the complaint may need to tailor information shared depending on the age and understanding of the child if they are under 16 years old. If the adult does not have parental responsibility, advice will be sought from the Safeguarding Team.

6.12.7 Where a complaint is made on behalf of a deceased person, the Hospital will request written consent from the Executor or personal representative, along with the Will or Grant of Probate. If these are not available, the Hospital will assess the appropriateness of sharing information based on the complainant’s relationship. The Caldicott Guardian may be consulted to support this decision.

6.12.8 Where input is needed from another organisation (e.g. social care), the Hospital will seek consent from the patient or legally entitled party to share the complaint and obtain relevant records. Organisations should work collaboratively to provide a coordinated response.

6.13 Unreasonably persistent complainants

6.13.1 Sulis is committed to dealing with all complaints as quickly, fairly and impartially as possible; however, it is acknowledged that some complaints are difficult to resolve. An ‘unreasonably persistent’ complainant is someone who repeatedly submits complaints and/or allegations, despite their complaint having been rigorously and comprehensively investigated and truthfully and fully responded to.

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- 6.13.2 Complainants may remain dissatisfied no matter how comprehensive and honest a response is provided and, as a result, they may choose to continue to contact the hospital about their complaint. There are a low number of complainants who may, because of the frequency and nature of their contact with the complaints service/PALS, hinder the consideration of their own, or other people's complaints.
- 6.13.3 Most complainants are entirely reasonable and are merely seeking to find out the facts of a situation and, in cases where we have wronged them or made error, receive an apology and some form of assurance that others will not experience the same thing. Rarely, a complainant may not have this agenda and may, for example, abuse or threaten individual members of staff and/or continue to raise new or repeated issues when their previously stated complaints have been investigated and addressed.
- 6.13.2 If the PALS & Complaints Officer becomes concerned that a complainant is behaving in an unreasonable manner, they must initially seek advice from the Quality & Assurance Lead who may in turn seek advice from another member of the Senior Management Team or the Hospital Director. It is vital that any restrictions placed on correspondence with the complainant should be as a result of fair and consistent application of policy, taking into consideration whether the complainant has legitimate complaint.
- 6.13.5 In exceptional circumstances, the Quality & Assurance Lead may authorise correspondence to the complainant advising them that no further correspondence on a particular matter will be entered into and respectfully asking that they desist from further correspondence on the issue. In such a circumstance, this correspondence will include alternative routes for complaint review, such as the PHSO. Threats and/or abusive comments made to staff will not be tolerated and the complainant may be reported to the Police. Refer to **[Appendix 2]** for further information on unreasonably persistent complaints.

7 ACCESSIBLE COMPLAINTS

Sulis understands the need to make ease of access to complaints and feedback processes available to all patients including those with disability, sensory loss or impairment which affects their ability to communicate or receive information. In order to comply with the requirements of the Accessible Information Standard and as an 'applicable organisation' under Section 95 of the Health and Care Act 2022, (i.e. a provider of NHS services), Sulis recognises its legal duty to meet the information and communication needs of patients/carers/parents of patients (where applicable) with a disability, impairment or sensory loss as defined by the Standard.

Sulis will ensure that compliance with the Accessible Information Standard is enshrined at a 'business as usual' level throughout the organisation and its systems and processes and that this facilitates a transparent and accessible complaints and feedback process for patients who have difficulty with communication or receiving information.

7.1 How we will identify individuals with communication or information requirements.

- 7.1.1 All individuals providing feedback or making a complaint will be given the opportunity to identify and/or discuss their communication and information needs. This may be to confirm a need that we already know about/have recorded through previous contact, or it will be as a result of directly asking the individual whether they have a communication or information difficulty which they feel we should know about in order to assist them with their feedback or complaint. Any communication preferences or reasonable adjustments required will be documented within the complaints file.

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7.1.2 All Quality & Assurance Team staff, including the PALS & Complaints Officer will understand how to ask the right questions to ensure that communication or information needs are properly considered in how we respond and meet the needs of the person making the complaint or giving us feedback.

7.1.3 Where a need has previously been identified or recorded, staff will ask the question:

“We have a record that you need [insert requirement] while you are under our care in order to help you communicate and receive information from us. Is that still the case?”

Where there is no previous record of a communication or information need, staff will ask the question:

“Do you have any information, or communication needs you feel we should know about? [We want to make sure that we are meeting the information and communication needs of all our patients.]”

7.1.4 **Feedback or Complaints made in Person** - Where feedback is given or a complaint is made in person, the staff member receiving this will ask the appropriate question above. They will record the response into the patient administration systems so that it is available to inform any other staff who will engage with the individual and prompt them to arrange the appropriate support as required. If the feedback or complaint requires a response from the organisation, the staff member will ensure that they communicate any stated communication or information need to the PALS & Complaints Officer.

7.1.5 **Feedback or Complaints made by Telephone** – If the feedback or complaint requires a response or formal processing by the organisation, this call will be escalated to PALS & Complaints Officer. A question about any communication or information requirements the individual may have, will be asked as part of the gathering of information that these agents will undertake.

7.1.6 **Feedback or Complaints received in Writing** – Unless it is explicitly stated by the correspondent or no email or telephone number is provided/recorded for the correspondent, all complaints will be responded to initially with a telephone call from PALS or a Quality and Assurance Facilitator as appropriate. Written feedback which is a compliment to the organisation, or a particular staff member will be responded to in writing unless received anonymously. As part of the initial acknowledgement, the question regarding any communication or information requirements the individual may have, will be asked by the Facilitator or PALS adviser.

7.2 **Ensuring Communication and Information Needs are met during the Complaints Management Process**

All Complaints and feedback will be managed in line with the Sulis Complaints, Concerns and Feedback Policy. Communication and information requirements which have been identified will be documented on the Quality Management System as part of the individual complaint record. The organisation will ensure that these needs are taken into consideration at all appropriate stages through to resolution of the complaint and will provide all reasonable support and material to enable the complainant to fully engage with the complaint process.

7.2.1 Where the complainant requires reasonable adjustments to participate in face-to-face meetings regarding their complaint (e.g. Sign Language Interpreter), the organisation will arrange this in a timely and effective manner.

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7.2.2 Any information or communication provided to the complainant will be in the format they have requested and in line with the requirements of the Standard and the Sulis Accessible Information Policy.

7.3 Complaints about how we meet the Requirements of the Accessible Information Standard –

Such complaints will be dealt with as described in section 6. We will however, endeavour to correct immediately any perceived failing in how we communicate or supply information in order not to adversely affect the progress of the complaint.

7.4 Passing on Information about Communication or Information Needs –

Sometimes when we are responding to complaints, it becomes necessary to involve other organisations. This might happen when more than one health provider is involved in a person’s care or where the complainant is unhappy with the outcome of our investigation and requests that the Parliamentary Health and Social Care Ombudsman (PHSCO) review the case. In all such instances, we will ask permission of the complainant to pass information on to such agencies, including any communication and/or information requirements that they have told us about.

7.5 Fair and Equal Treatment

In following this policy, Sulis Hospital gives assurance to all our patients or other individuals who provide feedback or a complaint about care or treatment received that they will not be discriminated against in their future care or treatment. In addition, it will ensure that a communication or information need should not be an obstacle to them providing feedback or complaints to the organisation, nor in the response or resolution they receive from us.

8 LEARNING FROM COMPLAINTS, REMEDIAL ACTION AND COMPENSATION

Where the Hospital has failed in its obligations to provide an acceptable level of service and this has led to injustice or hardship, steps should be taken to put things right.

The Parliamentary and Health Service Ombudsman (PHSO) ‘Principles for Remedy’ sets out the steps for remedy, which can include one or more of the following:

- An Apology
- An Explanation
- Correction of an Error or other remedial action
- An undertaking to improve procedures or systems
- Changing a decision on service provision
- Training for staff
- Financial recompense

The PHSO’s aim is that organisations should, as far as possible, put the individual back into the position they would have been in if the maladministration/ service failure had not occurred. However, there are circumstances where this cannot be achieved because of the passage of time or the events themselves. In such

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cases, financial remedy may be appropriate.

This may include:

- Reviewing or changing a decision on the service being given to the individual.
- Revising published material such as patient information leaflets.
- Revising procedures, policies, guidance to prevent the same things happening again.
- Training or supervising staff.
- Recommendation of financial recompense.

8.1 Compensation

If harm has been the result of negligent treatment the patient has the right to claim for damages. These matters and any request for compensation in respect of this will be dealt with under the litigation process, to which the legal standard of proof applies. If this is something that the complainant requests, they should be advised to seek legal advice (NHS constitution section 3a).

8.2 Redress

This part of the policy refers to financial redress as a result of maladministration or service failure but not to medico-legal claims for compensation.

It relates to complaints at the local resolution stage and to those being reviewed by the PHSO. The Hospital may also choose to provide redress to persons involved in other areas of investigation such as PSCT.

There may be occasions where the complainant has requested and the Hospital considers it appropriate to offer redress for additional expenses incurred financial loss or inconvenience or distress.

The Parliamentary and Health Service Ombudsman expects that Hospital demonstrate good practice in financial redress. Redress may be appropriate where:

- There has been a failure in the service provided or failure to provide a service
- Maladministration
- Neglect or unjustified delay in service provision
- Failure to follow policies
- Providing inaccurate or misleading advice
- Bias or unfair discrimination
- Loss of property

The Hospital Director in conjunction with the Associate Director of Nursing and AHPs is responsible for determining any financial compensation as a result of maladministration or poor service.

Financial remedy is expected to be fair, reasonable and proportionate, but does not allow the recipient to gain a financial advantage.

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Each case will be assessed on an individual basis.

The following is a list of considerations as a guideline but is not exhaustive:

- The effects of the complainants' own actions
- Quantifiable loss
- Professional fees incurred (appropriateness and timeliness)
- Passage of time
- Wilful action by the Hospital rather than maladministration
- Mitigating circumstances for the interruption of change of service provision or a failure to provide a planned service due to either unforeseen circumstances or severe service pressure.
- The time and trouble taken in pursuing the complaint will not be considered if this is no more than would be routinely expected.

9 AUDIT, MONITORING AND REVIEW

Sulis is required to have a system in place as part of its quality and assurance arrangements to ensure feedback is reviewed for lessons and that the findings are cascaded across the Hospital to support continuous improvement. Departmental level actions will be discussed at the Quality Improvement Steering Group monthly to demonstrate the service improvements are planned as a result of the receipt of feedback.

10 TRAINING AND IMPLEMENTATION PLAN

Responsibilities

The Associate Director of Nursing and AHPs will be responsible for reviewing the complaint process across the organisation. This will include a review of the consistency of application of the complaint process, in line with policy, internal quality of investigations and responses, appropriateness of actions taken and the satisfaction of complainants.

Clinical or Service level assurance needs to be given that all staff are competent to respond to feedback, and that Investigators have the skills and confidence to undertake rigorous and comprehensive investigation and to formulate a response meeting expected standards of grammar, tone and content. Each Clinical Unit or Service must also have clear evidence of quality improvements made as a result of feedback.

To ensure compliance with this policy: -

- the PALS & Complaints Officer will provide a quarterly report to the CGRMC, which will in turn submit an annual report on feedback, including volume, service type, trends and themes along with actions taken to improve services for people using our services.

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- the Associate Director of Nursing & AHP’s will annually monitor relevant activity to ensure that the policy and its implementation are fully compliant with the Fundamental Standards of Quality & Safety.

The Associate Director of Commercial Operations will be accountable for:

- ensuring that operational staff involved in an investigation and complaint responses comply with this policy and the data recording required therein.
- ensuring that complaints and incident investigations are undertaken and concluded within agreed timescales.
- ensuring that Investigators within their areas provide responses that meet expected standards of grammar, tone and content.
- providing evidence to demonstrate that lessons have been learned from feedback and that agreed actions have been implemented in accordance with the specific action plan and timelines per complaint.

It is the Associate Director of Nursing & AHP’s responsibility to ensure that all staff receive training in customer care and issue resolution. Continued training will be reflected in their Personal Development Plan (PDP).

Staff who are required to lead complaint investigations will have additional training on the complaint procedure, communicating with complainants, investigating complaints, systems-based investigations, conciliation techniques and recording and reporting requirements.

Records of customer care and complaint training will be maintained as evidence of compliance within each department; these will be kept by the HR Department.

11 DISSEMINATION, STORAGE AND ARCHIVING (CONTROL)

Version	Date uploaded to intranet	Any other promotion or dissemination, include date
6.0		Published to website

12 LINKS TO OTHER POLICIES, STANDARDS (ASSOCIATED DOCUMENTS)

12.1 Associated Documents

- Accessible Information Policy
- Anti Bullying and Harassment Policy
- Consent Policy

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- Disciplinary Policy and Procedure
- Grievance Policy
- Electronic Communications with Patients Policy
- Equality and Diversity and Inclusion Policy
- Escalation of Potential and Confirmed Claims SOP
- Freedom to Speak up Raising Concerns (Whistleblowing) Policy
- Mental Capacity Act and DoLS Policy
- Patient Safety Incident Response Framework

12.2 References

- The Local Authority Social Services and National Health Service Complaints [England] Regulations 2009 (Last amendment 2022) <http://www.legislation.gov.uk/uksi/2009/309/regulation/4/made>
- Care Quality Commission: [Care Quality Commission](#)
- Clywd-Hart Report on NHS Complaints 2013 [A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture](#)
- Data Protection Act 2008 and UK GDPR [Data protection: The UK's data protection legislation - GOV.UK](#)
- NHS Constitution: [NHS Constitution for England - GOV.UK](#)
- The Health and Care Act 2022 (Section 95) [Health and Care Act 2022](#)
- Accessible Information Standard [DAPBI605: Accessible Information - NHS England Digital](#)
- Fit for the future: 10 Year Health Plan for England – A new transparency of quality of care [10 Year Health Plan for England: fit for the future - GOV.UK](#)
- NHS England Complaints Policy (last updated 2024) [NHS England » NHS England complaints policy](#)
- Parliamentary and Health Service Ombudsman [PHSO] <http://www.ombudsman.org.uk/>
- Independent Sector Complaints Adjudication Service [ISCAS] [ISCAS – Independent Sector Complaints Adjudication Service](#)
- Patient Association – Good Practice Standards for NHS Complaints Handling [Improving complaints | The Patients Association](#)
- Mental Capacity Act 2005 (including 2019 amendment) [Mental Capacity Act 2005](#)

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- Public Inquiry chaired by Robert Francis QC [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: executive summary HC 947, Session 2012-2013t](#)
- Review of NHS Hospitals Complaint System Putting patients back in the Picture 2013 <http://www.gov.uk/government/publications/nhs-hospitals-complaints-system-review>
- NHS Complaint Standards: Summary of expectations 2022: [NHS_Complaint_Standards_Summary_of_expectations_December_2022_Final.pdf](#)
- NHS Being Fair Tool [NHS England » Being fair tool: Supporting staff following a patient safety incident](#)

STAKEHOLDER APPROVAL

	Name	Title	Signature	Date
1.	Q&A Lead	Q&A Lead		04/03/2026
2.	PALS & Complaints Officer	PALS & Complaints Officer		04/03/2026
3.	Jennifer Anstey	Associate Director of Nursing and Allied Health Professionals		20/03/2026
4.	Simon Milner	Hospital Director		
5.	Hayley Hughes, Natalie Escott	RUH Complaints Manager (stage 2 review)		
7.	Sarah Richards	Medical Director		

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APPENDIX I EQUALITY IMPACT ASSESSMENT TOOL

Equality Impact Assessment Tool		Yes/ No	Comments
1.	Does the policy affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment, and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

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APPENDIX 2 “UNREASONABLY PERSISTENT” COMPLAINTS

Sulis is committed to dealing with all concerns and complaints as quickly, fairly, and impartially as possible. However, it is acknowledged that some complaints are difficult to resolve. Complainants may remain dissatisfied and therefore may choose to continue to contact the Hospital about their complaint. There are a small number of complainants who may, because of the frequency and nature of their contact with the complaints service/PALS, hinder the consideration of their own, or other people’s complaints.

At all times it must be considered whether the complainant has legitimate complaints and their behaviour should only be considered unreasonable in exceptional circumstances. This appendix should only be applied as a last resort when all other reasonable measures have been taken to try and assist the complainant in the resolution of their complaint.

An ‘unreasonably persistent’ complainant is someone who resubmits their complaint despite their complaint having been comprehensively and rigorously investigated and truthfully responded to.

Complainants [and/or anyone acting on their behalf] will only be defined as an ‘unreasonably persistent’ complainant when previous, or current, contact demonstrates that they meet one or more of the following criteria:

- Persists in raising the same complaint/issue when the complaints policy/procedure has been fully and properly implemented and completed.
- Changes the subject of a complaint, or continually raises new issues, or seeks to prolong contact with the service by repeatedly raising further questions or concerns upon receipt of a response, or when the complaint is still under investigation [care must be taken not to disregard new issues that are separate to the original complaint, as these should be addressed separately].
- Does not clearly identify the specific issues they wish to have investigated, despite reasonable efforts by staff to help them do so.
- Raises complaints about every part of the health system regardless of being advised on what does and does not fall within the Hospitals management and control.
- Persists in contacting multiple different agencies or individuals despite being advised of the correct procedures.
- Displays unreasonable demands or expectations of staff, or the complaints service, and fails to accept that these may be unreasonable, e.g. insists on an immediate meeting, or a meeting with staff who may not be available despite being given a clear explanation and clear assurances of how contact can be made.
- Refuses to accept that different perceptions of incidents can occur, and verification of the facts can be impossible when a long period of time has elapsed or there is no clear evidence.
- Has threatened or used physical violence.
- Has harassed or been personally abusive or verbally aggressive towards staff dealing with them.
- Seeks repeated contact with the Facility through a range of people or through an excessive number of telephone

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calls, letters or emails, and refuses to use a single point of contact point/person once advised to do so [staff should keep a record of contacts made, with details of date, time and place, and send this to the PALS & Complaints Officer to facilitate maintenance of a central log].

There must be clearly documented evidence to support the decision that the complainant’s behaviour is unreasonable. Staff must inform the Quality & Assurance Lead / PALS & Complaints Officer if they are concerned about a complainant’s behaviour.

If the complainant is a patient, the relevant clinician responsible for their care should be asked to provide a report on whether the patient’s condition is likely to be influencing the tendency to make complaints and a risk assessment on whether continuing to respond to the behaviours, or persistent complainants, might be in the patient’s best interest.

The Associate Director of Nursing & AHP’s/ Quality & Assurance Lead will make the decision as to whether a complainant is being ‘unreasonably persistent’.

Once such a decision has been made, a management plan should be agreed by the Hospital Director or another executive colleague, which will include a letter to the complainant advising them of:

- The position their complaint has reached.
- Parameters for a code of behaviour and why past behaviour has not been acceptable.
- Line of communication to be followed and future arrangements [e.g. name of contact person, maximum number of calls per week allowed] Where appropriate, this letter should also:
 - Inform the complainant that further correspondence will be acknowledged but not answered
 - Re-affirm the arrangements for ongoing clinical care.

This letter will be signed by the Hospital Director or another executive colleague with delegated authority from the Hospital Director.

All staff who are likely to have contact with the complainant should be of informed of the arrangements that have been put in place.

If telephone calls continue to be received after the letter has been sent, and these do not correspond with the written arrangements, staff will behave courteously but will firmly terminate the call. Time should not be spent listening again, or responding, to a well-known complaint.

New issues of complaint or concern must be dealt with in the normal way. New complaints should be submitted in writing, with a short summary explaining why they are new and have not been raised previously. Timelines for receipt of a complaint will determine whether or not the new complaint is investigated.

Each case will be reviewed by the Quality & Assurance Lead / PALS & Complaints Officer six months after its registration. If a complainant is demonstrating a reasonable approach, the status of ‘unreasonably persistent’ will be removed.

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If it becomes necessary to consider ceasing all contact with the complainant, a report will be prepared and presented to the Hospital Director or another executive colleague with delegated authority from the Hospital Director, for final decision.

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