

Management of complaints and concerns

About this document	
Document ID	63 Version: 001
Full review due before	30 September 2026
Document type	Policy
Usage & applicability	For use Trust Wide by all staff at all sites
Summary A fair, sensitive and accurate response to patient complaints is one of the ways of improving the quality of care in the NHS. It is important that if things go wrong, they are put right quickly and that lessons are learned. Learning from complaints can help staff achieve a higher standard of care and improve services. A complaint can arise from a perception of poor service rather than because of a genuine failure to provide a high-quality service. When this occurs, it is often due to poor communication. All employees have a responsibility to abide by this policy and any decisions arising from the implementation of it. All members of staff have a duty to ensure that: • They take immediate action and try their utmost to de-escalate a concern in real time where possible to prevent it from becoming a complaint and refer to PALS if they are unable to achieve this despite attempts • They explain that this will not result in adverse treatment as a result of raising a concern or a complaint • They take immediate action where failures have been identified to reduce the likelihood that further harm to other patients / carers will occur in the future • They give assistance with any complaint investigation • If requested they make a formal statement which reflects fact, not opinions	
What you need to know about this version	
VERSION TYPE: Full review of document with amendments	
Revised Trust wide processes and appendices. This has been issued as a new policy to replace a previously decommissioned policy on complaints (DOC ID CSEC 008).	

Contents

Part 1 – Preliminary document information.....	3
1. Scope	3
2. Purpose	3
3. Definitions.....	4
4. Duties	4
5. Associated Documents	5
6. Monitoring compliance	5
6.1. Equality Impact assessment	6
7. References	7
Part 2 – Complaints Process.....	8
Complaints Involving Partner Organisations.....	8
Part 3 – Appendices.....	16
Appendix 1 – Formal Complaint Grading Matrix.....	16
Appendix 2 – Formal Complaint Process flowcharts 35/60 days	16
Appendix 3 – Formal Complaints SOP	16
Appendix 4 – Vexatious Management Plan Meeting Log	17
Part 4 - Document record	18
Consultation & review	19
11.1 List of document stakeholders	22
Record of agreement	23

Part 1 – Preliminary document information

1. Scope

A fair, sensitive and accurate response to patient complaints is one of the ways of improving the quality of care in the NHS. It is important that if things go wrong, they are put right quickly and that lessons are learned. Listening, and responding, to patient complaints and concerns provides an invaluable opportunity for improvements. Complaints should be handled in an open and transparent manner and used to promote organisational learning.

ENHT strives to create an environment and culture in which patients know it is acceptable to raise a complaint or concern, or offer feedback about our services. Staff should feel equipped, through training and managerial support, to act upon patient feedback promptly and in a manner which informs service delivery.

2. Purpose

The policy describes the process by which complaints are handled within the organisation according to the national regulations. The process described in this policy seeks to facilitate good local resolution and service development. Links between the Patient Advice & Liaison Service (PALS) and Complaints have been strengthened to ensure a consistent approach for anyone wishing to raise comments, concerns and complaints.

This policy sets out the framework for the management and resolution of complaints received about the service provided by East and North Hertfordshire Trust. This document provides information about how we manage, respond to and learn from complaints that are made about our services.

The Trust is committed to responding promptly to all concerns and complaints in an open, honest and sensitive way; ensuring that they are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. Patients, carers and their representatives experience our services from a different perspective and can provide a valuable insight and enable the Trust to implement changes from lessons learnt as part of the organisation's commitment to continuous quality improvement.

The key issues taken into consideration when formulating this policy are that the complainant needs to:

- Know how to complain
- Feel confident that their complaint will be dealt with seriously
- Understand that their concerns will be investigated, and they will be informed of the findings of that investigation
- Trust that East and North Hertfordshire will offer an apology where required
- Trust that East and North Hertfordshire will learn from complaints, feedback and praise and apply those lessons whilst also learning from and sharing best practice

The Trust is committed to providing high quality care to all that use our services. We will ensure that patients, carers or other representatives can seek advice, raise concerns, or make a formal complaint.

When dealing with a complaint we aim to follow the Good Practice Standards for NHS complaints handling (2017) and our Trust values of: Include, Respect, Improve. We will endeavour to ensure that:

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: 63 Version: 001

Full review due before: 30 September 2026

- There is a culture of openness and transparency, that information and processes are accessible and understood by all those involved in a complaint
- Complaints are managed and investigated with a consistent approach
- Complaints are investigated and responded to sympathetically and in an appropriate negotiated timeframe
- Responses should provide a level of detail relative to the seriousness of the complaint
- Complainants are provided with support and guidance throughout the complaints process
- The care of a patient is not negatively impacted on as a result of a complaint
- Matters are put right wherever possible and an apology offered
- There is learning from complaints resulting in better practice

3. Definitions

Compliment: An expression of gratitude, thanks and positive comments directly at the Trust, services and staff by a patient, relative, carer, visitor or member of the public

Comment: A comment / suggestion made about any services the Trust provides. Positive comments may be treated as compliments

Concern: An expression of dissatisfaction that either takes less than 7 working days to resolve or where the individual raising the concern clearly says they are not making a complaint

Formal Complaint: A complaint requiring in-depth, formal investigation and response due to complexity or nature of content, by a person's independent to the immediate service.

4. Duties

Chief Executive

The Chief Executive has overall responsibility for the Trust's Complaints Procedure. This includes ensuring that there is appropriate policy and procedural guidance in place that is available to all staff. The Chief Executive or person acting on their behalf will sign all responses to formal complaints. The Chief Executive has overall accountability for the Trust Complaints procedure and will provide leadership and ensure that the Trust develops a positive culture towards investigating and learning from complaints and is committed to service improvement.

Chief Nurse and Deputy Chief Nurse

The Chief Nurse and Deputy Chief Nurse are responsible for monitoring the complaints performance for the Trust and reporting it to the Trust Board.

Clinical Directors/ Managing Directors/ Triumvirates

Clinical Directors, Managing Directors and Triumvirates are responsible for ensuring all complaints relating to their area are thoroughly investigated according to agreed policy and that resulting action plans are implemented. They must ensure that all their staff are fully aware of the requirements of the complaints process. They are responsible for the appropriate and timely response to formal complaints raised and for approving the content of the responses made. They must make sure that staff have all the information and support they need to complete investigations. Following a complaint, they must then ensure that teams make the necessary improvements and any learning is shared.

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: 63 Version: 001

Full review due before: 30 September 2026

Employees

All staff (including bank, agency and contractors) – will manage complaints within line of this policy.

5. Associated Documents

The following documents are related Trust policies and procedural documents, which are advised reading to supplement this document and/or process. These items are different to the titles listed in Part 1 [References](#), which contains external resources referenced in the development of this document.

Document title	Doc ID	Originator
Accident/Incident Reporting Policy (Safety and Security)	47	☒ ENHT ☐ Affiliated network ☐ National/ regional
Adverse Incident Reporting and Investigation Policy	115	☒ ENHT ☐ Affiliated network ☐ National/ regional
Claims Handling Policy	116	☒ ENHT ☐ Affiliated network ☐ National/ regional
Being Open (Duty of Candour)	131	☒ ENHT ☐ Affiliated network ☐ National/ regional
Raising Concerns at Work Policy	HR 025	☒ ENHT ☐ Affiliated network ☐ National/ regional
Safeguarding Children Policy	143	☒ ENHT ☐ Affiliated network ☐ National/ regional
Safeguarding Adults from Abuse Policy	137	☒ ENHT ☐ Affiliated network ☐ National/ regional
Information Security & Records Management Policy	30	☐ ENHT ☐ Affiliated network ☐ National/ regional

6. Monitoring compliance

This document will be reviewed in **3 years** or earlier if any evidence or change in practice comes to light requiring an update to the document. Any further activity to monitor to the use and compliance of the document at the Trust is documented below.

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
The complaint manager monitors that the complaints team are adhering to processes and are compliant with guidelines	Monthly	Complaints Manager	Complaints, PALS, Patient and Carer Experience Lead	This policy will be Reviewed earlier than 3 years or sooner in light of new evidence

6.1. Equality Impact assessment

The Trust supports the practice of evidencing due regard to equality considerations. This means those involved have ensured the document and the function, outlined therein, applies to all, regardless of protected characteristic - age, sex, disability, gender-re-assignment, race, religion/belief, sexual orientation, marriage/civil partnership and pregnancy and maternity.

This evidence is in the form of an equality impact assessment (only if initial screening form below prompts a full EIA) – a process which should be embedded within the early stages of planning or developments that relate to or impact on equality diversity and inclusion. This also applies to new proposals or changes on previous policy, procedure, strategy or processes that are coming up for review. More on this process for completing Equality Impact Assessments can be found on the [Equality, Diversity & Inclusion section of the intranet](#).

Initial EIA screening form

The document author has ensured the policy/guideline avoids affecting one group less or more favourably than another on the basis of:		Impact Yes/No	Comments
1	Age (younger people & children & older people)	No	
2	Gender (men & women)	No	
3	Race (include gypsies and travellers)	No	
4	Disability (LD, hearing/visual impairment, physical disability, mental illness)	No	
5	Religion/Belief	No	
6	Sexual Orientation (Gay, Lesbian, Bisexual)	No	
7	Gender Re-assignment	No	
8	Marriage & Civil Partnership	No	
9	Pregnancy & Maternity	No	
10	Is there any evidence that some groups maybe affected differently?	No	
11	Could this document have an impact on other groups not covered by a protected characteristic? (e.g.: low wage earners or carers)	No	
If 'NO IMPACT' is identified for any of the above protected characteristics, then no further action is required.			
If 'YES IMPACT' is identified a full impact assessment should be carried out in compliance with HR028 Equality & Human Rights Policy and linked to this document			

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: 63 Version: 001

Full review due before: 30 September 2026

Any other comments:

[Default statement: There is no evidence that this policy will impact on any of the protected characteristics listed above, or other groups not covered by protected characteristics.]

EIA screening form completed by: Vanessa Dawborn

Date completed: 03/07/2023

7. References

NHS Constitution (Department of Health, 2009, amended March 2013)

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Francis Report (2013)

<https://www.nmc.org.uk/about-us/policy/position-statements/francis-report/>

Hard Truths: the journey to putting patients first: Government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry (Department of Health, November 2013)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf

Good governance institute, complaints handling within NHS organisations 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf

Designing good together: transforming hospital complaints handling (Parliamentary and Health Service Ombudsman, August 2013)

https://www.ombudsman.org.uk/sites/default/files/LOW_RES_Designing_good_together_transforming_hospital_complaints_handling_0.pdf

Introducing the Statutory Duty of Candour (Dept. of Health 2014)

<https://www.health-ni.gov.uk/publications/statutory-duty-candour-england>

Part 2 – Complaints Process

Complaints Involving Partner Organisations

Where complaints involve one or more organisations, the Complaints Department will advise on co-operation required. The Complaints Department will negotiate with the partner agencies ensuring that an agreed plan to manage the complaint is in place. The Complaints Handler will ensure this is shared with the Division and complainant and all relevant contact details are available.

Each organisation will investigate in accordance with their own procedure keeping the 'lead' organisation informed of progress. Ideally all responses should be delivered together but where this is not possible the time frames will be agreed between all parties involved including the complainant.

In the event of a complaint being sent to only one organisation but raising concerns across a number of organisations the receiving organisation will seek consent from the complainant and copy the complaint to the other organisations involved.

Where a complaint is shared across organisations the lead organisation will confirm to the complainant the name of each organisation, the investigating officer details and any relevant contact details. The lead organisation will receive responses from all other organisations and collate these to produce one final response unless the complainant directs otherwise. The final response must indicate which issue relates to which organisation and all escalation processes should be clearly identified for each of the organisations involved.

If a delay is likely to occur in getting a response to the lead organisation they must be informed immediately. The lead organisation will provide a response with the information provided indicating that the outstanding responses will

Complaints from third party agencies

Any complaints from MP's and Officers of the Crown, CQC enquiries, complaints that may result in litigation, involve accidents and injury or that may involve a gesture of goodwill payment being made must be emailed to the Complaints Department immediately to log on Enhance and process with the Chief Executive or Legal Claims Team as appropriate. If the MP or CQC enquiry is deemed a formal complaint this will follow the 35 or 60 day process. If the concern does not require an in depth investigation then a turnaround of 10 working days is given.

Fraud and Bribery

There may be occasions when fraud or bribery is identified as part of a concern or a complaint. East and North Hertfordshire Trust is committed to reducing the level of fraud, bribery and corruption within the organisation and the wider NHS to an absolute minimum and keeping it at that level, thus helping to ensure that public resources are focused on providing better patient care rather than being diverted elsewhere. East and North Hertfordshire Trust adopts a zero-tolerance attitude to fraud, bribery and corruption within the NHS. The aim is to eliminate as far as possible all fraud, bribery and corruption within the Trust.

Fraud

Any person who dishonestly makes a false representation to make a gain for himself or another or dishonestly fails to disclose to another person, information which he is under a legal duty to disclose, or commits fraud by abuse of position, including any offence as defined in the Fraud Act 2006.

Bribery and corruption

Bribery and corruption involve offering, promising or giving a payment of benefit-in kind to influence others to use their position in an improper way to gain an advantage. Bribery does not have to involve cash, or an actual payment exchanging hands and can take many forms such as a gift, lavish treatment during a business trip or tickets to an event. Bribery does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another. The Bribery Act 2010² set out the relevant offences.

Time limits for raising a complaint

A complaint must be made within twelve months of the date of the incident. Should a complaint be made after the expiry of the period specified, the Complaints, Pals and Patient and Carer Experience lead may decide to investigate if it is accepted that the complainant had good reasons for not making the complaint within that period. The complainant must be advised that the passage of time may affect the investigation.

Raising a complaint

Complaints can be made to any member of the Trust's staff either verbally, or in writing, by email, or letter. The Complaints Department has a designated Trust web page with a generic email address patcomplaints.enh-tr@nhs.net.

Complaints may also be raised by patients, carers or their representatives verbally by telephone on: 01438 284387. It should be noted that the method of raising a complaint, either orally or in writing, does not necessitate the investigation route or determine degree of seriousness.

Complaints Type

PALS – Concern

Minor issues occurring in the day-to-day running of a service which can be resolved relatively quickly (within 48hours), including ideas and suggestions, comments and feedback, and general criticisms. Front line administration staff, nurses, doctors, allied health professionals and departmental managers are best able to deal with these issues or concerns, and these should be considered as part of our ongoing commitment to improvement of services.

Formal Complaint – 35 or 60 working days

A complaint requiring in-depth, formal investigation and response due to complexity or nature of content, by a person independent to the immediate service. Initial contact or phone

call to discuss the complaint to completed where the complaint may be resolved and closed without investigation.

Note: All complaints which require notification to Adult or Child local safeguarding authorities must be considered under the formal complaints policy. Where the complainant is not satisfied with the PALS outcome, or where the matter immediately necessitates independent, formal investigation, then the staff member should immediately forward the complaint for logging with the complaints department. This can be done verbally on **01438 284387** or via email to patcomplaints.enh-tr@nhs.net.

Formal Complaint grading matrix

All formal complaints will be triaged within the formal complaint grading matrix, this will ensure that the correct time allocation is required to fully investigate the concerns raised. (See appendix 1, page 16)

Formal complaint – Process flowcharts

To ensure that all timescales are adhered too, formal complaint process charts have been created to aid all parties involved within the formal complaint process. (See appendix 2, page 16)

Formal Complaints Standard Operational Procedure (SOP)

To ensure that staff are aware of the full procedure and expectations. (See appendix 3, page 16)

Consent

Consent to access personal information for the purpose of investigating a complaint is implied when the complaint is raised by the patient. Where a complaint is received from someone acting on behalf of a patient, the Trust will only instigate a full investigation once written consent is received from the patient. If consent is not received within 10 days, it will be presumed that consent has been refused.

Capacity

Where a patient lacks capacity and someone with Lasting Power of Attorney (LPoA) has been appointed to act on their behalf, then the LPoA should be consulted – as long as the LPoA specifically states that they have the authority to consent on behalf of the patient. The Complaints department must ask for evidence of this.

Appeals

If the complainant requires help in understanding the response given, the Patient Experience Team will support them to understand this and tentatively refer the individual to an advocacy service. If the individual is unhappy with the response given by the Trust following a formal complaint investigation, the complainant will be advised of their right to appeal to the Parliamentary and Health Service Ombudsman.

Dealing with Habitual and Vexatious Complainants

From time to time the Trust may come into contact with a small number of complainants who require a disproportionate amount of time and resource in managing their complaints. It is important to identify those situations in which a complainant's behaviour might be considered to be unacceptable and to suggest ways of responding to those situations which are fair to both colleagues and complainant. The Trust is committed to dealing with all concerns,

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: 63 Version: 001

Full review due before: 30 September 2026

complaints and requests for information fairly and impartially, providing a high-quality service. As part of this approach, the Trust would rarely limit people from making contact. The below template must be completed during any proposed Habitual and Vexatious Complainant meeting.

Complainants (and/or anyone acting on their behalf) may be deemed to be vexatious where contact with them shows that they meet two or more of the following criteria, (or are in serious breach of one):

- Have **harassed, threatened**, or used actual physical violence, been personally **abusive** or **verbally aggressive**, racist or homophobic towards staff dealing with their complaint or their families or associates. (This will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, there after only be pursued through written communication. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. They must document all incidents of harassment using the Trust's incident reporting system)
- Have in the course of addressing or raising a complaint had an **excessive number of contacts** with the Trust placing unreasonable demands on staff. A contact may be in person or by telephone, letter or fax. 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.
- **Persist in pursuing a complaint** when the Trust's complaints procedure has been fully and properly implemented and exhausted, or is not within the Trust's remit to investigate
- **Change the substance** of a complaint or **continually raise new issues** or seek to prolong contact by **continually raising further concerns or questions** upon receipt of a response whilst the complaint is being addressed (Care must be taken not to discard new issues which are significantly different from the original complaint. These should to be addressed as separate complaints)
- Are **unwilling to accept documented evidence** of treatment given as being factual. e.g. drug records, manual or computer records, nursing records
- **Deny receipt** of an adequate response in spite of correspondence specifically answering their questions
- **Do not clearly identify the precise issues** which they wish to be investigated, despite reasonable efforts of Trust staff and, where appropriate, the aid of advocacy services to help them specify their concerns. Or the concerns identified are not within the remit of the Trust to investigate but they continue to be raised.
- **Focus on a trivial matter** to an extent that is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what is a "trivial" matter can be subjective and careful judgement must be used in applying this criteria)

Whilst staff must endeavour to respond to all complainants with patience and sympathy there are times when unreasonable behaviour is extreme or persistent and there is nothing further which can be reasonably done to assist the complainant or to

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: 63 Version: 001

Full review due before: 30 September 2026

Page 11 of 23

rectify a real or perceived problem. When considering management of complainants considered vexatious, staff must ensure;

- That the complaints procedure has been correctly implemented so far as possible and that no material element of a complaint overlooked (even habitual or vexatious complaints may have aspects which contain some genuine substance, ensure that an equitable approach has been followed);
- That the complaints procedure has been correctly implemented so far as possible and that no material element of a complaint overlooked (even habitual or vexatious complaints may have aspects which contain some genuine substance, ensure that an equitable approach has been followed);
- That the response has been communicated in a manner which is understood by the complainant, and all reasonable and practicable steps have been taken to ensure understanding.
- Ensure a fair and reasonable response.
- There is a clear documented evidence of behaviour which is considered unacceptable and staff are able to identify the stage in which the complainant became vexatious
- That the complainant has been afforded opportunity to discuss the matter in an agreed and pre-arranged forum with a colleague best suited to address their concerns.
- Where appropriate, the complainant has been encouraged to contact an independent Advocate for support and advice, or a referral has been made.

Where complainants meet the criteria as stipulated above, the service must refer the case to the Complaints, PALS and Patient and Carer Experience Lead or Deputy Chief Nurse, who will review the case and determine whether there is enough evidence to implement a vexatious complainant management plan.

The Complaints, PALS and Patient and Carer Experience Lead or Deputy Chief Nurse have discretion on how they may decide to manage vexatious complaints. Consideration of this may include, but is not limited to, directing the following;

- 1) Try to resolve matters by drawing up a signed “agreement” with the complainant (and if appropriate involving the relevant clinician 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. If these terms are contravened, consideration would then be given to implementing other action
- 2) Decline contact with the complainant/s either in person, by telephone, by letter or any combination of these, provided that one form of contact is maintained. (If staff are to withdraw from a telephone conversation with a complainant the following statement or other alternative may be used for example “I’m sorry I am unable to deal with your complaint. I understand your complaint is being dealt with by XXX, please contact telephone number”
- 3) Restrict communication through a third party (e.g. advocate) by negotiation

- 4) Notify the complainant in writing that the Chief Executive 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 complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered (other than a request for Independent Review, if applicable (NB: before this action is taken, the Complaints Handler must ensure that the complainant has been informed of their right to request an Independent Review by the Ombudsman))
- 5) Inform the complainants that in extreme circumstances the Trust reserves the right to pass unreasonable or vexatious complaints to the Trust's solicitors
- 6) Temporarily suspend all contact with the complainants or investigation of a complaint whilst seeking legal advice or guidance from the Strategic Health Authority or other relevant agencies
- 7) Time limit the declaration or make it subject to its review or reconsideration

An agreed Management Plan will be devised by the Complaints Manager or Complaints, PALS and Patient and Carer Experience Lead and signed off by the Deputy Chief Nurse and Chief Nurse. The Management Plan will be circulated to all relevant staff to ensure consistent delivery and loaded onto the Enhance file.

Withdrawing vexatious status

Once complainants have been determined as vexatious, the Deputy Chief Nurse and Complaints, PALS and Patient and Carer Experience Lead, in liaison with the Triumvirate, will determine at a later stage that the complainant is no longer vexatious.

Patient and Advice Liaison Service (PALS)

The PALS in East and North Hertfordshire NHS Trust, aims to provide a fast and appropriate access to help, advice and information to those users of our services who require assistance or support.

- The service is available to patients, their relatives and carers or friends (referred to as patients throughout this document) using health services provided or commissioned by the East and North Hertfordshire NHS Trust. It will also offer information and advice to anyone contacting it.
- The service will operate on a "one stop shop" approach to avoid the need for users to explain their problem more than once.
- The service is managed by the Complaints, PALS and Patient and Carer Experience Lead.

Key Objectives:

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: 63 Version: 001

Full review due before: 30 September 2026

- To provide assistance in the quick and efficient resolution of questions and concerns raised by patients through negotiation and liaison with Trust staff, other local NHS staff, health and health related organisations and where appropriate, other PALS.
- Give accurate and appropriate information in line with the Trust's Concerns and Complaints Policies to individuals wishing to access the NHS complaints procedure.
- The service will steer patients towards the complaints process when necessary and provide guidance and information.
- Provide feedback arising from the patients and publics' perspective about the services the Trust provides.
- The PALS officers have the power to negotiate immediate solutions with the relevant ward/department manager.

Operational Guidance for staff:

- The PALS team will operate a drop-in service in the main corridor at the Lister Hospital.
- QEII Hospital, Mount Vernon Cancer Centre (MVCC) and Hertford County Hospital (HCH) may access the PALS by phone or email.
- The PALS staff will sit in the PALS office where they have the facility to conduct confidential interviews, when necessary.
- The service is available Monday to Friday between the hours of 8 am to 4 pm. An answer phone service is available out of hours. Patients are advised through the answer phone message how the Duty Matron can be contacted out of hours.
- The PALS officers or their volunteers will visit the ward areas on a regular basis to raise awareness of the PALS and establish communication links.
- The PALS officers will visit patients on the wards when requested.
- All contacts will have a concern sheet completed and be logged on the Enhance database.

Learning from Complaints and PALS

The Trust is strongly committed to organisational learning, and recognises that whatever the circumstances, and however regrettable these may be, each complaint provides opportunities for organisational learning to occur. Sometimes, the complaint has Trust wide, or cross service implications. The learning for such complaints will be ensured by Quality and Safety Committee and Patient and Carer Experience Group.

Action plans

Action plans form part of the formal complaints process and investigators should ensure that they share the recommendations from their investigation findings with the service managers of the relevant areas to allow for the development of an action plan which is SMART. A SMART approach to when planning actions arising from complaints is essential. Actions should be Specific, Measurable, Achievable, Relevant and Time-bound.

- Each recommendation must have a clearly defined action
- A responsible person designated as the lead for each action
- Dates for proposed completion of actions
- Evidence to confirm completion of each action

It is the responsibility of the service manager or delegated team leader/ward manager to work with the staff member to complete and evidence this. All action plans will be logged and tracked via Enhance.

Training

The Complaints Department will provide training on national guidance and ensure that they are supporting staff in investigating and handling complaints. The Complaints Team will deliver training on the Trust induction to all new staff outlining the complaints process and provide further in depth training on investigations to band 6 and above during monthly training sessions.

Part 3 – Appendices

Appendix 1 – Formal Complaint Grading Matrix

Formal Complaints Grading Matrix

35 days Working Days

Amber

Customer service/ few issues/
straightforward complaint.

Clinical care/ more than one service.

- Perceived neglect or failings of care/treatment.
- Possible clinical harm
- More than one service involved.
- A mixture of customer service and clinical issues/concerns.
- Medication error
- Minor injuries
- Failing in care/planning arrangements
- No apparent clinical harm
- Attitude of staff/poor customer service
- Appointment issues
- Access to service
- Environment/facilities
- Inappropriate discharge

60 Working Days

Red

Clinical care/clinical harm caused to
patient/other provider involved.

Over 10 points to be investigated

- Possible Serious clinical harm
- Involved other providers external to the Trust.
- Possible serious neglect or abuse by staff.
- Ongoing serious incident investigation.
- Unexpected/unexplained death
- Major injury

Appendix 2 – Formal Complaint Process flowcharts 35/60 days

[Attach Link](#)

Appendix 3 – Formal Complaints SOP

[Attach link](#)

Appendix 4 – Vexatious Management Plan Meeting Log

Habitual and Vexatious Complainant – Management Plan Template	
Name	
NHS Number	
Service	
Division	
Meeting Details	
Date	
Attendees	
Proposed Criteria (page 10, Complaints and PALS Management policy)	
Action Taken	
Final Letter to be linked or saved with plan	

Part 4 - Document record

As per policy **97 Trust policies and procedural documents**, this document is using the latest format of **Template for Trust-approved documents TMP 001 (Version 2)**.

Document info	Doc ID: <u>63</u> , Version – <u>001</u> <u>Management of complaints and concerns</u> This version is using TMP 001 – 01 April 2023
Document type	Select one option: ☐ Guideline, ☐ Pathway, ☒ Policy, ☐ Procedure, ☐ Protocol, ☐ Standard Operating Procedure Policy
Document applicability across the organisation	SELECT ONE for each of the 3 items 1. For use ☒ Trust wide (at corporate level for both clinical and non-clinical roles); ☐ clinical cross specialty; ☐ in multiple areas (non-clinical); ☐ locally 2. For use by (ROLES): ☒ All roles, ☐ clinical roles only, ☐ non-clinical roles only 3. For use at (SITES): ☒ All sites, ☐ Lister Hospital, ☐ New QEII, ☐ Hertford County Hospital, ☐ Renal Satellite sites, ☐ Mount Vernon Cancer Centre, ☐ Other: Input your selection here: For use Trust Wide by all staff at all sites
Review cycle	☒ Every 3 years (standard) ☐ Annual review ☐ Other: 30 September 2026
Version type	SELECT ONE ☐ New document – full consultation and endorsements ☐ Full review of document - various amendments/ complete re-write ☒ Full review of document - minor amendments ☐ Full review of document - no changes to content, still fit for use ☐ Interim update - document not fully reviewed, amendments only Full review of document with amendments Select the appropriate sign-off category ☒ TYPE A (full review requires both endorsement and approval) ☐ TYPE B (interim update – only approval required) ☐ TYPE C (local use): Both endorsement and approver required TYPE A – endorsements and approval required
Keywords	
Version author/owner	<u>Sophie Williams – Complaints, PALS and Patient and Carer Experience Lead</u> ☐ Cancer ☐ Planned ☐ Unplanned ☐ Women & Children ☒ Corporate/Directorate
Document classifications	Please select all that apply to this document ☐ Sensitive information: This document contains sensitive information that should not be shared outside the organisation ☒ Public website: this document has been selected for publication

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: **63** Version: **001**

Full review due before: **30 September 2026**

	on the Trust website, maintained by the Communications Dept. ☐ Patient Consent: This document contains content about patient consent ☐ Forms - This document contains forms in use at the Trust ☐ None of the above
--	--

Consultation & review

In the checklist below, the document author has considered the following **resource implications** and **impact to Trust-wide functions/services**, which also require **oversight** of local processes. Any of these listed stakeholders may also be an endorser of the final version of this document in the [Record of agreement](#) section.

If a new document, or newly amended content to this version contains processes that will have an impact on Trust functions and their users, the following actions are required.

Trust stakeholder	Action required by author
1. Equality, Diversity & inclusion	Trust policies require an Equality Impact Assessment (EIA) as evidence that the protected characteristics under Equality Act 2010 have been considered, as per Part 1, section 6.1 in this document. If the initial EIA screening in Part 1, section 6.1 determines a full EIA is required, visit the Equality, Diversity & Inclusion intranet section for next steps, which could take 3 to 4 weeks to receive approval. EIA approval (supplied via email): Click or tap to enter a date.
2. Clinical Ethics Committee	This document may contain content that is contentious or raises moral debate. ☒ No – proceed to next item ☐ Yes – please see following actions Step 1: Seek advice from Clinical Ethics committee: ethics.enh-tr@nhs.net Step 2: Please provide the following info: Date of recommendations received: Were recommendations implemented and/or incorporated into document? ☐ yes ☐ no What was recommendation:
3. Medicines Management (Pharmacy)	This document contains processes about the use of medicines at the Trust. ☒ No – proceed to next item ☐ Yes – please follow these steps

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: 63 Version: 001

Full review due before: 30 September 2026

Trust stakeholder	Action required by author
	Step 1: Contact local pharmacy lead to coordinate presentation to Therapeutics Policy Committee to request their endorsement (formal agreement the document is fit for use at the Trust) Step 2: Record consultation activity in item 10 in this list: Other areas or stakeholders Step 3: TPC requires sign off on the final file and will be the final approver in the Record of agreement.
4. Nursing, Midwifery & AHP	This document contains processes that will have an impact on staff and care or that would affect work routines. ☒ No – proceed to next item ☐ Yes – please see following steps Step 1: For documents that are for Trust-wide use, contact Nursing & Midwifery Excellence team to discuss who would need to be involved in reviewing and agreeing the document is fit for use at the Trust. ☐ Clinical skills group and/or ☐ Nursing, Midwifery, AHP Quality Committee and/or ☐ The appropriate training team eg Nursing/Maternity Training Team (For documents for local use, contact in the first instance). ☐ Other: Step 2: Record consultation activity in item 10 in this list: Other areas or stakeholders Step 3: If stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
5. Safeguarding	This document (either for local or Trust-wide use) contains processes or information that may have an impact on children or vulnerable adults using our services. ☒ No – proceed to next item ☐ Yes Step 1: Contact Safeguarding team for initial discussion. Step 2: Record consultation activity in item 10 in this list: Other areas or stakeholders
6. People (Human resources)	This document (either for local or Trust-wide use) contains processes or information about the recruitment or management of staff or other processes applicable to staff. ☒ No – proceed to next item ☐ Yes Step 1: Contact Trust Partnership committee, staff side and/or staff network groups for initial discussions.

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: 63 Version: 001

Full review due before: 30 September 2026

Trust stakeholder	Action required by author
	Step 2: Record consultation activity in item 10 in this list: Other areas or stakeholders Step 3: In most cases, for these Trust-wide documents owned by the People team, the Trust Partnership requires sign off on the final file and should be the approver in the Record of agreement.
7. Finance	This document contains processes or information that affects the acquisition of resources (recurring or one-off) or payments of salaries or anything that has financial implications either Trust wide or locally within the Trust. ☒ No – proceed to next item ☐ Yes – please follow steps Step 1: Involve/request input from: ☐ payroll, ☐ local budget holders, ☐ anti-fraud team Name of contact: Step 2: Record consultation activity in item 10 in this list: Other areas or stakeholders Step 3: If the stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
8. Estates & Facilities	This document contains processes or information about the use of Trust property or affects facilities and security on Trust premises. ☒ No – proceed to next item ☐ Yes Step 1: Involve/request input from ☐ Estates ☐ Facilities Step 2: Record consultation activity in item 10 in this list: Other areas or stakeholders Step 3: If the stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
9. Digital (IT)	This document contains processes or information about the use of Trust computer hardware, software or systems. This includes systems either managed by our local Digital team or an external supplier. ☒ No – proceed to next item ☐ Yes Step 1: Involve/request input from the appropriate team in Digital services

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: 63 Version: 001

Full review due before: 30 September 2026

Trust stakeholder	Action required by author
	Step 2: Record consultation activity in item 10 in this list: Other areas or stakeholders Step 3: If the stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
10. Senior division/ directorate staff	Document owner must apprise senior staff in their relevant area of this new or fully reviewed document. Step 1 Divisions (clinical areas): Apprise divisional clinical governance group of document development or send final draft for the formal meeting record and so respective the clinical director is apprised at that meeting. Directorate (corporate/ non-clinical areas): Advise respective senior level group meeting of updated document so this activity is on the formal record. Step 2 In item 11 below, record date and name of clinical governance meeting/ senior level group meeting as a stakeholder (select external). Select the activity type as "other" and indicate "for information only".
11. Document stakeholders	In the table below, please record evidence (ie date of meetings or email) of activity with departments, groups, stakeholders involved in the update/development of this document. A minimum of one stakeholder must be listed. Please delete unused rows.

11.1 List of document stakeholders

Document stakeholder	Date	Activity type
☐ Internal* ☐ External** ☐ [insert name/ committee / group]	DD-MM-YYYY ☐ Meeting date ☐ Email date	☐ Content contribution ☐ Read and agree fit for use ☐ Other:

*Internal – a stakeholder within document author's dept/service/area – a service manager, team meeting, etc.

**External - a stakeholder outside of dept/service/area or outside the organisation

☐ At least one of the above in the consultation list is a formal endorser in the [Record of agreement](#).

☒ I understand an endorser and/or approver may request evidence of consultation (with any of the above or others not mentioned) before their sign off is granted.

Management of complaints and concerns

East & North Hertfordshire NHS Trust

Doc ID: 63 Version: 001

Full review due before: 30 September 2026

Page 22 of 23

Record of agreement

Full details of the **endorsement and approval process** can be found in policy **97 - Trust policies and procedural documents**.

DOC ID & title	Complaints and Concerns Trust wide management
Due date of next full review	30 September 2026
Document type	Policy
Version type	Full review of document with amendments
Applicability	For use Trust Wide by all staff at all sites
Version author	Sophie Williams – Complaints, PALS and Patient and Carer Experience Lead
Sign-off type	TYPE A – endorsements and approval required
Legacy ID	CP 306

Endorsement	Record of formal agreement this version is fit for use at the Trust by Patient Experience department meeting on 2023-07-18 .
Trust endorsement for all policies	Record of formal agreement this version is fit for use at the Trust by Policy Compliance Group at meeting held on 2023-07-13 .
Ratification	Board Sept 2023
Governance checks	Marie Orara, Documents Manager, 2023-07-14
Extension	2 months extension granted Via Chair's action on 06/08/2026

*Types of **approvers** (as per policy 97):

- A committee/group or Trust function stakeholder's name, role, dept can approve a **fully reviewed** document
- A head of service, or stakeholder or committee chairperson (usually endorser 1 listed at the last full review) can approve an **interim update** of a document
- A head of service or department can approve documents for **local use only** (for all version types)
- All policies require "additional endorsement" from the Policy Compliance Group.