

Complaints & Compliments Management Policy

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Introduction

BrisDoc is committed to providing high-quality, patient-centred services and welcomes feedback, concerns, compliments, and complaints as valuable opportunities to improve care.

Complaints provide important insight into the experiences of patients and service users, helping to identify areas for improvement, enhance patient safety, and support the delivery of high-quality care.

This policy sets out the framework for the effective management of complaints received by BrisDoc. It aims to ensure that concerns raised by patients, carers, relatives, representatives, and other service users are handled fairly, promptly, consistently, and in confidence through clear and accessible procedures.

BrisDoc will treat all complaints seriously and investigate them thoroughly, impartially, and in a timely manner, taking into account any Duty of Candour requirements. This policy defines the processes and responsibilities for receiving, investigating, responding to, and closing complaints in line with organisational policies and relevant guidance.

BrisDoc is committed to being open and honest with complainants and staff, and to ensuring that learning from complaints is shared effectively across the organisation to support continuous improvement and the delivery of safe, effective, and patient-centred services.

Purpose

The purpose of this policy is to ensure that complaints received by BrisDoc are managed fairly, consistently, efficiently, and in accordance with NHS complaints regulations and organisational requirements. The policy aims to support effective resolution of concerns, encourage organisational learning, improve patient safety, and enhance the quality of services provided.

Scope

This policy applies to all complaints relating to services provided by BrisDoc, whether received from patients, carers, relatives, representatives, or other stakeholders. It applies to all staff involved in the receipt, investigation, management, and oversight of complaints and should be followed alongside relevant organisational policies and NHS complaints guidance.

This policy does not apply to:

- Staff grievances.
- Disciplinary matters.
- Freedom of Information requests.
- Subject Access Requests.
- Contractual disputes.
- Matters subject to active legal proceedings

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Definitions

Complaint

An expression of dissatisfaction, whether justified or not, about any aspect of BrisDoc's services, care, treatment, staff conduct, communication, or organisational decisions that requires a response.

Concern / informal complaint

An expression of dissatisfaction that can usually be resolved promptly at the point of service without the need for a formal investigation.

Formal Complaint

An expression of dissatisfaction that requires investigation under BrisDoc's formal complaints process.

Complainant

A person who raises a concern or complaint. This may include a patient, former patient, carer, family member, advocate, representative, or another individual or organisation acting on behalf of a patient.

Duty of Candour

The statutory and professional requirement to be open and honest with patients when care results in, or has the potential to result in, harm. The detail related to Duty of Candour obligations can be found in the Learning Event and PSIRP Policy.

General Principles

Consent and Complaints Made on Behalf of Others

BrisDoc recognises that complaints may be raised by individuals or organisations acting on behalf of a patient. In such circumstances, BrisDoc must balance the need to investigate and respond appropriately with its obligations to maintain patient confidentiality and comply with data protection requirements.

Where a complaint is made by a person other than the patient, BrisDoc will normally require the patient's consent before disclosing confidential information or providing a detailed response. Consent should be obtained in writing wherever possible and retained within the complaint record.

Exceptions may apply where:

- The complainant holds a valid Lasting Power of Attorney (Health and Welfare) or other legal authority to act on the patient's behalf.
- The complainant is the parent or legal guardian of a child and has parental responsibility.
- The patient lacks the mental capacity to provide consent and it is considered appropriate to act in their best interests in accordance with relevant legislation and guidance.
- The complaint relates to a deceased patient and the complainant has an appropriate legal basis to receive relevant information, such as being the personal representative of the estate or having a claim arising from the patient's death. In these circumstances, BrisDoc will carefully balance its duty to investigate and respond to the complaint with its continuing duty of

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confidentiality to the deceased patient. Confidentiality obligations do not cease upon death, and disclosure is not automatically permitted solely because an individual is a relative or next of kin. Any information shared will be limited to that which is necessary and proportionate for the purpose of responding to the complaint and will take account of the patient's known wishes, any objections expressed during their lifetime, the rights and interests of surviving family members, and any other relevant legal or ethical considerations. Where there is uncertainty regarding a complainant's entitlement to information, or the appropriateness of disclosure, advice must be sought from the Governance Team, Data Protection Officer and/or appropriate medico-legal advisers before information is released.

For further guidance: <https://www.themdu.com/guidance-and-advice/guides/disclosure-after-death>

- There is another lawful basis for disclosure, such as safeguarding concerns or compliance with a statutory requirement.

Where consent is required but has not been provided, BrisDoc may acknowledge receipt of the complaint and undertake any necessary investigation. However, the information disclosed in the response may be limited until appropriate consent or authority has been confirmed.

If there is any uncertainty regarding consent, confidentiality, capacity, or authority to act on behalf of a patient, advice should be sought from the Data Protection Officer via the Governance Team before a response is issued.

BrisDoc will ensure that all complaints made on behalf of others are managed sensitively, fairly, and in accordance with its confidentiality, information governance, and data protection obligations.

Confidentiality

BrisDoc is committed to maintaining the confidentiality and privacy of all individuals involved in the complaints process. Information relating to a complaint will be handled sensitively and in accordance with applicable data protection legislation, confidentiality obligations, information governance requirements, and organisational policies. This will be in accordance with UK GDPR Articles 6 and 9 and BrisDoc's Privacy notice.

The following principles apply:

- Complaint information will only be shared with individuals who need access to it for the purposes of investigating, managing, responding to, or learning from the complaint.
- All complainants, patients, staff members, and third parties involved in a complaint will be treated with respect and their personal information handled confidentially.
- Complaint records will be stored securely and managed in accordance with BrisDoc's records management and information governance policies.
- Where a complaint is made by a representative on behalf of a patient, appropriate consent or other lawful authority must be obtained before confidential information is disclosed, unless there is another legal basis for disclosure.
- Information obtained during a complaint investigation will not be disclosed to anyone outside of the investigation process unless required by law, regulation, safeguarding responsibilities, or patient safety considerations.

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- Staff involved in complaint investigations must maintain confidentiality at all times and must not discuss complaint details with individuals who are not directly involved in the handling of the complaint.
- Anonymised themes, trends, lessons learned, and service improvements arising from complaints may be shared across the organisation to support learning and quality improvement, provided that individuals cannot be identified.
- Where confidentiality cannot be maintained due to legal, regulatory, safeguarding, or patient safety requirements, complainants will be informed where appropriate.
- To preserve confidentiality and ensure HR processes are suitably managed separately, outcomes subject to HR procedures will not generally be shared with complainants.

Staff Support

The confidentiality of staff involved in complaints will be respected wherever possible. Complaint investigations are intended to support learning, service improvement, and fair resolution of concerns, rather than attributing blame. Staff will be informed of complaints relating to their practice and will be supported throughout the investigation process, offered well-being support and the means to reflect on any learning opportunities. They will also be encouraged to participate in, and identify organisational learning.

Equality, Diversity and Accessibility

BrisDoc is committed to ensuring that all patients can raise concerns or complaints. Reasonable adjustments will be made where required, including but not limited to:

- Interpreter services.
- Translation services.
- Accessible communication formats.
- Advocacy support
 - Specifically complainants should be informed of their right to independent advocacy if they would like it. This will be covered in the acknowledgement information.
- Assistance for patients with disabilities, learning difficulties, or communication needs.

Complaints will be managed fairly, equitably, and without discrimination. BrisDoc will proactively identify and seek to remove barriers and make reasonable adjustments to ensure that all individuals can access the complaints process. The principle of this is as per the Public Sector Equality Duty..

Learning and Service Improvement

Learning identified through complaints will be recorded, monitored, and reviewed through governance processes.

Example actions arising from complaints may include:

- Staff training.
- Service redesign.

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- Policy amendments.
- Communication improvements.
- Patient safety initiatives.

Themes and trends will be reviewed periodically to identify recurring issues and opportunities for improvement.

Learning from complaints will be shared with relevant teams and governance groups to support continuous improvement and prevent recurrence where appropriate.

For complaints that require a patient safety response aligned with the Patient Safety Incident Response Framework, such as meeting the threshold for a Patient Safety Incident Investigation (PSII), BrisDoc's Learning Events and PSIRP Policy will apply.

Joint Complaint Resolution

If a complaint involves other agencies, then BrisDoc has a duty under the Local Authority Social Services and NHS Complaints (England) Regulations 2009 to co-operate with other agencies involved.

In these circumstances BrisDoc may be either the lead investigator or a contributory investigator.

BrisDoc will actively collaborate as a contributory investigator in accordance with the lead investigator's requirements with respect to evidence and timescales. Where they are the lead investigator, BrisDoc will make timely contact with other contributory investigators, providing clear guidance on what evidence is required and by when.

A final draft of the response will be shared with contributory investigators for an accuracy check. Each contributory investigator will receive a copy of the final response for their records and to follow through any joint learning opportunities.

A collaborative approach could reasonably be expected to take longer to investigate so BrisDoc will ensure the complainant is kept up to date on progress at all times.

Record Keeping and Retention

Complaint records will be maintained securely, retained, and disposed of in accordance with BrisDoc's Records Management Policy, Information Governance requirements, and the NHS Records Management Code of Practice.

Complainants will retain the right to request copies of complaint records via the suitable Information Governance Process.

Responsibilities

Governance Administrator

- Receive, acknowledge, and log complaints in the quality management system (QMS)
- Create and maintain complaint files, to include case notes, call recordings plus any other relevant documents.

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- Allocate the complaint to an investigation manager (on occasions, more than one manager will be required). Where the complaint needs a higher-level review, arrange meetings if needed.
- The above actions should be completed within three working days of receipt.
- Monitor complaint timescales and support investigators to ensure responses are provided within agreed deadlines.
- Escalate any delays or risks to the Governance Manager.

Investigating Manager

The investigating manager will be an appropriate service lead, subject to the nature and circumstance of the complaint raised.

- Conduct a fair, thorough, and timely investigation of complaints assigned to them.
- Gather and review relevant evidence, including clinical records, staff statements, and policies where applicable.
- Identify any learning, actions, or improvements arising from the investigation.
- Provide a draft response within the agreed timeframe.

Governance Team

- Oversee the complaints process and provide advice and support to staff involved in complaint handling.
- Ensure complaints are managed in accordance with organisational policy and NHS guidance.
- Review investigations and responses for quality, completeness, and appropriateness.
- Seek senior level review if appropriate.
- Inform the complainant if any response timescales change.
- Complete notifications to regulators or insurance if required.
- Issue approved complaint responses to complainants and maintain appropriate records.
- Monitor trends, themes, and learning arising from complaints and report these through governance structures.

Senior Leaders

- Ensure adequate resources, training, and support are available for effective complaint management.
- Review serious, complex, or high-risk complaints as required.
- Promote a culture of openness, learning, and continuous improvement.

All Colleagues

- Co-operate fully with complaint investigations and provide information when requested.
- Treat complainants with courtesy, respect, and professionalism.
- Support learning and service improvement arising from complaints.

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- Maintain patient confidentiality and comply with information governance requirements throughout the complaints process.

Escalation and Review of Complaints

Where a complaint is identified as high-risk, complex, or likely to have a significant impact on patient safety, organisational reputation, or service delivery, it must be escalated promptly to the Senior Leadership Team.

Complaints should be escalated where:

- There is an actual or potential patient safety incident.
- The complaint involves allegations of serious misconduct, negligence, discrimination, or safeguarding concerns.
- Legal action has been threatened or initiated.
- The complainant remains dissatisfied following investigation and response.
- There is media interest or a significant reputational risk to the organisation.
- The complaint identifies a significant or recurring service issue requiring wider organisational review.
- The risk score is 12 or above

The Senior Leadership Team in conjunction with the Governance Manager will determine whether additional action is required, including referral through the organisation's incident management, safeguarding, disciplinary, clinical governance, or risk management processes.

Where complaint response timescales are at risk of being breached, the Investigating Manager must notify the Governance Team as soon as possible. The complainant should be kept informed of any delays and provided with a revised mutually agreed response date.

Any immediate patient safety concerns identified during the investigation of a complaint must be escalated without delay through the appropriate organisational reporting and governance procedures.

Dissatisfaction with a Complaint Response

BrisDoc aims to resolve complaints through local resolution wherever possible. If a complainant remains dissatisfied after BrisDoc's complaints process has been completed, they have the right to refer their complaint to the **Public Service Ombudsman** for an independent review.

The public Service Ombudsman makes final decisions on complaints that have not been resolved by the NHS in England. The Ombudsman will normally expect complainants to have completed the organisation's complaints process before considering a complaint.

Public Service Ombudsman

Website: www.ombudsman.org.uk

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Telephone: 0345 015 4033

Textphone: 0300 061 4298

BrisDoc will include information about the Public Service Ombudsman in its final complaint response, where appropriate.

Managing Unreasonable Complainant Behaviour

BrisDoc recognises that complainants may be distressed, frustrated, or anxious when raising concerns and will treat all complainants with respect, courtesy, and fairness.

In a small number of cases, the actions or behaviour of a complainant may become unreasonable, excessive, abusive, or place a disproportionate demand on staff time and organisational resources. Such behaviour may include:

- Repeatedly raising the same issues after a complaint has been fully investigated and responded to.
- Excessive correspondence, telephone calls, or contact with multiple members of staff.
- Refusal to accept the outcome of a complaint without providing new relevant evidence.
- Use of abusive, threatening, discriminatory, or offensive language.
- Unreasonable demands on staff or unrealistic expectations regarding the complaints process.
- Harassment or intimidation of staff.

Where behaviour is considered unreasonable, BrisDoc may take proportionate action to manage communication while continuing to consider the complaint fairly. Such actions may include:

- Requiring communication through a single point of contact.
- Limiting the frequency or method of communication.
- Sending of a zero tolerance warning letter.
- Communicating in writing only.
- Ending consideration of matters that have already been fully investigated and responded to.
- Reporting threatening or abusive behaviour in accordance with relevant organisational procedures and, where appropriate, to external agencies.

Any decision to implement restrictions will be made by an appropriate senior manager and will be clearly documented. The complainant will be informed of the reasons for the decision and any review arrangements. Please refer to the Violence, Aggression, and Discrimination Prevention and Reduction Policy for further guidance.

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Appendix one: Complaint Management Process

The Governance Team is responsible for overseeing and coordinating the complaints process to ensure complaints are managed fairly, consistently, and within required timescales.

Step 1: Receive and Review the Complaint, actioned by the Governance Team

- Receive the complaint via email, letter, telephone, online form, or other communication channels.
- If the complaint is received directly into a Practice, staff should send the details to the Governance Team via brisdoc.governance@nhs.net.
- Where appropriate, contact the complainant to ensure their concerns have been captured in full and explore how they would like to proceed.
- Offer appropriate apologies.
- Identify any immediate risks relating to patient safety, safeguarding, staff welfare, or organisational reputation.
- Escalate urgent concerns immediately in line with relevant organisational procedures.

Step 2: Log the Complaint, actioned by the Governance Team

- Create a record within the QMS.
- Allocate a unique complaint reference number.
- Record key details including complainant information, service involved, date received, staff involved and nature of the complaint.
- Ensure all supporting documentation is added to the file.

Step 3: Acknowledge the Complaint, actioned by the Governance Team

- Send an acknowledgement to the complainant within three working days.
- Confirm the issues to be investigated.
- Provide the complainant with a complaints leaflet outlining the complaints process and what they can expect.
- Clarify any points requiring further information.
- Confirm the anticipated response date, normally within 40 working days however this should be agreed with the complainant wherever possible.

Step 4: Assess Risk, actioned initially by the Governance Team and throughout but the investigating manager

- Assess and record the severity, complexity, and potential impact of the complaint.
 - Determine whether escalation is required.
- Where there is potential high risk, arrange a meeting with senior leaders to consider whether other processes should be initiated, such as:
 - Safeguarding procedures
 - Patient Safety Incident investigation

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- HR processes
- Insurance notification
- Regulatory body notification
- Make agreed notifications immediately as most are time critical.
- Where the circumstances indicate that the statutory Duty of Candour may apply, the matter must be escalated and managed in accordance with BrisDoc's Duty of Candour Policy.

Step 5: Assign an Investigating Manager, actioned by the Governance Team The Investigating Manager, Clinical or Operational Lead for the service

- Allocate the complaint to an appropriate manager or lead clinician
- Provide the investigator with all relevant information and timescales for response deadlines.
- Record investigator details within the QMS

Note: the Governance Team aims to complete steps 1-5 within three working days.

The Investigating Manager

The investigating manager will:

- review all the evidence
- liaise directly with any co-owners or self-employed clinicians involved to support and enable their learning and input
 - Where appropriate, relevant staff members should be given the opportunity to review factual content relating to their involvement prior to issue of the final response. Clinical staff should be encouraged to consider whether sharing the complaint with their defence union is appropriate.
- formulate a suitably informed response to the complaint and return it on the template letter to the Governance Team

Note: Where the complaint is about a Self-Employed member of staff the governance team will seek a response from the clinician directly and provide this to the investigating manager.

Note: the Investigating Manager aims to complete steps within 30 working days.

Step 6: Monitor the Investigation, actioned by the Governance Team

- Monitor progress throughout the investigation.
- Provide advice and support to investigating managers where required.
- Ensure evidence is gathered appropriately, including clinical records, call recordings and staff statements.
- Monitor compliance with response deadlines.
 - Where necessary, inform and agree with the complainant any extensions.

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Step 7: Review the Draft Response, actioned by the Governance Team

- Review the draft investigation findings and response letter.
- Ensure all complaint points have been addressed.
- Confirm that explanations are clear, factual, empathetic, and free from jargon.
- Verify that any identified learning and improvement actions have been documented.
- Return the response for amendment if additional information is required.
- Where appropriate, BrisDoc may offer a telephone discussion, virtual meeting, or face-to-face meeting to support local resolution and improve understanding of the issues raised.

Step 8: Obtain Approval, actioned by the Governance Team

- Submit the final response to the appropriate director for approval (in accordance with NHS Legislation requirements).
- Ensure all governance checks have been completed prior to issue.

Step 9: Issue the Final Response, actioned by the Governance Team

- Send the approved response to the complainant securely.
- Record the date the response was issued.
- Share a copy of the final complaint response with named staff.

Step 10: Close the Complaint, Actioned by the Governance Team

- Update the complaints management system with the outcome.
- Ensure all correspondence and supporting documentation are attached to the complaint record.

Note: the Governance Team aims to complete steps 7-10 within 7 working days.

Change Register

Date	Reviewed and amended by	Revision details	Issue number
11.2013	CL Nicholls	Updated to reflect input from Investigating Manager and deputy to Head of Governance, individually agreed response timescales, management of verbal complaints including those received via another organisation, inclusion of section 4 complaint record keeping, obtaining consent when a complaint is made of someone else's behalf, names within the responsibilities section. Change of title from procedure to policy.	9

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		Add related policies.	
27.4.15	CL Nicholls	General review and update to include change register and implementation record, CQC standards, new core value headings, notification to insurer, procedure. Inclusion of GPST. Removal of amendment register from 2009 to 2013.	9.1
19.6.16	CL Nicholls	Update to include new values slide, NFP and HHS, change GPSU/T to AGPT, and removal of named support for the Lead GP role. Change ICAS details to SEAP. Update response timescales.	9.2
October 2018	CL Nicholls	Review by CNA following complaints letter writing workshop and general update. Inclusion of managing vexatious complainants, support to complainants, joint complaint resolution, documentation and disclosure arrangements, use of GPTeamNet by Practice Services. Updated procedure.	10
October 2021	T Clutterbuck	The BrisDoc complaints management database is now called BOB rather than DAC	10.1
October 2021	T Clutterbuck	Medical indemnity providers to include CNSGP for incidents reportable after 1 st April 2019	10.1
October 2021	T Clutterbuck	Notification of investigation by Parliamentary & Health Ombudsman to be shared with Medical Indemnity providers	10.1
October 2021	T Clutterbuck	Update of the contact information for the Advocacy service and added the information for PALS	10.1
October 2021	T Clutterbuck	Appendix 1 updated	10.1
January 2022	S Pearce	Update section 5 to add in sharing with Line Manager	10.2
January 2022	S Pearce	Appendix 1 updated	10.2
March 2022	T Clutterbuck	Insurers can be CNSGP, AJG or both	10.3
March 2022	T Clutterbuck	Any PHSO investigation of a complaint must be shared with our insurers (CNSGP/AJG)	10.3
March 2022	T Clutterbuck	Policy wording updated to say that complaint responses may be shared verbally, by letter or by email – the response method will be documented in BOB/GPTeamnet	10.3
March 2022	T Clutterbuck	Reference to the Head of Governance have been amended to read Governance Team or Director of Nursing, Allied Health Professionals and Governance	10.3
March 2022	T Clutterbuck	Appendix 1 amended	10.3
October 2022	T Clutterbuck	Following Review by Rhys Hancock this policy has been rewritten and group reviews. The policy template has been updated as has the appendix	11

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June 2025	T Clutterbuck	All references to Adastra have been updated to read CLEO. The definition of a vexatious complaint was updated within the NHS E complaints policy 2024. These changes have been reflected within this document	11.1
Nov 2025	T Clutterbuck	Added explicit response-time target (25–40 working days), Added Equality Act 2010 reference, Added monthly reporting requirement. Addition of Appendix 1 – complaint capture form. Removal of complaint process flowchart	11.2
Sept 2026	S Pearce	Changed ownership to SP, Complete review and re-write to standardise process across the organisation New appendix one added	12.0
		Changed name to Complaints and Compliments management policy	