

Complaints & PALS Annual Report
Public Board
30 July 2026

Presented for:	Assurance / Information
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Previous Committees:	Quality Assurance Committee

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
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Link to Strategic Objective	Focus on care quality, effectiveness and patient experience
Link to Provider Capability Assessment	Quality of care
Link to CQC Well-led Statement	Learning, Improvement and Innovation
<u>Regulatory Impact</u>	Regulation 16: Receiving and acting on complaints

Key Points	Purpose
This report provides a comprehensive overview of complaints and Patient Advice and Liaison Service (PALS) activity between 1 st April 2025 to 31 st March 2026.	Assurance
The Trust continues to experience significant and sustained pressure across complaints and PALS services Performance against local timeliness targets remains below the 80% standard that has been agreed.	Information
The Trust is 97% compliant with the six-month NHS regulatory standard for turnaround of complaints. Overdue PALS cases have fallen since January 2026.	Assurance
The top 80% of all subjects raised continue to relate to communication, treatment, staff interaction, administration, access, admission, discharge, transfer and patient care and nutrition.	Information

A complaints improvement action plan has been developed to address complaint timeliness. Progress has been made in the complaint backlog reduction and governance structures have been strengthened to provide greater assurance and Executive oversight.	Assurance
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Risk Appetite Framework			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	Workforce Supply Risk - We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply.	Cautious	Operating within
Operational Risk	Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	Cautious	Operating within
Clinical Risk	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Operating outside
Financial Risk	Financial Management & WRP - We will deliver sound financial management and reporting for the Trust whilst seeking to deliver against Waste Reduction targets but always with a focus on maintaining and enhancing patient safety.	Cautious	Operating within
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Operating outside

1. Summary

Complaint processes within the NHS are governed by statute as set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. This Annual Report Adheres to the Statutory Instruments No 309, which requires NHS Trusts to provide an annual report on the handling of complaints.

This report provides a comprehensive overview of complaints and Patient Advice and Liaison Service (PALS) activity between 1st April 2025 to 31st March 2026. It outlines progress against the Trust's complaints improvement plan following the CQC's Regulation 16 breach in September 2025, and sets out the key risks, themes and improvement priorities for 2026/27.

The Trust continues to experience significant and sustained pressure across complaints and PALS services. Activity has risen sharply, performance remains below internal standards, and the Trust continues to operate outside its risk appetite for patient experience and regulatory compliance.

An updated Trust improvement plan (**Appendix 1**) has been created to meet regulatory compliance and improve the experience for patients. An area of improvement was timely resolution of concerns through local resolution meetings. The number of complaints resolved has increased by using this method.

Progress has been made in the complaint backlog reduction and governance structures have been strengthened to provide greater assurance and Executive oversight. The Trust is 97% compliant with the six-month NHS regulatory standard for turnaround of complaints. Overdue PALS cases have also fallen since January 2026.

2. Findings

Complaint and PALS activity increased significantly in 2025/26, with complaints rising by 49% and PALS contacts by 8%. This reflects the combined impact of rising activity, increased complexity of cases, and sustained operational pressures across clinical services. The scale of demand currently exceeds available capacity, within CSUs and the patient experience team, where the majority of delays occur during the investigation and drafting stages.

Complaint response timeliness remains substantially below internal standards at 32% against a local target of 80%, although the six-month regulatory compliance remains strong at 97%.

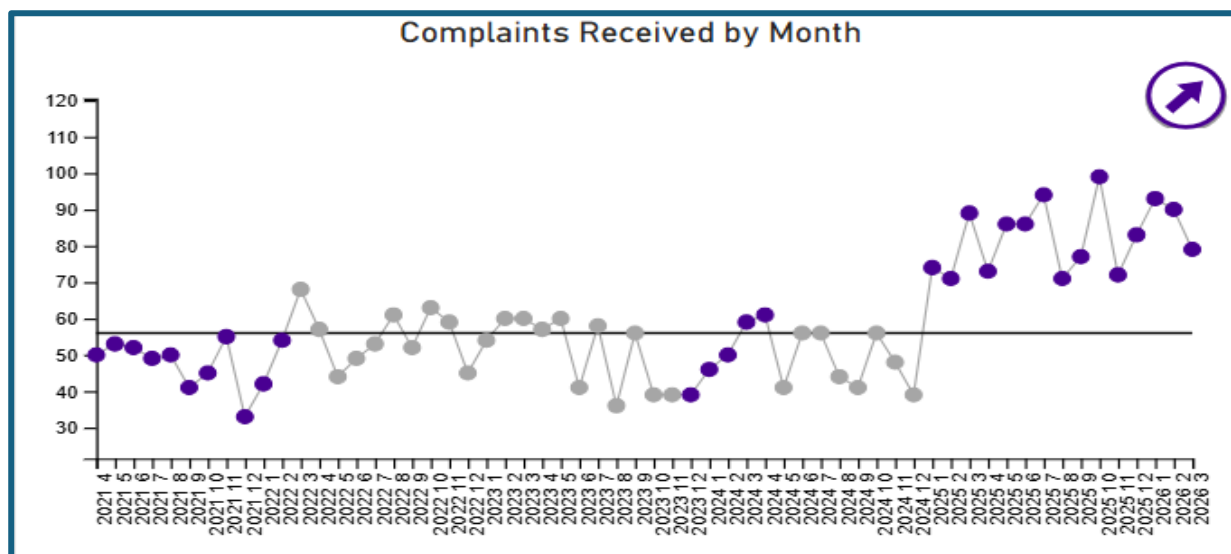
2.1 Current position

The CQC Well-Led report, published in September 2025, highlighted the Trust breach of Regulation 16 relating to complaint standards and response targets. Since then, targeted intervention and strengthened oversight have contributed to backlog reduction in the poorest performing Clinical Service Units (CSUs) which include Women's and Children's CSUs. Overdue PALS cases have also fallen since January 2026. However, the Trust remains outside its risk appetite for patient experience and regulatory compliance.

In 2025/26, the Trust received 1,009 complaints; an increase of 333 cases compared to 2024/25, representing a 33% increase. This equates to one complaint per 10,000 bed

days, almost double the previous year. In addition to this, there were 8,074 PALS contacts, representing an increase of 8% on the previous year (see chart 1).

Chart 1: Number of Complaints Received by Month



In 2025/26 complaints increased from an average of 52 per month to an average of 83 from January 2025 onwards, indicating a statistical significant increase in demand.

All CSUs except Chief Nurse, Digital and Informatics (DIT), Medicines Management and Pharmacy Services (MMPS) saw increased activity during 2025/26. Table 1, below shows activity for the previous two years and illustrates the top five CSUs with the greatest increase, which include; Abdominal Medicine and Surgery, Urgent Care, Women's, Children's and Trauma and Related Services.

Table 1: CSU Activity

CSUs	2024/25	2025/26	Difference	% Change
Abdominal Medicine & Surgery	139	190	51	37%
Urgent Care	120	190	70	58%
Women's	87	162	75	86%
Children's	68	116	48	71%
Trauma & Related Services	54	108	54	100%
Centre for Neurosciences	65	102	37	57%
Specialty & Integrated Medicine	81	100	19	23%
Oncology	73	91	18	25%
Radiology (inc. Medical Illustration)	47	73	26	55%
Cardio-Respiratory	37	67	30	81%
Chapel Allerton Hospital	34	66	32	94%
Head & Neck	38	47	9	24%
Adult Therapies	39	46	7	18%
Theatres & Anaesthesia	20	39	19	95%
Estates & Facilities	24	34	10	42%
Chief Nurse	38	32	-6	-16%
Pathology	15	28	13	87%
Adult Critical Care	15	26	11	73%
Leeds Dental Institute	10	14	4	40%
Outpatients	6	14	8	133%
Medicines Management & Pharmacy Services	10	10	0	0%
Informatics	10	7	-3	-30%
Medical Directorate	4	6	2	50%
Corporate Operations	1	4	3	300%
Finance	2	3	1	50%
Research & Innovation		1	1	

The CSUs with the highest volume of overdue complaints at the end of the financial year were Women's (24), Children's (15), Neurosciences (7), Chapel Allerton Hospital (7) and Oncology (7).

Outpatients have made the greatest improvement across both draft timeliness and final response performance measures, supported by consistent gains by the Leeds Dental Institute.

Table 2 below illustrates the CSU performance for the percentage of draft comments returned to the complaints team within the target timeframe over the past two financial years. The Outpatient CSU showed a 50% increase compared to 2024/25. This is a product of targeted improvement work in the CSU. There is however some work that needs to be done to support CSUs that have performed worse than the previous year, namely Abdominal Medicine and Surgery where demand has increased by 37%.

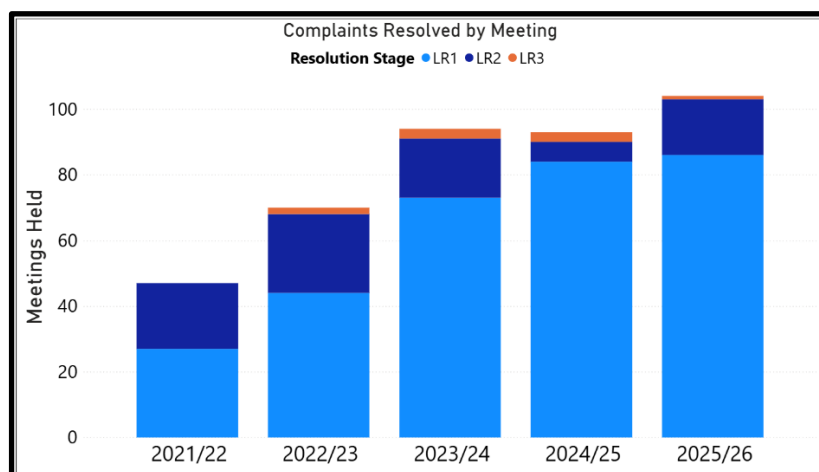
Table 2: CSU Performance for Percentage of Draft Comments Returned

CSU	2024/25	2025/26	%-Point Change
Outpatients	0%	50%	50%
Leeds Dental Institute	0%	44%	44%
Theatres & Anaesthesia	33%	77%	44%
Corporate Operations	0%	33%	33%
Chapel Allerton Hospital	13%	37%	24%
Trauma & Related Services	24%	44%	20%
Pathology	23%	35%	12%
Informatics	64%	75%	11%
Medicines Management & Pharmacy Services	60%	71%	11%
Oncology	52%	61%	9%
Adult Therapies	55%	63%	8%
Urgent Care	61%	65%	4%
Cardio-Respiratory	36%	39%	3%
Estates & Facilities	71%	74%	3%
Head & Neck	54%	56%	2%
Specialty & Integrated Medicine	49%	48%	-1%
Chief Nurse	48%	45%	-3%
Women's	13%	10%	-3%
Adult Critical Care	91%	82%	-9%
Radiology (inc. Medical Illustration)	89%	79%	-10%
Centre for Neurosciences	54%	42%	-12%
Medical Directorate	100%	80%	-20%
Children's	44%	23%	-21%
Abdominal Medicine & Surgery	95%	69%	-26%
Finance	100%	67%	-33%
Research & Innovation	--	100%	N/A
Medical Social Work	0%	--	N/A

2.1.1 Complaint meetings

Complaint meetings are considered a useful tool to support timely resolution of concerns. There were 104 complaints resolved primarily via a local resolution meeting in 2025/26. The number of complaints resolved by this method has seen an increase over the last five years (see chart 2).

Chart 2: Complaint Resolution Meetings Held 2021/22 to 2025/26.



Complaints that are resolved through local resolution meetings are not subject to the 20, 40, 60 working day internal complaints response time targets. CSUs must, however, meet a five working day local target to provide a draft meeting summary letter to the complaints team for review.

The lead time for the CSU's to return the draft meeting summary letter to the complaints team last year was 17 working days; only 19% of complaints resolved via a meeting met the five working day target. Whilst complaint resolution meetings lead to earlier resolution of concerns, improvement work is required to ensure outcome letters are drafted and returned to the complainant within the internal timeframe set.

2.1.2 Complaint outcomes

In 2025/26, there were 20 complaints which received a high (red risk) score. This increased from 13 red risk complaints received in 2024/25.

All complaints are reviewed and classified on receipt according to the severity and allegations included, and also against any incidents recorded. These are then reviewed by the risk management team and escalated to the Executive Weekly Quality Meeting for review where appropriate.

There were seven complaints raised by a Member of Parliament (MP) on behalf of a constituent, one more than in 2024/25.

Of the 1,009 complaints received during 2025/26, 847 had been resolved at the time of the data being reported. The outcomes of these resolved cases were:

- **93% (789)** partially upheld
- **2% (17)** upheld

- **5% (41)** not upheld

The high proportion of partially upheld cases reflects the complexity of concerns raised and the need for clearer communication, more reliable pathways, and improved coordination across teams.

2.1.3 Actions arising from complaints

CSUs are expected to record actions on datix that arise from their complaint investigations. This provides evidence and assurance to the Trust that we are learning from complaints and putting actions in place to improve the experience for patients.

During the last financial year, there were 481 actions recorded (up from 304) in 2024/25. The increase in recorded actions reflects strengthened governance, improved CSU engagement and clearer expectations around documenting learning.

Of the actions captured on datix, 77% of actions were completed on time which is below the 90% standard, and at the time of writing 66 actions remained open of which 56 are overdue. The overdue actions predominantly relate to more complex pathway or system issues requiring multi-disciplinary input requiring cross CSU coordination or changes to clinical processes. Strengthened monitoring through Patient Experience Executive Group (PEEG), complaint scrutiny meetings and CSU escalation processes is now in place to ensure these actions are progressed and that learning is embedded consistently across the organisation.

The types of complaint actions recorded by CSUs in Datix during 2025/26 are shown in table 3 below.

Table 3: Complaint Action Types Recorded in 2025/26

Action Types	Actions
Share at governance meeting	178
Feedback to the individual	113
Other	106
One-off training	31
Undertake Audit	14
Set up ongoing training	12
Develop a guideline	11
Amend Guideline	10
Create policy	2
Perform risk assessment	2
Buy new equipment	1
Set up committee	1
Total Actions	481

2.1.4 Service feedback

Feedback is received from complainants via a paper survey which is sent out with the complaint responses. Upon receipt these are inputted into the envoy database and a monthly report generated. The 2025/26 complaints survey achieved 73 responses. This is

a response rate of 8%, which is double the rate achieved in the previous financial year (4%).

Despite improved engagement, all key complaint process satisfaction measures deteriorated. Results saw a reduction across all domains from the previous year, with the most significant declines being in relation to response timeliness, process coordination, communication during the process and compassion (see table 4).

Table 4: Complainant Survey Results 2025/26

Survey Question/Category	Responses	
	Yes	No
Were you listened to when you first raised your complaint?	37	36
Did we communicate with you well during the process?	29	44
Did our process and response feel compassionate?	26	47
Was our complaint co-ordinated well?	24	48
Were you satisfied with the time taken to receive your response?	18	55
Did the response you received address all your concerns?	16	55

In response to this feedback, the complaints team are reviewing the current website content in order to improve the information available to the public about the PALS and complaints processes. This is being completed with the support of the Trust patient improvement partners.

These findings reinforce the need for earlier contact, clearer communication, and more consistent updates throughout the complaints process. Strengthening the quality of interactions and not just the timeliness of responses remains a key improvement priority.

2.1.5 CSU reporting and monitoring

All CSUs are informed of their individual performance through monthly complaints and PALS data reports. Complaints data is presented at every Trust Board in the Essential Metrics Report.

Data has also been provided to CSUs via the Patient Experience Assurance Programme (PEAP) data packs, which support CSU annual patient experience improvement presentations at the Patient Experience and Engagement Group. This includes data on CSU complaint and PALS themes.

CSU accountability is driven through monthly performance reviews, Director of Nursing scrutiny meetings and formal escalation via PEEG for any CSUs with sustained delays or high backlogs. CSUs are required to present recovery actions, demonstrate progress and evidence how learning is being embedded. Where performance does not improve, targeted support and enhanced oversight are applied until compliance is restored.

2.2 Parliamentary and Health Service Ombudsman (PHSO) rates and outcomes

The PHSO commenced review of 32 complaints in 2025/26 of these 32, one was directed back to the Trust for local resolution of £300 financial redress, 17 were closed without investigation and one was withdrawn by the complainant.

In the same period the Trust received the outcome of one PHSO review requiring the Trust to produce an action plan to address the findings. 12 complaints remain open and are currently being considered by the PHSO.

The number of cases requiring PHSO intervention remains low relative to activity, indicating that most complaints are resolved locally. However, the presence of long-standing open cases highlights the need for continued focus on timeliness and quality of responses.

2.3 Complaints reporting, investigation and monitoring

In line with Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, 98.5% of complaints were acknowledged within three working days. However, performance against internal targets (20, 40, 60 working days) is 32%, which is a 9% decline on the performance in the previous year. Median response times significantly exceeded targets as shown below:

- 20-working day target → 43 working days
- 40-working day target → 54 working days
- 60-working day target → 113 working days

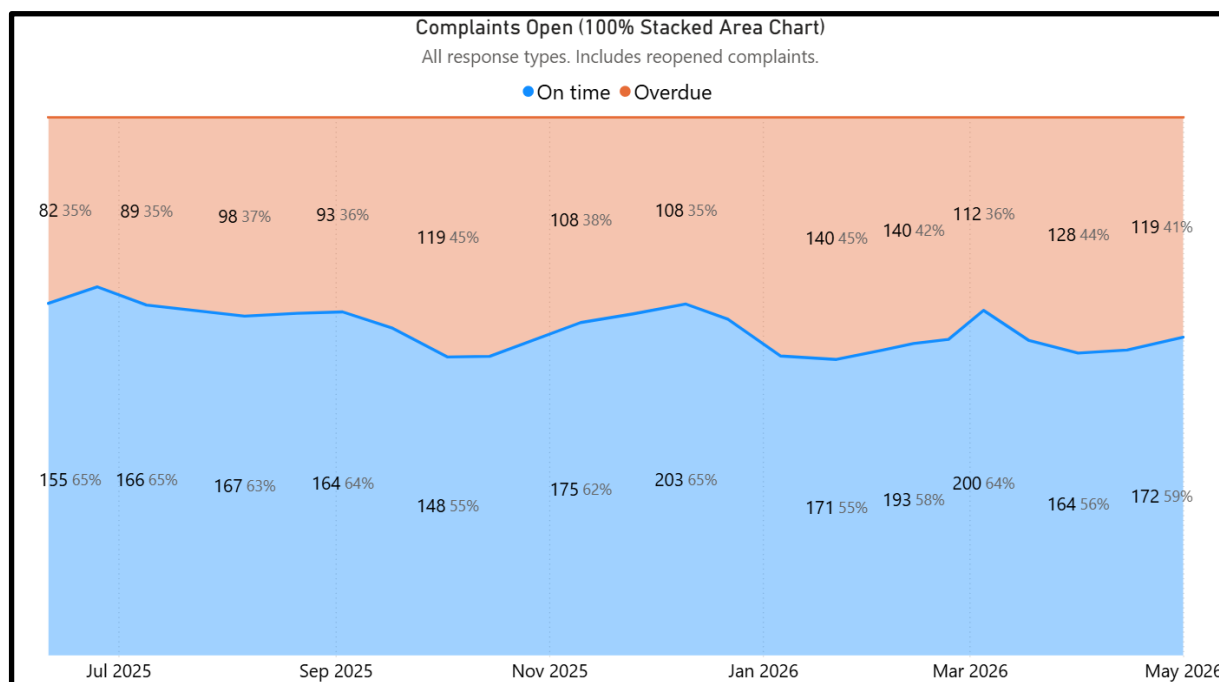
Performance against target timescales indicates a consistent disparity between expected and actual response times. Complaints with a 20-working day target had a median response time of 43 working days, while those with 40 and 60 working day targets were completed in a median of 54 and 113 working days respectively.

These delays predominantly occur during the CSU investigation and drafting stages, reflecting capacity constraints, competing operational pressures, and variation in CSU processes. 97% of complaint responses were completed within six months of receipt demonstrating strong compliance with NHS Complaints Regulations.

In 2024/25, 94% of complaints met this standard. While complaints are expected to be managed within the Trust's own locally agreed timescales, delays must be communicated and agreed with the complainant, with six months acting as a key regulatory benchmark beyond which continued delay must be clearly justified and agreed.

2.4 Open complaints

As of 7 May 2026, there were 275 complaints open and 114 of these (41%) were overdue (see chart 3). Most of the overdue cases were awaiting an action from one or more CSUs or external organisations (see chart 3).

Chart 3: Open Complaints at Two-Week Intervals (100% Stacked Area Chart)

Although numbers remain high, there has been a gradual improvement in on-time responses. Overdue complaints decreased from 140 in February 2026 to 119 in May 2026, reflecting the impact of strengthened oversight and targeted CSU support. It is however worth noting that the overall position remains largely unchanged, with around 40% of complaints consistently overdue.

2.5 Reopened complaints

Complaints are most often reopened due to the introduction of new questions or concerns, or due to the original response not fully addressing the issues raised. The Trust recorded 113 reopened complaints (second local resolution stage, LR2) in 2025/26, an increase of 38 compared to the previous year. Of these, nine were reopened a third time at the third resolution stage (LR3), one more than the previous year.

72 cases reached the final resolution stage, 11 more than the previous year. Whilst this stage is not classified as a reopened stage, it also represents a continued dissatisfaction with the resolution process.

The complaints team have been running a pilot process to agree the questions and scope of the investigation with the complainant prior to the investigation starting. This pilot has been undertaken with Neurosciences and Urgent Care CSUs and following positive results is now an established process demonstrating improved defect rates and less reopened cases. Plans are in place to progress this to include Women's CSU through 2026/27.

2.5.1 Defect rate

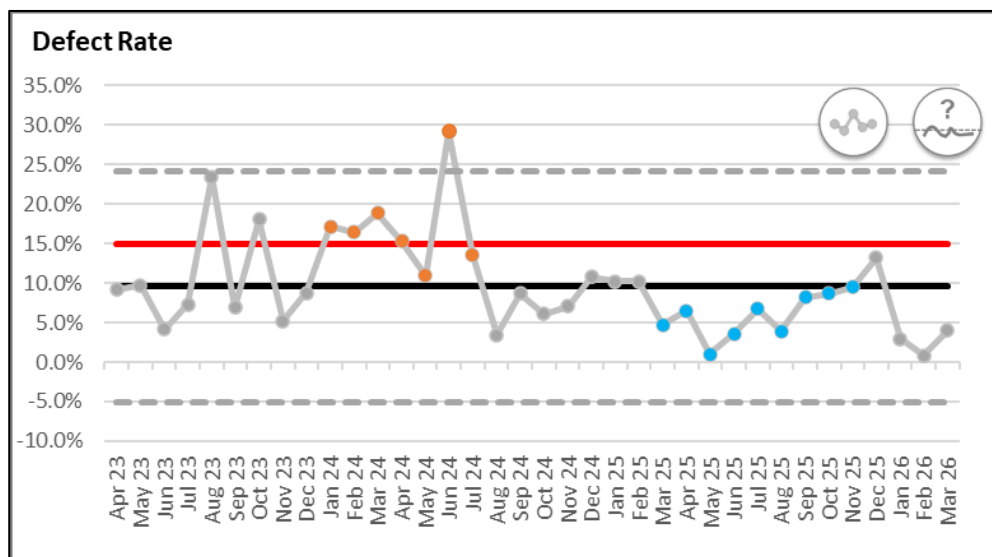
Defect rate is used to measure the quality of complaint responses and calculates the percentage of first stage complaint responses re-opened for a reason which the CSUs involved can influence. The Trust's defect rate target is <15%.

At the time of writing, 46 (5%) of first stage responses that were sent during 2025/26 had been reopened for a defect reason. This is an improving picture from performance over last 3 years (see table 5 below). 19 CSUs improved their position in 2025/26. This reflects stronger and more reliable quality control, despite some ongoing month-to-month variation (see chart 4).

Table 5: Defect Rate – Last Three Financial Years

Financial Year	% Defect (Trust)
2023/24	12%
2024/25	11%
2025/26	5%
Total	9%

Chart 4: Monthly Defect Rate

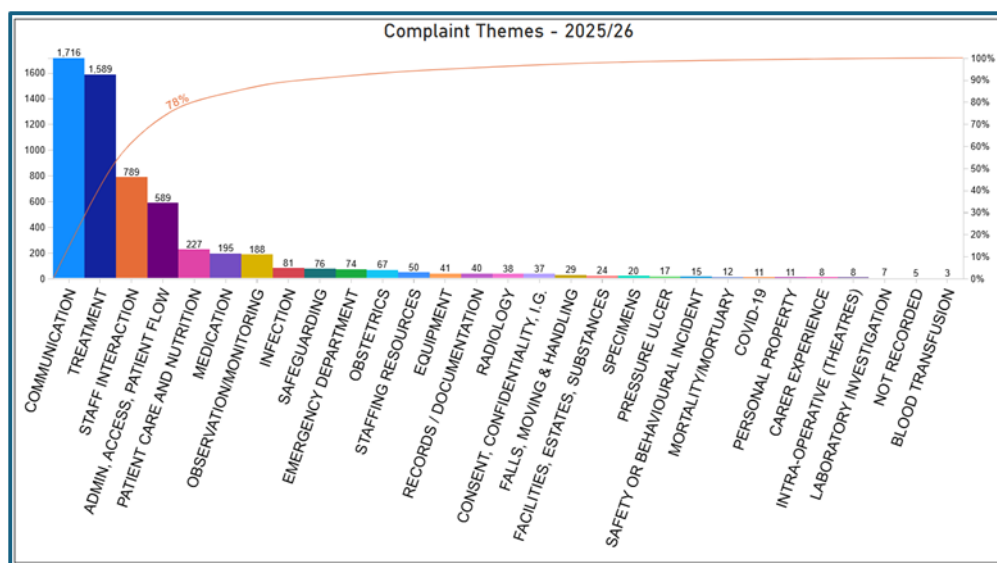


3. Quality and Performance Implications

3.1 Key themes and learning

In line with the increase in overall number of complaints, there has been a clear and consistent rise across almost all complaint themes recorded in 2025/26.

The top four complaint themes (around 80%) are communication, treatment, staff interaction and administration, access and patient flow and are consistent with the top themes recorded in the previous year. Several different themes may be raised within a single complaint case (see chart 5).

Chart 5: 2025/26 Complaint Themes

These themes collectively highlight pressure points across the patient journey, where delays, fragmented communication and inconsistent coordination between teams continue to drive dissatisfaction and impact patient experience.

Table 6: Complaint Sub- themes

Sub-subject	2024/25	2025/26	Difference	% Change
Delay/failure in treatment/procedure	242	364	122	50%
Communication with patient regarding future treatment plan/care	166	348	182	110%
Undesirable staff behaviour	171	253	82	48%
Communication with patient regarding diagnosis/condition	167	235	68	41%
Communication failure within department	111	227	116	105%
Lack of compassion	153	198	45	29%
Not listening	119	197	78	66%
Communication - delay in giving information/results	51	162	111	218%
Communication with relative regarding diagnosis/condition	119	136	17	14%
Delay/failure to act on test results/reports	83	134	51	61%
Delay/failure to diagnose	108	133	25	23%
Not following up on agreed action	87	127	40	46%
Communication with relative regarding future treatment plan/care	87	121	34	39%
Discharge - patient not fit for	57	110	53	93%
Failure to follow up on observations/recognise deteriorating patient	67	110	43	64%
Delay/failure to undertake test	67	99	32	48%
Waiting list time (outpatient)	60	99	39	65%
Inadequate pain management	48	98	50	104%
Delay/failure to follow up	65	97	32	49%
Lack of clinical assessment	44	71	27	61%

Concerns relating to access, admission, discharge and patient flow are most frequently associated with waiting times for outpatient and inpatient care, cancelled or rescheduled appointments and procedures, and patients being discharged without sufficient planning or perceived to be not clinically ready for discharge. These issues are seen consistently

across high-volume elective and outpatient specialties, indicating pressure in pathway management, rather than single service failure.

3.2 Communication

Communication continues to underpin a significant proportion of complaints, most often associated with clinical staff. Key issues include the quality and timeliness of communication with patients and relatives regarding diagnosis, results and ongoing care, alongside difficulties in contacting services and failures in communication between departments. These issues often compound delays in care, with patients reporting dissatisfaction not only with waiting times but with how those delays are communicated. Often these sub-themes are reported as part of the same complaint.

Themes relating to treatment reflect increasing concerns around delays and failures in care, including delays in procedures, diagnostics, follow-up and acting on test results. There are also recurring concerns about clinical assessment, diagnostic processes and coordination between teams impacting delivery of care, alongside requests for second opinions and concerns regarding pain management and overall care quality. Of note, one of the top sub-themes outside the core group relates to failures in observation and monitoring, particularly recognising and responding to deteriorating patients, which appears across a range of acute and inpatient settings.

Staff interaction themes continue to reflect patient experience, with complaints relating to lack of compassion, poor behaviour, and patients or relatives feeling they have not been listened to. These concerns predominantly relate to clinical staff groups, particularly medical and nursing staff, although administrative staff are frequently associated with access and communication-related issues, highlighting the combined impact of both clinical and non-clinical staff interactions on overall experience.

More broadly, there has been notable growth in areas linked to governance and clinical risk, including information governance, documentation, laboratory and diagnostic processes, equipment and obstetric-related concerns, alongside increases in medication, infection, safeguarding and staffing-related themes. Safeguarding concerns include elements of discrimination, potential neglect and failure to meet individual needs, while staffing themes point to capacity and capability pressures across services.

Across specialties and locations, complaints are concentrated in high-volume services and acute sites, with significant activity also associated with outpatient pathways and 'no physical location' records, reinforcing that many issues relate to systems, processes and pathways rather than single wards. Higher levels of activity are evident in specialties such as elderly medicine, oncology, obstetrics and gynaecology, surgery and Emergency Department, reflecting areas of sustained demand and complexity.

While most themes have increased, there are a small number of exceptions, with the specific Emergency Department (ED) theme remaining broadly stable overall. This ED theme includes specific sub-themes such as, waiting time to see a member of staff or for a bed, missed fracture or diagnosis, no transport provided or discharge after an initial review from an advisor in ED. There were also reductions noted in intra-operative and blood transfusion-related themes.

In summary, the data indicates that the rise in complaints is being driven primarily by delays in access to care and treatment. This is compounded by ineffective communication, alongside pressure on workforce and administrative processes. The consistency of these themes across specialties, locations and staff groups demonstrates a system-wide challenge, requiring continued focus on pathway reliability, improved communication with patients, and support for staff across both clinical and administrative functions to deliver consistent, high-quality care.

Examples of improvements below demonstrate how local learning is being translated into practical improvements. However, variation in CSU engagement and inconsistent recording of actions highlight the need for continued education, training and awareness-raising to ensure learning is embedded consistently across the Trust.

Head and Neck:

Work is taking place to increase the number of telephone clinics and provide patients with results and outcomes of investigations to reduce the number of times they need to travel to the Trust for an outpatient clinic appointment.

Adult Critical Care

The team have commenced offering an email address to all bereaved families, providing them with the opportunity to get in touch after losing their loved ones. This has enabled bereaved families to ask questions and to revisit the unit if they would like to.

Urgent Care

Following feedback from patients regarding the environment the team have made improvements to relative rooms within the ED and have made the waiting areas more comfortable. The CSU are also focusing on improving all signage and information across their ED waiting areas with the support of their patient partner.

Oncology

The service has introduced hearts crocheted by one of the staff members on ward J96 which are given to patients whilst receiving end of life care (with family's consent) and then are given back to next of kin when the patient is no longer here. This initiative has been well received and has demonstrated compassion to patients and their loved ones.

3.3 Education and training

Complaints training has been provided by an external company and has been supported by accessing the Continuing Professional Development funding (CPD). The training sessions provided have covered Complaint Response Writing and Mediation Skills.

Five Mediation Skills sessions have been held (72 spaces), 36 staff attended in 2025/26. Six Response writing sessions have been held (96 spaces), 42 staff attended.

Due to operational pressures, there is to low uptake and last-minute cancellations resulting in programmes not running at full capacity. Renewed focus on running sessions at capacity

The complaints team continue to support CSUs with bespoke coaching sessions. A total of 12 sessions were provided in 2025/26 to a total of 434 staff members.

3.4 PALS Overview

In 2025/26, the Trust received 8,074 PALS contacts representing an 8% increase (and additional 632 cases) compared to the previous financial year. General concerns represent most of the activity and these rose by 14% to 6,382 cases. Out-of-time complaints and a new category of Perinatal Mortality Review (PMR) introduced during 2025/26, also contributed to the increase in overall activity (see table 7).

Table 7: PALS Activity Types

PALS Activity Types	2024/25	2025/26	Change	% Change
PALS concern	5585	6382	797	14%
Advice/enquiry (resolved by CSU)	828	736	-92	-11%
Advice/enquiry (resolved by PALS team)	264	163	-101	-38%
Compliment	633	544	-89	-14%
For records only	45	130	85	189%
Signposting	43	32	-11	-26%
Out of time complaint	2	31	29	1450%
Feedback only for CSU - no response required	23	30	7	30%
Perinatal Mortality Review (PMR)	-	19	19	-
Information request from outside organisation	19	7	-12	-63%
Total	7442	8074	632	8%

Of the PALS activity seen, 56% of all PALS concerns, enquiries and out of time complaints related to outpatient services, with 24% relating to inpatient, emergency or day case services (including maternity). 20% of cases related to other services. This remains comparable to the case load mix in previous years.

Chart 7: Concerns and Enquiries by Month

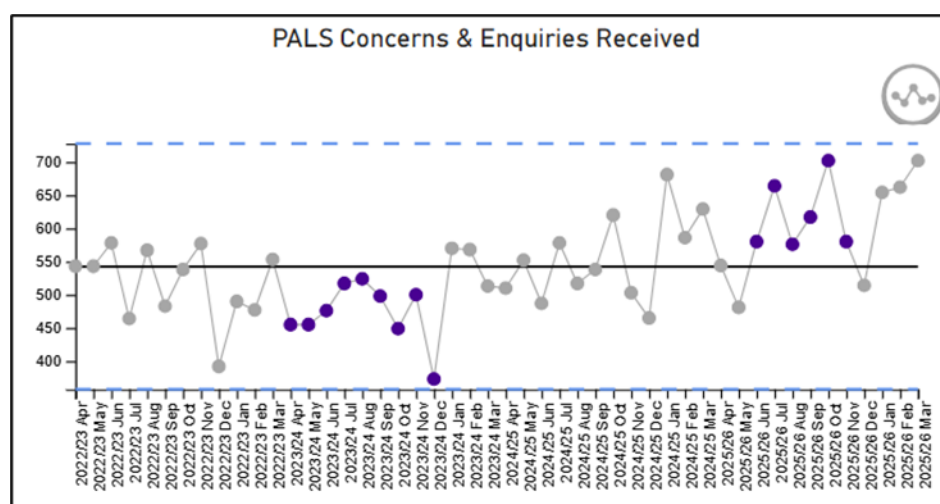


Table 7 above highlights the increase in concerns and enquiries received by month. Whilst there is a clear increase illustrated this currently represents natural variation with no statistical significant increase evident due to the decrease in PALS received in December.

3.5 Compliments

Compliments received from people who use our services provide valuable feedback and an opportunity to learn from positive experiences. 544 compliments were received in the Trust in 2025/26 representing a 14% decrease from the previous year.

The most valued aspects of care closely align with themes identified in complaints, particularly communication and staff interaction, demonstrating that when delivered well, these have a strong positive impact on patient experience.

Feedback strongly reinforces the importance of compassionate, patient-centred care, clear communication and staff behaviours, particularly in high-pressure environments. Many compliments highlight team-based care and multidisciplinary working, suggesting that coordinated approaches are highly visible and valued by patients, as are staff who go 'above and beyond' to provide the best care for patients.

In summary, compliments provide strong assurance that, alongside areas of challenge, patients consistently experience high-quality, compassionate care delivered by committed staff across a wide range of services, with strengths in clinical professionalism, communication, and person-centred care.

3.5.1 Care opinion

The PALS team continue to respond to care opinion, ensuring that all compliments are recorded in Datix for the CSUs to review. During the reporting period there were a total of 15 comments left on care opinion via the care opinion website. 14 were acknowledged and responded to, 1 was redirected to the appropriate external care provider. The PALS team provide their contact information, so the user is able to make contact if they wish to raise concerns following sharing their feedback.

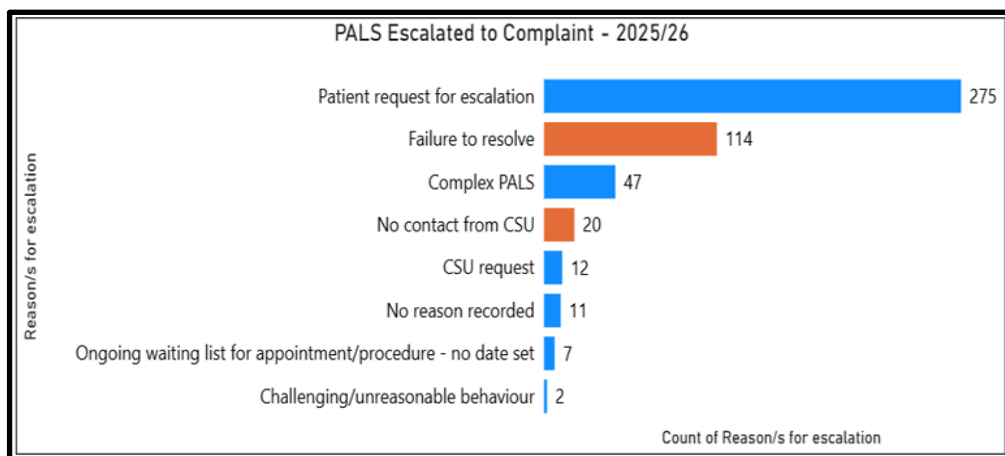
Consistent themes include strong appreciation of clinical care, compassion, and specialist expertise alongside recurring concerns about administrative processes, communication, and appointment management. Patients frequently reported delays missed or incorrect bookings, and poor coordination between services. Overall, experiences are mixed, with high-quality care often undermined by operational and communication challenges.

3.6 Escalations to formal complaints

In 205/26, there were 275 PALS which escalated to a formal complaint, an increase of 57 (26%) cases from the previous year. Patient request, failure to resolve, no CSU contact were the top reasons specified for escalation (see chart 8).

The rise in escalations indicates both increased complexity of concerns and the need for more reliable early resolution pathways.

Chart 8: Reasons for Escalation to Complaint from Unresolved PALS

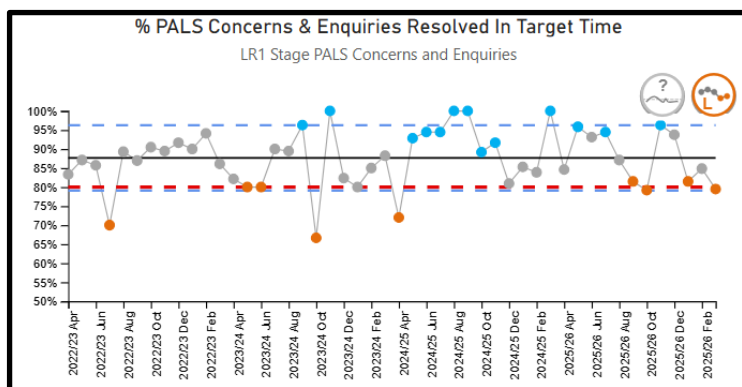


3.7. Performance

The Trust saw 79% of people raising PALS concerns were contacted within 2 working days, this is a reduction of 3% from the previous year. 87% of PALS were resolved within 10 days a reduction of 3% from the previous year (see chart 9).

The steady decline in long-waiting cases demonstrates the impact of targeted intervention and strengthened oversight. However, overall timeliness remains below internal standards, reflecting capacity pressures and increased demand.

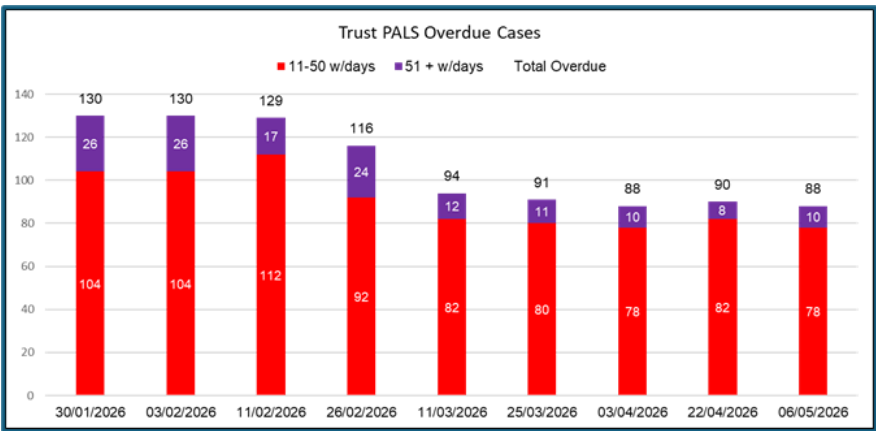
Chart 9: Percentage PALS Enquiries Resolved in Target Time



A report of all open PALS cases is shared with CSUs every two weeks and includes categorisation of cases open over 10 working days. A new PALS overdue report has been circulated to CSUs every week from 30 January 2026. This provides a focus for CSUs on their open and overdue PALS cases only.

There has been a reduction in overdue PALS cases (see chart 10), between 30 January 2026 and 6 May 2026. Within this period, cases open over 50 working days (the longest waiters) reduced from 26 to 10.

Chart 10: PALS Overdue Cases



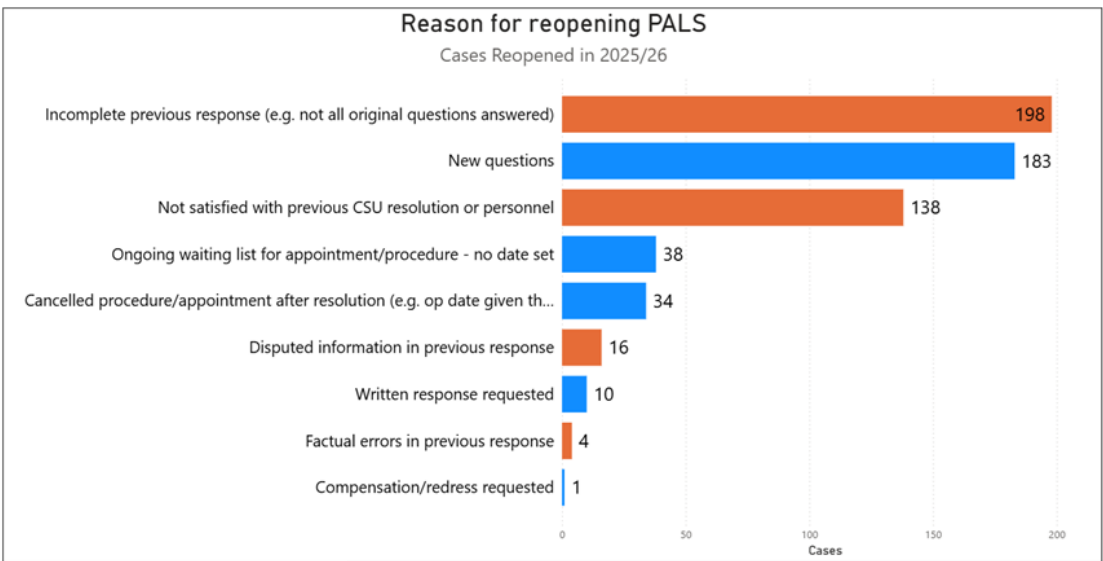
From chart 10 above, it is clear that there has been a steady decline in overdue cases from 130 cases in January 2026 to 88 in May 2026. This is as a result of targeted improvement work undertaken to improve performance and outcomes.

3.8 Reopened PALS

Of 6,861 PALS concerns, enquiries and out-of-time complaint cases initially resolved in 2025/26, 528 (7.7%) of cases were reopened.

4.6 % of cases were reopened for a defect reason. Of 28 CSUs, 19 CSUs were below the 5% target. Four CSUs were above the 5% target (Medical Directorate, Leeds Dental Institute, Adult Critical Care and Neurosciences), five other CSUs were at 5% (Abdominal Medicine and Survey Pathology Women’s, Cardio-Respiratory) (see chart 11).

Chart 11: Reason for re-opening PALS



Reopening rates indicate the need for improved early resolution, clearer communication and more consistent CSU engagement.

3.9 Reporting and monitoring

All CSUs continue to be informed of their individual performance through monthly complaints and PALS data reports. PALS data is presented at every Trust Board in the Essential Metrics Report.

Data is also reported to CSUs annually via the Patient Experience Assurance Programme (PEAP) data packs, which support CSU patient experience improvement presentations at Patient Experience and Engagement Group.

All CSUs will be reporting their complaints and PALS performance to Directors of Nursing through the Complaints Scrutiny Group which will be introduced in June 2026.

The PALS team have weekly meetings with CSU leads to discuss PALS concerns and updates, to support the resolution process.

The PALS and complaints team review performance through their monthly business meetings.

3.10 Key themes and learning

Analysis of PALS themes and sub-themes for 2025/26 shows that the increase in activity is system-wide, with growth observed across most categories. Activity continues to be dominated by communication, administration, access and patient flow, treatment, and staff interaction.

Chart 12: PALS Themes 2025/26

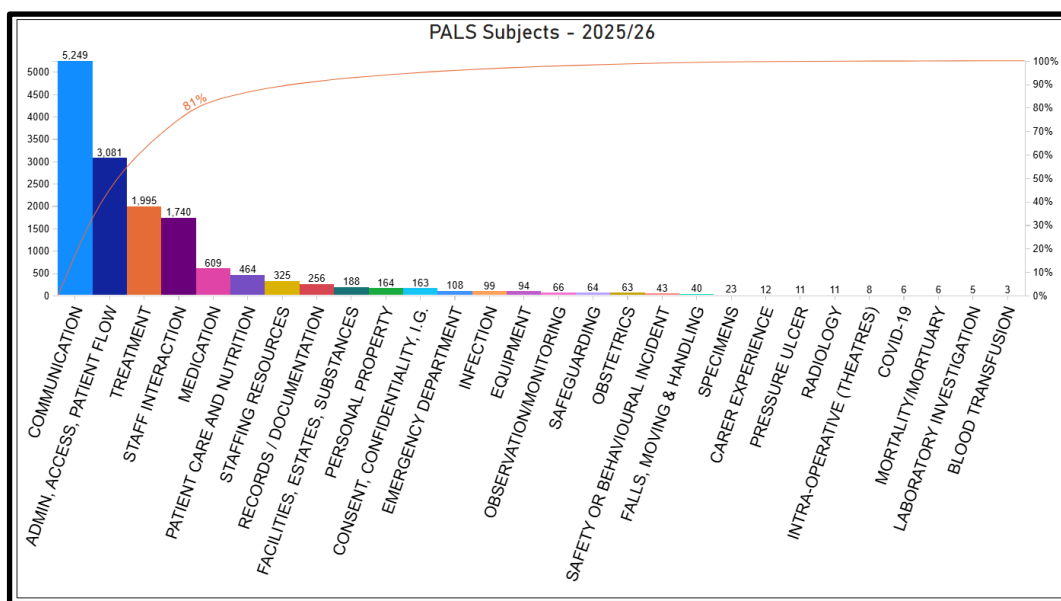


Table 12 above shows a breakdown of themes from 2025/26 with the most common being communication, access, treatment and staff interaction. The most significant increases were seen in the treatment theme, alongside continued growth in the other top three themes, indicating sustained pressure across core operational pathways. These trends

point to ongoing challenges in timeliness of care, coordination between services, and the clarity and consistency of communication with patients.

Additional increases in themes such as consent and confidentiality and staffing resources further suggest emerging pressures in governance, workforce capacity and service resilience. While small reductions were observed in areas such as facilities, personal property, and ED, these represent relatively lower-volume categories and do not materially alter the overall position.

An analysis of the top 20 sub-themes (see table 8) provides greater insight into the drivers of increased concerns. The most notable rises relate to delays or failures in treatment and procedures, alongside significant increases in communication with patients regarding diagnosis, results and future care plans. Concerns relating to access and administrative processes remain prominent, particularly in waiting times (outpatient and inpatient elective treatment), cancelled or rescheduled appointments and patients not receiving appointment or cancellation information. These issues are closely interconnected, with delays often compounded by ineffective or absent communication, leading to heightened dissatisfaction.

Patient and relative concerns about interactions with staff continue to feature, with increases in concerns relating to lack of compassion, staff behaviour and perceived competency, reflecting the impact of sustained operational pressure on frontline staff. In contrast, reductions were limited but evident in areas such as internal communication failures, telephone and text contact, and loss of belongings, which may indicate some localised improvement in specific processes.

Across specialties and locations, concerns are concentrated in high-volume elective and outpatient pathways, as well as major acute sites, indicating that challenges are largely systemic rather than isolated to individual services or teams.

In summary, the increase in PALS activity is primarily being driven by delays in access to care and treatment, alongside ineffective communication about those delays, underpinned by administrative and workforce pressures.

Table 8: Top 20 PALS Sub-themes 2024/25 and 2025/26

Sub-subject	2024/25	2025/26	Difference	% Change
Waiting list time (outpatient)	1176	1290	114	10%
Communication with patient regarding future treatment plan/care	554	732	178	32%
Delay/failure in treatment/procedure	405	709	304	75%
Undesirable staff behaviour	661	700	39	6%
Communication - difficulty contacting department	676	699	23	3%
Communication with patient regarding diagnosis/condition	355	543	188	53%
Communication - delay in giving information/results	460	535	75	16%
Lack of compassion	413	510	97	23%
Communication - appointment/cancellation letter not received	257	481	224	87%
Communication with patient - telephone call/text	452	426	-26	-6%
Cancelled/rescheduled clinic/appointment	266	396	130	49%
Not listening	345	361	16	5%
Communication with relative regarding diagnosis/condition	237	300	63	27%
Education and competency of staff	200	270	70	35%
Cancelled/rescheduled surgery/procedure	201	264	63	31%
Communication with relative regarding future treatment plan/care	231	263	32	14%
Waiting list time (inpatient)	227	255	28	12%
Missing/lost referral	188	244	56	30%
Communication failure within department	217	151	-66	-30%
Loss of belongings	159	145	-14	-9%

CSU staff record learning and actions arising from PALS cases on Datix. A review of the 1,482 free-text responses left by staff (excluding where no learning was applicable) shows a consistent focus on improving communication, pathway reliability and administrative processes. There is clear evidence of learning being translated into practical improvements, particularly in providing more timely updates, clearer information, and better management of patient expectations during delays.

Actions predominantly related to strengthening booking and referral processes, improving discharge planning and enhancing coordination between teams, directly addressing the main drivers of complaints such as delays, cancellations and fragmented pathways. There is also a strong emphasis on staff awareness and behaviours, including compassionate communication and patient-centred care, supported by team learning and targeted training.

3.11 Governance and oversight

Significant strengthening of governance arrangements has taken place, including:

- Establishment of a Complaints Improvement Working Group
- Revised escalation processes for CSUs with persistent backlogs
- Completion of the PHSO maturity assessment and integration of findings into the improvement plan
- Enhanced oversight through PEEG, Director of Nursing scrutiny meetings, and monthly performance reporting
- Increased training uptake in mediation, response writing and customer care
- Establishment of a complaints scrutiny group
- Engagement with the Patient Experience Assurance group

These arrangements have improved oversight and strengthened CSU accountability. However, assurance remains limited due to persistent timeliness issues, variation in CSU performance and capacity constraints.

3.12 PALS CSU Training

The PALS team offer bespoke training sessions to CSUs when requested, and tailor these sessions to relevant staff groups. The team have also developed a power point presentation and shared this with the PALS leads in each CSU for their use and reference.

A total of seven sessions have been provided across the organisation during the last financial year.

Table 9, below shows the CSU/Specialty where training has been provided in 2025/26.

Table 9: PALS CSU/ Specialty training

CSUs
Cardio-Respiratory
Theatres & Anaesthesia
Specialty & Integrated Medicine
Abdominal Medicine & Surgery
Transplant
Centre for Neurosciences
Adult Therapies

In addition to this all PALS staff have completed PHSO training.

3.13 Actions Completed in Response to Regulatory Breach

There have been a number of improvement actions to address the regulatory breach in identifying, receiving, recording, handling and responding to complaints continues, this has included:

A full review of the governance and reporting structures relating to patient experience has been completed, including the introduction of a Patient Experience Management Group (PEMG), which will have oversight of the complaints improvement plan. The first meeting took place on 21 May 2026.

The complaints improvement working group has met twice and is monitoring CSU performance in delivering individual improvement projects to support the Trust complaints improvement plan. The group is chaired by the Head of Patient Experience and supported by a Director of Nursing and the KPO team.

A Complaints Scrutiny Group is in development and due to hold its first meeting in June 2026. The group will be chaired by Directors of Nursing and will hold CSUs to account for their complaint and PALS performance as well as having oversight for the completion of actions recorded in Datix and learning from themes.

A Patient Experience Executive Group, chaired by the Chief Nurse, will hold its first meeting on 3 June 2026. The group will receive reports and escalations from the Complaints Scrutiny Group, PEMG and the complaints working group and will have oversight of the actions being taken to compile with regulations.

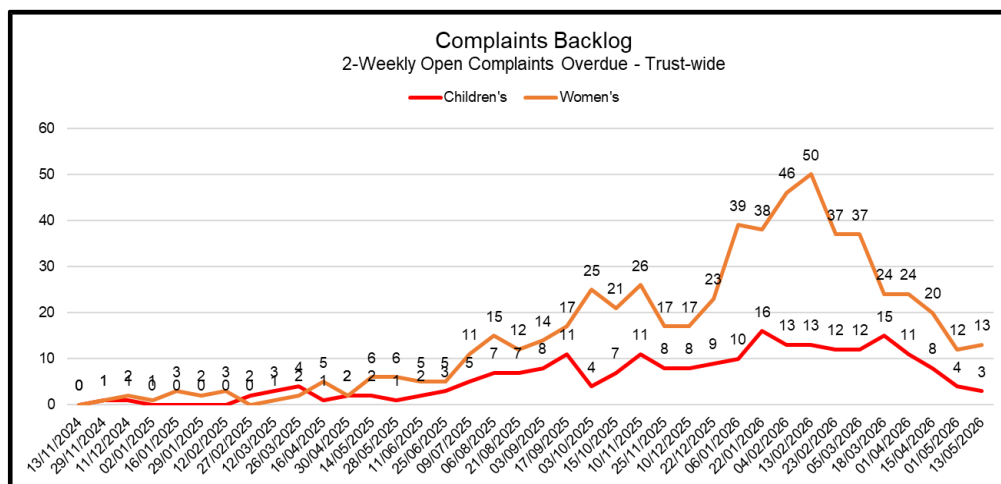
A plan to deliver staff Complaint Response Writing and Mediation training in 2025/26 has progressed. Funding has been identified to continue the training into 2026/27 and the procurement of these sessions has commenced with the Chief Nurse workforce team.

PALS process mapping has been completed The PALS team introduced a new process in April 2026 to reduce the number of PALS escalating to complaints. Contact is made with complainants who are requesting escalation offering them a call with a member of the senior management team in the CSU.

The Trust website has been reviewed and changes have been made to make it easier for patients to find information about how to contact the PALS team or make a complaint. The PALS leaflet has also been revised and now signposts patients to clinical teams to discuss their concerns prior to contacting the PALS service.

As part of the complaints improvement work, Trauma and Related Services CSU have introduced a CSU e-mail address that patients and relatives can use to raise concerns as their CSU improvement project and Women's and Children's CSUs have been successfully working on reducing their complaint backlog (see chart 13 below).

Chart 13: Two-Weekly Overdue Complaints Awaiting Action from Women's and Children's CSUs (Backlog)



Other actions being taken as part of the improvement work include a test of change project which has been successfully completed using AI technology to support some complaint team processes, with a plan to expand this to improve team efficiency and quality of responses. Which will improve timeliness and reduce the defect rate from incomplete responses.

To support the increasing demand, agreement has been reached to increase the current part-time B7 hours available in the complaints team to one WTE B7 post. The job description has been reviewed and currently awaiting approval from Agenda for Change. In addition to this, two further complaints handlers have been provided to support with the increase in demand.

A new 0.6WTE B7 post will be appointed in the PALS team to increase available leadership support. The job description has been written and currently awaiting approval from Agenda for Change.

3.14 Areas for improvement and next steps

The Trust improvement team and Head of Patient Experience continue to review potential external/internal AI solutions to establish if this could support work to improve timeliness and quality of responses and an Expression of Interest has been written for consideration by the DIT team and Chief Nurse CSU leadership team to progress this.

Initial discussions have taken place to introduce a 'Speak to Matron' campaign in areas of the Trust receiving the highest numbers of complaints and concerns to improve the process of addressing concerns at the time they occur.

A proposal has been developed to address the rework of the current complaint QA process by removing the external QA for low-risk multi-complaints, this is awaiting agreement for testing at the next complaints working group.

An Experience of Care report is under development which will triangulate sources of feedback to identify where the biggest opportunities lie to improve experience and reduce complaints/concerns.

These priorities form the foundation of the Trust's improvement plan for 2026/27 (see appendix 1/2).

4. Financial Implications

There are no direct financial approvals required through this report.

Additional staffing resource has been approved within Complaints and PALS services to support increasing demand, including:

- Expansion of Band 7 complaints leadership capacity.
- Recruitment of additional complaint handlers.
- Creation of a new Band 7 leadership role within PALS.

The Trust continues to assess opportunities for digital and AI-supported solutions to improve efficiency and productivity.

5. Risk

The Trust remains outside its risk appetite for:

- Regulatory Risk – continued exposure under Regulation 16 due to timeliness and backlog pressures.
- Operational Risk – rising activity, delays, variation in CSU performance continue to impact compliance.
- Workforce & Capacity Risk – insufficient capacity in complaints and PALS teams as they continue facing workload pressures.

- Patient Experience Risk – deterioration in complainant satisfaction highlighting gaps in communication, compassion and coordination

The key risk to the Trust relates to a breach of:

Regulation 16; Receiving and Acting on Complaints of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014. This risk is currently on the Trust risk register, (Ref 9301) with a risk score of 9. Controls, mitigation and actions have been reported at PEMG on 21 May 2026.

6. Communication and Involvement

Monthly complaints and PALS performance reports continue to be shared with Clinical Service Units and reported through Trust governance structures.

Patient feedback, complainant surveys, Care Opinion feedback and Patient Improvement Partners have informed identified improvement actions. Future engagement activity will continue through Patient Improvement Partners, Patient Experience Executive Group, CSU governance arrangements. There is also public reporting through the Trust Board.

6.1 Priorities for 2026/27

The following actions are required to restore compliance and improve patient experience:

- Restore complaint response performance to internal standards
- Sustain backlog reduction across all CSUs
- Strengthen compassionate communication and early contact
- Improve pathway reliability and inter-team coordination
- Standardise learning and embed the Experience of Care triangulation model
- Expand digital and AI-enabled solutions to improve efficiency
- Strengthen equity of access to PALS and complaints
- Deliver the Patient Experience Improvement Plan through PEEG and QAC oversight
- Launch Speak to Matron Campaign to address concerns in the moment
- Respond to complaints and PALS themes through the launch of the noise at night 'Night Owls' campaign and review of visiting hours in line with Regulation 9.

7. Impact on Equality & Health Inequalities

Data shows that members of the public access the complaints and PALS service from across the indices of multiple deprivation (IMD) deciles, with proportionally higher usage of the services from people more likely to be experiencing poverty in IMD 1 and 2. The proposals in this paper positively impact on equality in supporting more timely responses to concerns and complaints and enabling action to be taken more quickly when it is needed.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

Conclusion

The Trust has made progress in the complaint backlog reduction, governance strengthening and improving the quality of responses. However, rising activity, timeliness challenges and capacity constraints continue to place the Trust outside its risk appetite and maintain regulatory exposure under Regulation 16. Sustained leadership focus, strengthened resourcing, and delivery of the improvement plan are essential to restoring compliance and improving patient experience in 2026/27.

***NB removing the conclusion as per template recommendation to leave it up to Board to conclude.**

9. Recommendation

The Trust Board is asked to:

- Note the significant rise in complaints and PALS activity and the continued regulatory risk
- Support the ongoing implementation of the complaints improvement plan
- Endorse strengthened governance arrangements and CSU improvement projects
- Agree the priority actions for 2026/27 to restore compliance and improve patient experience.

10. Supporting Information

1. Appendix 1 Trust Complaints Improvement plan
2. Appendix 2- Trust Well -Led Plan- complaints section