



Complaints and Compliments Policy and Procedure

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The formally approved version of this document is that held on the NHS Shropshire Telford and Wrekin Integrated Care Board website:

<https://www.shropshiretelfordandwrekin.nhs.uk/>

Printed copies or those saved electronically must be checked to ensure they match the current online version.

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1 Introduction

NHS Shropshire Telford and Wrekin (NHS STW) Integrated Care Board (ICB) is responsible for commissioning health services for the local population. These services primarily include Acute (hospital) services, Community services and Mental Health services. Since the creation of the ICB, NHS Shropshire Telford and Wrekin is also responsible for Primary Care Services, such as GP practices, Dentists, Pharmacies and Opticians. Responsibility for the management of complaints relating to these services transferred to ICBs in July 2023. NHS England remain responsible for Specialist Services (i.e. specialist heart & lung treatment; specialist cancer care) and currently prison healthcare

NHS STW is committed to providing all service users with the opportunity to seek advice, raise concerns, make a formal complaint and provide a compliment about any of the services it commissions. The objective of NHS STW is to listen, respond and improve services for the local population. The 4Cs approach (see section 3) for managing the service users experience has been adopted and the organisation will actively seek feedback about the services it commissions and recognises the rights of its service users to comment on these services and the actions of NHS STW. Please refer to appendix 1 for a complaints flow chart.

2 Purpose

The aim of this policy is to ensure that all contacts from service users are listened to, that concerns and complaints are resolved quickly and simply and that information gained from them is used to improve the services commissioned. It is recognised that in most cases, queries or concerns can be resolved by talking with healthcare providers. It is therefore encouraged, wherever possible, that the person wishing to raise an issue speaks to a member of the team providing the service. Where this is not possible NHS STW Patient Services Team will assist in trying to resolve any problems, by liaising with the services involved. If this is not possible the Patient Services Team will assist service users to make a complaint or to provide feedback about how services can be improved.

NHS STW will ensure that all those providing a service on their behalf are aware of their obligation to have a complaint procedure in place that reflects the national NHS complaints regulations. Service users and their representatives need to feel confident that making a complaint will not have a negative impact on their access to the service they require. Complaints should be treated positively and, wherever possible, leave service users and carers feeling satisfied with the way in which their complaint has been handled and confident that the organisation has learnt from the experience.

NHS STW will focus on satisfying complainants' concerns whilst being fair to service providers, practitioners and staff. NHS STW is committed to achieving excellence in all services it commissions and understands the importance of complaints, comments, concerns and compliments as a means of reviewing standards and as an avenue by which services can be improved. Despite the best efforts of staff, and every effort to strive for excellence, mistakes can occur

and the organisation endeavours to reflect quickly on the event that occurred and to improve the service to prevent future reoccurrence.

This policy does not duplicate information, which is clearly set out in the guidance and legislation surrounding NHS complaint management but adapts and supplements these to meet local needs and recent developments within the NHS. It also aims to reflect good practice such as the Principles of Good Complaint Handling, My Expectations for Raising Concerns & Complaints and the NHS Complaints Standards Framework set out by the Parliamentary and Health Service Ombudsman (PHSO).

NHS STW is committed to having effective procedures in place to handle all issues brought to the attention of staff. We aim to ensure that the procedures are simple, easy to understand and are widely publicised. In addition to issues that occur when genuine mistakes are made, complaints often arise from differences of understanding, perception or beliefs. They provide a valuable indication of the quality of services provided and this information can and will be used to help improve the services we commission and find a better way to meet the needs of service users; to learn from mistakes and take steps to prevent them happening again.

NHS STW will treat all complaints seriously and will listen to what service users have to say and provide information on the process which organisations will follow. All complaints will be properly investigated and receive a timely and appropriate response; the outcome of the investigation will be explained along with any actions which are taken in light of the complaint.

NHS STW have a commitment as well as a legal duty under the Equality Act 2010, to ensure that no person is treated in a less favourable manner than another on grounds of age, religious belief, disability, ethnic or national origins, medical condition or marital status, nationality, race, gender or sexual orientation nor is placed at a disadvantage because of a complaint or by the application of conditions or requirements which cannot be shown to be justifiable.

Investigations will be objective, impartial and open in accordance with the 'Principles of Good Complaints Handling – Parliamentary and Health Service Ombudsman'. Investigations will provide an explanation, an apology where appropriate, a description of lessons learned and identification of guidance/policy/systems requiring review and/or amendment. This will enable NHS STW to:

- Handle complaints objectively, consistently, and fairly.
- Bring complaints to a fair and satisfactory conclusion.
- Maintain a constructive and non-punitive approach.
- Ensure all actions taken are proportionate.
- Maintain a positive relationship with complainants.
- Identify and implement changes/improvements in practice/services.

3 Definition and Scope of Policy

This policy applies to all staff employed by the NHS STW who are involved with the business, including bank and agency staff, students and volunteers. It also applies to concerns and/or dissatisfaction about services that NHS STW commissions.

The principles of the 4Cs have been adopted as described by the Department of Health. These are:

Complaint – A complaint is an expression of dissatisfaction about a service for which a response must be provided.

Comment – A comment can be a remark or observation that does not require a formal response but still requires an appropriate response.

Concern – A concern can be an issue that can be dealt with as an informal enquiry or via local resolution with the relevant service provider.

Compliment – An expression of gratitude as a result of services provided to a service user, relative, carer or member of the public.

The NHS complaints procedure, as set out in the regulations, is for users of services and not for the resolution of contractual or staff grievances.

The definition of a complaint is ‘an expression of dissatisfaction, grievance and/or injustice requiring a response’. Clearly this is a wide definition, and it is not intended that every minor concern should warrant a full-scale complaints investigation. Rather, the spirit of the complaint procedure is that front line staff are empowered to resolve minor problems immediately and informally. NHS STW will therefore seek to distinguish between requests for assistance in resolving a problem and a formal complaint.

All issues will be dealt with in a flexible manner, which is appropriate to their nature and the latter will be dealt with in accordance with this policy.

Whenever there is a specific statement of intent on the part of the caller/correspondent that they wish their concern to be dealt with as a formal complaint it will be treated as such.

Any caller / correspondent who is dissatisfied with the preliminary response to a matter which has been dealt with as a problem-solving issue will be advised of their right to pursue the matter further through the complaint procedure.

Concerns and Complaints may be expressed about:

- Commissioning decisions taken.
- Something which is against the choice or wishes of the service user.
- The way treatment, service or care has been provided to a service user.
- Discrimination against a service user.
- How a service has been managed.
- Lack of a particular service.
- Manner, attitude or other behaviour of staff.

N.B this list is not exhaustive.

4 Responsibilities

4.1 The Chief Executive Officer

The Chief Executive Officer is responsible for ensuring compliance with the arrangements made under the Local Authority Social Services and National Health Service (England) Regulations 2009 and ensuring that action is taken if necessary, depending on the outcome of a complaint. The Chief Executive Officer may delegate this responsibility to an executive team member.

4.2 Chief Officers and Directors

Directors and Chief Officers are responsible for:

- Ensuring the investigation of formal complaints about the services they commission, commissioning decisions they have taken or actions of their staff.
- Implementing systems for ensuring that staff are supported through a complaint and that all current investigations into complaints are tracked monitored and target dates for draft responses are met.
- Ensuring that all staff within NHS Shropshire Telford and Wrekin are aware of the complaints process, and that the policy and procedures are adhered to. They will also act on any recommendations arising from an Ombudsman's report.

The lead Chief Officer for this policy is the Chief Nursing Officer.

Directors are responsible for:

- Leading the investigation into complaints in respect of NHS STW services in their portfolio.

The Patient Services Manager is responsible for the management of the Complaints & PALS Team and has oversight of the operational process and quality of draft responses.

4.3 Patient Services Team

Are responsible for:

- Ensuring the logging and accurate contemporaneous reporting of complaints, concerns and compliments.
- Ensuring there is an investigation into all complaints made by service users/ representatives in line with the Local Authority Social Services and National Health Service (England) Regulations 2009, ensuring best practice regarding the handling and management of complaints on behalf of the Chief Executive Officer.

- Providing advice and support to NHS STW staff involved at all stages of the Complaints Procedure.
- Working with colleagues across the NHS STW using information gained from the investigation of complaints to ensure that actions which minimise the risk of reoccurrence are developed, shared and implemented across the organisations.
- Acting as a point of contact for complainants and their representatives.
- Acting as the NHS STW's link to external organisations such as the Parliamentary and Health Service Ombudsman (PHSO), General Medical Council (GMC) etc.

4.4 All Staff

All staff have a duty to ensure learning from complaints is reflected in their work. All staff must adhere to:

- NHS Shropshire Telford and Wrekin's Complaints & Compliments Policy and Procedure.
- NHS Confidentiality code of Practice; and the General Data Protection Regulations 2018 (GDPR) and Data Protection Act 2018 (DPA 2018) when dealing with complaints.
- Where appropriate, on receipt of a complaint NHS Shropshire Telford and Wrekin will ensure the immediate healthcare needs of the service user are met.
- NHS Shropshire Telford and Wrekin staff who receive a complaint will notify the Patient Services Team immediately.
- Written complaints sent to or forwarded to the Chief Executive Officer and Directors/Chief Officers will be forwarded immediately to the Patient Services Team for acknowledgment of the complaint and appropriate recording on the feedback management system.
- Staff may receive informal comments and suggestions, and these may include an expression of dissatisfaction. If staff receive verbal comments from service users, the person receiving the comment should establish the facts and clarify whether a complaint is being made. Staff are encouraged, in conjunction with their line manager, to deal with verbal complaints to which they can provide an immediate response. These all must be reported to the Patient Services Team for logging on the feedback management system.
- The aim is to resolve the matter causing concern; to reassure the complainant; to learn from the complainant's experience and to eliminate the potential for reoccurrence of similar problems.
- Where the recipient of the complaint is unable to investigate and resolve the complaint adequately or feels unable to provide the outcome that the complainant is seeking, then with the complainant's consent the complaint should be referred to the Patient Services Team.

- Some complainants may prefer to make their initial complaint to someone who has not been involved in their case. In these circumstances, they should be advised to direct their complaint to the Patient Services Team.
- Advice about the local Complaints Advocacy Service should be provided. Information around Complaints Advocacy Services is available on the NHS STW website.
- Staff have a responsibility to be aware of this complaints policy and how to deal with complaints and concerns.

4.5 The Board

The Board will receive an annual report as mandated and any variance reports from the Chair of the Quality and Performance Committee.

4.6 Committees and Groups

A quarterly Complaints & PALS Team report including compliments, concerns and Complaints will be received by the NHS STW Quality and Performance Committee. This will indicate performance against the three-day acknowledgement requirement, performance against agreed response timescales with exception reporting, whether complaints were upheld and lessons learnt, as well as narrative on the themes of concerns and compliments.

5 Complaints Procedures / Processes

5.1 Who can make a complaint

A complaint may be raised under this policy by anyone who is receiving or has received services that are provided or commissioned by NHS STW, where they are registered with a GP in either the Shropshire or Telford & Wrekin area. Complaints can also be raised by a representative such as a friend or relative on behalf of the service user, if they have been given permission to act.

A complaint may be made by:

- Existing or former service users of services commissioned by NHS STW or provided directly by NHS STW, or an individual who is affected, or likely to be affected, by the action, omission or decision of NHS STW.
- A relative/representative of the service user, with the knowledge and the consent of the service user.

If the service user is a child, has died, is unable to put forward a complaint because of physical incapacity, lack of capacity within the meaning of the Mental Health Capacity Act 2005 or has requested a representative to act on their behalf, then the complaint will be accepted from a close relative/friend/representative or suitable representative body, or any person who is affected by the act, omission or decision of NHS STW, providing it is the subject of the complaint. The service user will, however, receive the

written response unless his/her written consent is received authorising the response to be shared with a third party.

If the service user is unable to act, by reason of incapacity, consent is not needed, but the Patient Services Team will determine whether the complainant has sufficient interest in the service user's welfare and is conducting the complaint in the best interest to be suitable to act as a representative. Confidentiality must be safeguarded, particularly in relation to clinical complaints, and copies of correspondence should not be sent to any third party without the written consent of the complainant.

If the Patient Services Team determines that a person is not suitable to act as a representative, a full explanation outlining the reasons for this decision must be provided.

If a complaint is made about NHS services by a person representing a child who is judged to be Fraser/Gillick Competent (under the age of 16), it must not be considered unless the Patient Services Team is satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child, in such cases, the Patient Services Team will write to the representative and request the consent of the child. The Patient Services Team will also provide information about advocacy and support available to the service user and the complainant.

5.2 Complaints that cannot be dealt with under this policy and procedure

The following complaints will not be dealt with under the NHS Complaints Regulations 2009:

- A complaint made by a Local Authority, NHS body, Primary Care provider or independent provider
- A complaint made by an employee of a Local Authority or NHS body about any matter relating to employment
- A complaint which is made orally and is resolved to the complainant's satisfaction no later than the next working day after the day on which the complaint was made.
- A complaint which has previously been investigated under the 2004, 2006 or 2009 NHS Complaints Regulations. i.e. commissioners cannot undertake a second investigation if the provider has already investigated and responded to a complaint.
- A complaint which is or has been investigated by a Health Service Commissioner under the 1993 Act.
- A complaint arising out of the alleged failure by NHS STW to comply with a request for information under the Freedom of Information Act 2000. Any concerns regarding Freedom of Information Requests should be directed to the Freedom of Information Team.
- A complaint that is outside of the twelve-month timescale, unless there are exceptional reasons why the complaint was not raised within this time period, as detailed in section 6.5.

Complaints can contain requests for information under the Freedom of Information Act 2000 (FOI), under the Data Protection Act 2018 / GDPR or may contain a subject access request. Requests, which need to be in writing, do not need to refer to the legislation specifically and must be handled under the relevant policies and procedures.

If a complaint contains a FOI request, the complainant should be advised that their request is being sent to the FOI Team for processing, thus ensuring that FOI timescales are not missed. Where the FOI response is relevant to the content of the complaint response, NHS STW will request that the FOI Team copy the Patient Services Team into the response when it is sent.

Subject access requests will be managed in line with the relevant Subject Access Policy.

5.3 Methods of Complaining

A complaint may be made in writing (by e-mail or letter) or verbally over the telephone or in person.

If the complaint is made verbally the person accepting the complaint should record this in writing and the complainant should be given/sent a copy to sign and return to confirm accuracy. The complaints procedure must be followed for every complaint and the person making the complaint should be treated with respect and sensitivity and encouraged to be open about their concerns.

5.4 No Discrimination

All staff must ensure that service users, carers and relatives are not discriminated against because of having made a complaint. All complainants will be assured that their care and treatment will not be adversely affected because of making a complaint and that NHS Shropshire Telford and Wrekin values their feedback

5.5 Publicity

Information on how to make a complaint will be readily available to service users, clients and their relatives and carers in leaflet form and on NHS STW's website.

5.6 Claims and Legal Action

In the event of a complainant's initial communication being via a solicitor's letter, the inference should not be that the complainant has decided to seek redress through the courts. The complaints procedure can continue even if the complainant indicates an intention to take or does indeed take legal action and makes a claim against the NHS STW. However, advice must be sought from the Patient Services Team and the Head of Governance and Corporate Affairs in these instances.

National guidance is clear that the complaints process can continue when legal action is being taken, however if this is underway before a complaint has been resolved the Patient Services Team will seek advice in relation to whether by dealing with the complaint it might prejudice the potential defence of the claim. Where it is thought that dealing with the complaint might

prejudice the legal action, resolution of the complaint will be deferred until legal action is concluded. The Patient Services Team must inform the complainant why the complaint process has been suspended. In those circumstances where following an investigation under the complaints procedure there is a prime facia case of clinical negligence, a full explanation will be provided and if appropriate, an apology offered to the complainant.

The Patient Services Team will inform the Patient Services Manager so he/she may notify NHS Resolution under the Clinical Negligence Scheme for Trusts (CNST) scheme reporting guidelines and the Policy and Procedure for the Management of Clinical Negligence Claims and Employer/Public Liability Claims.

5.7 Disciplinary Procedures

The complaints process can continue alongside disciplinary procedures. However, it is important that the processes are seen to be fair to all parties and that those involved are encouraged to be open and honest. Advice must be sought from the Patient Services Officer and Department of Human Resources (HR).

If any complaint indicates a prime facia need for a referral for an investigation under the organisations disciplinary procedures, one of the professional regulatory bodies, an independent inquiry into a serious incident under Section 84 of the NHS Act 1977 or investigation of a criminal offence; the Patient Services Team will refer the case to the Head of Governance and Corporate Affairs, the designated CSU HR Business Partner for NHS STW and the Chief Executive Officer.

6 Complaints Management Process

This section outlines the process for managing complaints including internal and external communication, and collaboration with other organisations when necessary. The complaints process flow chart can be viewed at appendix 1. Please note that the process for primary care complaints is slightly different and is detailed at 6.16 below.

All staff must ensure that service users, carers and relatives are not discriminated against because of having made a complaint. All complainants will be assured that their care and treatment will not be adversely affected because of making a complaint and that NHS Shropshire Telford and Wrekin values their feedback.

There are no nationally set timescales for investigating complaints within the NHS, however there is an expectation that the process is completed within 6 months. NHS STW will aim to resolve them as quickly and efficiently as possible, whilst still ensuring that a thorough investigation is completed. A complaint timescale will be discussed with the patient when the complaint is first received. It should be noted that individual provider timescales vary and will have an impact on the timescale. During the investigation the

organisation will keep the complainant informed as far as reasonably practicable as to the progress of the complaint.

Performance against the agreed timescale will be reported quarterly to the Quality and Performance Committee.

Response to verbal complaints / Informal resolution of complaints will be completed within one working day wherever possible.

Any member of staff receiving a verbal complaint should establish whether the matter is one that they, a colleague or line manager can respond to immediately.

If a member of staff is approached by a service user who wishes to make a verbal complaint, which the member of staff can resolve to the service user's satisfaction within one working day then the issue will not be recorded as a formal complaint.

However, to ensure that the NHS STW captures the concerns of service users, staff are requested to inform the Patient Services Team of such issues. This can be done by sending an e-mail with brief details of the actions they have taken to resolve an informal complaint. This information will be recorded by the Patient Services Team.

6.1 Serious Complaints

If a concern or complaint is an allegation or suspicion of any of the following it should immediately be investigated as a formal complaint:

- Physical abuse
- Sexual abuse
- Financial misconduct
- Criminal offence

In a situation where a person discloses physical / sexual or financial misconduct it must be reported even if the complainant does not want to make a formal complaint. In addition to this, consultation must take place with the Chief Executive Officer, the Head of Governance and Corporate Affairs and/or Chief Financial Officer; the Police and any other appropriate agencies should also be informed to ensure that appropriate action is taken. NHS STW policies should be followed in these instances i.e. Safeguarding Adults Policy, Safeguarding Children Policy, Patient Safety Incident Reporting Framework, Primary Financial Policies and the Fraud and Corruption Policy.

Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the content of the case. Anyone disclosing information to others who are not directly involved in the case should be dealt with under the disciplinary procedure. In the case of financial misconduct, the Fraud and Corruption Policy must be followed.

6.2 Advocacy Services and support for complainants

When a person raises concerns or makes a complaint it can be complex and stressful. NHS STW understands that dealing with complaints can be difficult for all concerned. Complainants will be given support to overcome any communication or other difficulties to enable them to make a complaint e.g. provision of an interpreter; easy read documentation for complainants with Learning Disabilities, in line with the Accessible Information Standard (NHS England - July 2015). Complainants will be offered independent support when making a complaint, through the Local Complaints Advocacy Service and, where appropriate, specialist advocacy services. Information on how to access complaints advocacy is available on the ICB website www.shropshiretelfordandwrekin.nhs.uk/contact-us/complaints-and-pals/ and this information will also be provided to all complainants and service users by the Patient Services Team when a complaint is acknowledged. Where appropriate, information will be sought for other local advocacy services or from Social Care for service users who lack capacity to make decisions and have no-one else to support them.

6.3 Complaints Meetings

Should a complainant wish to meet with the Patient Services Team or the Chief Executive Officer, or an Executive Lead to discuss their complaint this can be arranged if appropriate to do so.

Under the Complaints Regulations the complainant may wish to meet with NHS STW representatives to discuss their concerns as part of the investigation process. If this is the case this will be discussed when the request is made; if the request is declined a full explanation as to why will be provided.

Notes will be taken at all meetings and a copy of these sent to all those involved to confirm accuracy before recording the document in the complaint file.

6.4 Conciliation/Mediation and Complaints Meetings

A Conciliator/Mediator is an independent lay person, not employed by the NHS who acts as a neutral party between the complainant and those complained against to resolve any outstanding concerns.

There will be circumstances where, despite all efforts of NHS STW to resolve a complaint, the complainant does not agree with the outcome. In these instances, the option of conciliation/mediation will be considered and where appropriate offered in order to try and resolve the complaint locally. If the Patient Services Team identifies a case that may potentially benefit from the use of conciliation/mediation, this will be discussed with the Head of Governance and Corporate Affairs, and the Chief Executive Officer, and a decision will be made considering the full details of the complaint. Guidance may also be sought from NHS Resolution.

Conciliation/Mediation can only be used if both parties fully co-operate and consent to such a process. It cannot be used as a coercive measure or threat against either the complainant or staff members involved. All parties must enter this process with an open mind.

Conciliation/Mediation is free to complainants, but commissioned services and independent contractors involved in a complaint will be expected to contribute to the cost of conciliation/mediation if this avenue is pursued to resolve the complaint.

6.5 Formal Complaints Procedure

Once it is clear that an individual wishes to make a formal complaint, the process set out in the Complaints Procedure should be followed as detailed in the flow chart above.

Complaints should normally be made within twelve months of the events complained about or twelve months of knowledge of the events. Those received outside this timescale will only be investigated, if there are demonstrable exceptional circumstances for not making the complaint within timescale (e.g. bereavement or illness). In these circumstances NHS STW will consider whether it is still possible to investigate the complaint effectively and fairly given the time that has elapsed.

Where the Patient Services Team believes there are reasons for not completing an investigation, this will be discussed with the Chief Executive Officer and the reasons for not completing an investigation will be put in writing to the Complainant.

All staff should be aware that where a complaint is referred to the Ombudsman (second stage) any information received as part of their investigation may be used to assess NHS STW's performance.

The Patient Services Team should be notified of all formal complaints as soon as they are received and provided with all documents relating to the complaint. The Patient Services Team will ensure that NHS STW's Chief Executive Officer is made aware that a complaint has been received.

All complaints received by the Patient Services Team either directly or via other routes will be acknowledged within three working days of the date received. This will be done either by letter, telephone call (which should be recorded in the complaints file) or by e-mail. Usually, the method of acknowledging a complaint will match the method by which it was originally received. A complaint acknowledgment letter enclosing a Consent Form (Appendix 2), Equality Monitoring Form (Appendix 3) and a freepost envelope will be sent to the Complainant.

The acknowledgement letter will include an offer by the Patient Services Team to discuss with the complainant the way the complaint is to be handled (to include how they prefer to be kept updated) and expected timescales.

When a complaint is received, the Patient Services Team will contact the complainant to clarify their concerns, to find out how they would like their

complaint to be resolved and to discuss a timeframe for resolving the complaint which is realistic and acceptable to the complainant.

Other options that could be considered to manage the complaints process effectively include:

- Face to face meeting with the complainant and parties involved.
- Resolution of the complaint by telephone.
- The use of an independent advocate or mediator arranged by NHS Shropshire Telford and Wrekin.

NB: this list is not exhaustive, and a combination of several methods can be used when handling a single complaint, until it is resolved to the complainant's satisfaction.

The expected individually agreed timescale will be recorded on the feedback management system and performance against this target reported to the Quality and Performance Committee.

The Patient Services Team will assist in making the necessary arrangements for meetings and arranging of taking notes or in the case of Commissioned Services or Independent Contractors, with their designated complaints teams.

If the agreed deadline cannot be met, the complainant must be informed of this at the earliest opportunity and provided with an explanation and apology. This should be followed up in writing with a request for an extension and a suggested revised date. The need for an extension should be identified at the earliest possible opportunity and not be left until the deadline nears.

Regardless of the method used to resolve the complaint, a clear written record should be maintained of the investigation detailing any meetings or discussion with staff and complainants, covering what was asked and the responses given. A copy of this record should be shared with and made freely available to the complainant and staff involved in the complaint. Copies of all correspondence and associated file notes should be kept securely and separately from medical records/case files.

As soon as possible after the investigation, where appropriate, the Patient Services Team should send the complainant a response signed by the Chief Executive Officer or delegated signatory.

Although NHS Shropshire Telford and Wrekin is a commissioning body, should it on rare occasion need to provide a substantive response to a complaint that involved medical staff and matters of clinical or professional judgment, the response will be given to the relevant clinician prior to dispatch to allow comments or amendments to be made.

All communications will be clearly marked 'Private and Confidential'. The reply may be sent electronically where the complainant has consented in writing or electronically and has not withdrawn such consent.

6.6 Complaints Responses

Complaint responses will include the following:

- An explanation of how the complaint has been considered.
- An explanation of events.
- The conclusion reached, including any matters for which remedial action is needed.
- An apology where appropriate.
- Refer to any records, documents and guidelines that have been considered.
- Confirmation as to whether NHS STW is satisfied that any action required because of the complaint has been taken or is proposed to be taken.
- For final responses, signpost the complainant to the Parliamentary and Health Service Ombudsman (PHSO).

6.7 Where complainants are dissatisfied with the outcome of a complaint

If the complainant remains dissatisfied with the outcome of the investigation, the Patient Services Team will discuss with the complainant the way resolution can be achieved.

The complaint will be reviewed by the Patient Services Team along with NHS STW's Chief Executive Officer (or another member of staff designated by them). The following options may be considered: -

- Further review by a different member of staff internally.
- Review by an external organisation (e.g. another Integrated Care Board).
- A meeting between the service user and the NHS STW/Provider organisation.
- Conciliation/Mediation

The most appropriate action will be determined by the nature of the complaint and in discussion with the complainant and senior staff members as detailed above.

In those circumstances where the offer of a meeting or further response is declined or a meeting/proposed course of action by NHS STW fails to resolve the complaint, the Patient Services Team will draw to the complainant's attention their right to take their complaint to the Parliamentary and Health Service Ombudsman.

Once the formal response has been sent, it will be shared with those involved in the investigation and named in the complaint.

Complainants must not be discriminated against during or after a complaint investigation.

6.8 Sign Off

The overall responsibility for the management, investigation and sign off of all complaints remains that of the Chief Executive Officer. However, they may delegate this to an Executive Lead.

Regardless of the method used to resolve a complaint, a response in writing from the Chief Executive Officer will be provided (usually by letter, but it may be electronically, if the complainant has consented to electronic communication).

The response should comprehensively cover each aspect of the complaint, with explanations of actions being taken and be in plain English. A spelling and grammar check should also be completed before submission.

With the complaint response, the Patient Services Team will send the complainant a Complaints Service Evaluation Form (Appendix 4) enclosing a pre-paid envelope.

6.9 Staff who are the subject of complaints

NHS STW recognises that complaints will be made. It will, as far as possible, resist assigning blame and adopt a fair blame culture whereby remedial action, such as system change and training, will be sought before considering any disciplinary action. Having said this, however the system and those working within it will be held appropriately accountable.

The culture of the organisation will be to promote positive attitudes towards dealing with complaints where mistakes are handled openly, learning and appropriate support is developed, and appropriate action is taken.

The complaints process will be about finding out what went wrong, why it went wrong, what can be done to ensure that it does not happen again and apologising where a complaint has been upheld. All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the complaint file. A complete complaint file is required should the complaint be referred to the Parliamentary and Health Service Ombudsman.

6.10 Support for Staff who are the subject of a complaint

Members of staff named in the complaint, either personally or by role, should be informed of the complaint by their manager. Staff should be fully supported by their line manager and/or the Patient Services Team and consulted during the investigation. The investigation should be full, fair and timely and should not apportion blame. Although the system and those working within it will be held appropriately accountable. Staff will be informed of the details of any complaint made against them. They will be involved in the investigation of the complaint, will have the opportunity to respond to the issues raised and will be kept informed of the progress of the complaint and its outcome by their manager.

NHS STW does not expect staff to tolerate any form of abuse from service users or others during complaint management. Staff are not expected to put themselves in situations where they feel they may be at risk when dealing with complaints. Abuse, harassment or violence of any kind towards members of staff will not be tolerated. Personal contact may be withdrawn

from any individual who acts in this way. Staff will not be expected to undertake home visits or to meet people on their own if they feel themselves to be at risk. Alternative places to meet may be arranged and they may take a colleague, usually their line manager or the Patient Services Manager.

Staff safety is paramount, and staff are expected to complete an incident form where a risk has been identified. If staff experience any form of abuse, violence or harassment from a service user or member of the public (physical or verbal), this should be managed under the Managing Violence, Aggression and Vexatious People Policy.

6.11 Supporting staff investigating complaints

Staff investigating complaints will be provided with support and guidance by the Patient Services Team who can also provide support and guidance to contracted service providers when requested. Guidance and training on complaints management and investigation techniques should be provided to all staff on an individual or team basis, where appropriate. Lessons learned from complaints and good practice from compliments should be used in training for all staff.

6.12 Complaints that cross organisations and boundaries

Where a complaint relates to another NHS organisation the Patient Services Team will decide as to the best route of the complaint. For most cases NHS STW will ask the provider to take the complaint through their complaint process and respond directly to the complainant, copying NHS STW into the response. Dependent on the nature of the complaint the Patient Services Team may decide that NHS STW will coordinate the response. In this instance they will ask the providers to respond back to NHS STW prior to a response being sent out.

When a complaint involves multiple organisations, the Patient Services Team will acknowledge receipt within three working days and request the complainant's consent to share the details with the relevant parties. Each organisation will address the aspects of the complaint related to their services and provide an anticipated response date, which will be shared with the complainant. The Patient Services Team will oversee and coordinate the final comprehensive response, summarising the findings from all organisations involved.

Organisations will be asked to send their responses directly to the Patient Services Team. However, if an organisation insists on responding directly to the complainant or if the complainant specifically requests this, the Patient Services Team will provide a covering letter summarising the findings to accompany the organisation's reply.

6.13 Health and Social Care Complaints

If a complaint is received that solely involves or also has elements of a complaint about another NHS or Social Care organisation the Patient Services Team should write to the complainant within three working days and request consent from the complainant before sending a copy of the complaint to the other organisation. Discussions should take place between the relevant

complaints managers, in conjunction with the complainant, as to whether the issues should be handled separately or as part of a joint coordinated investigation and response. When the issues raised in complaints are interconnected, it is usually better to arrange a joint response. When a complaint relates to a provider commissioned by NHS STW, the complainant can request that NHS Shropshire Telford and Wrekin coordinate the investigation (even if the commissioned organisation has its own complaints department and complaints handling procedure).

In this situation, the Patient Services Team in collaboration with the Chief Executive Officer will make the final decision as to whether it is appropriate to investigate such complaints. In most cases it is anticipated that the commissioned services will handle any complaints around their services. However, in some cases this may not be appropriate, and the Patient Services Team will contact both the service user and the relevant organisation to explain what action will be taken and who will be managing the complaint.

Discussions should take place between all parties to reach an agreement on the way the complaint will be investigated. The lead commissioning manager of the service will be involved in the discussion and take a leading role in any ensuing investigation. The Patient Services Team will work with colleagues to ensure the service user receives a timely and full response to their concerns. In the case of a joint response, one officer should be nominated to co-ordinate the investigation and to be the main point of contact for the complainant during the investigation. The complainant should be provided with details of how the investigation will take place and should be part of any discussion about the appropriate response timescales. The complaint response letter should ensure that it clearly outlines which organisation is responsible for each part of the complaint.

6.14 Independent provider complaints

Independent providers are expected to have local complaints procedures, which are comparable with those operated in the NHS.

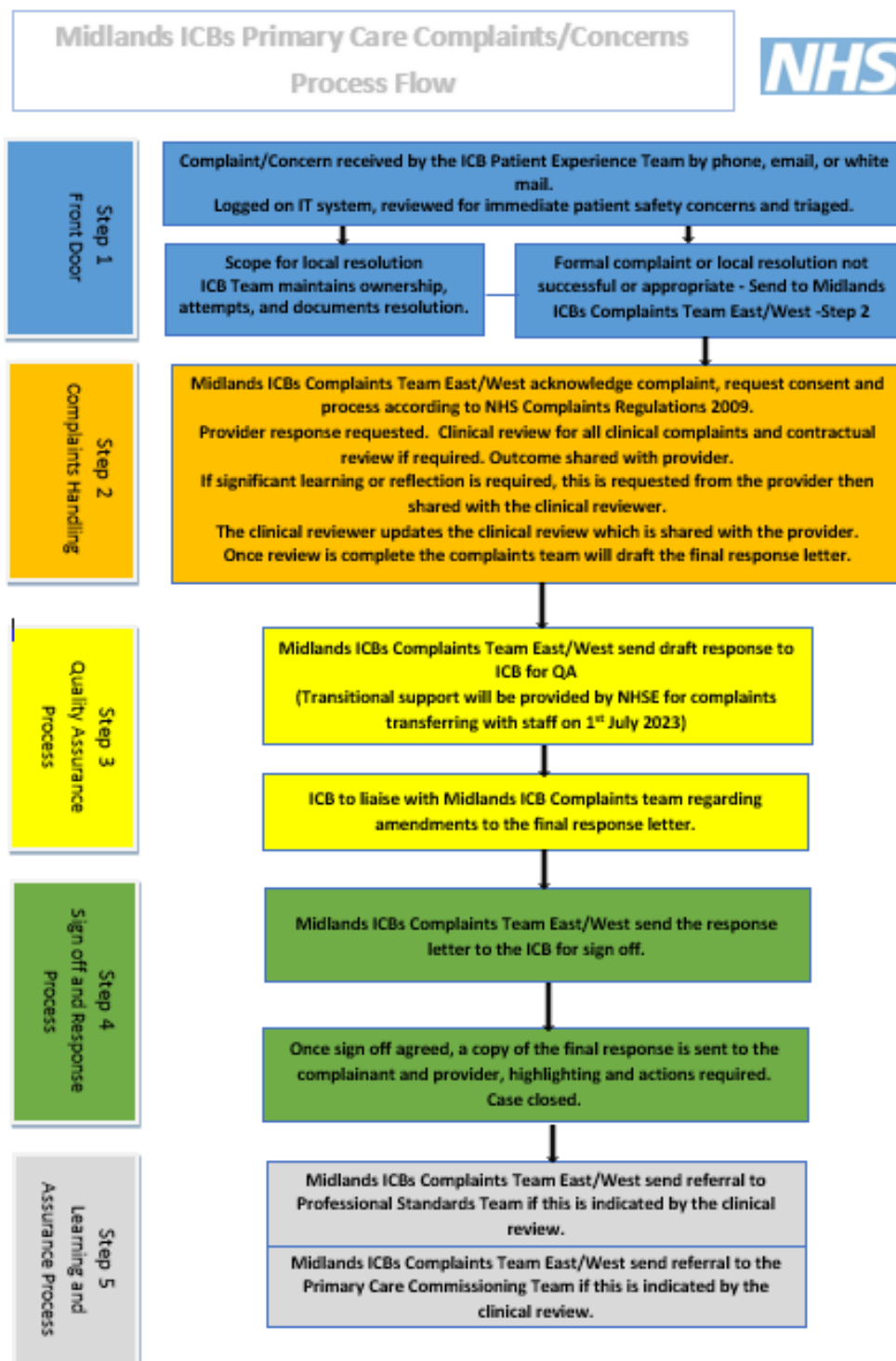
Complaints relating to NHS purchased care provided within the independent sector, which are directed to NHS STW, will be dealt with in accordance with the procedure set out within section 6. The provider will also be expected to co-operate in the investigation of any multi-sector complaints in which it was involved or any investigation by the NHS STW.

6.15 Complaints about services which are not the responsibility of the NHS Shropshire Telford and Wrekin

Occasionally complaints will be received about services not provided or commissioned by NHS STW e.g. private treatment. In such cases the Patient Services Team will, wherever possible, advise the complainant of the correct agency to contact and offer to forward the complaint to that agency for investigation. Beyond this NHS STW would have no further input.

6.16 Complaints about Primary Care Services (Pharmacies, Opticians, Dentists and GP Practices)

From 1st July 2023, NHS STW became responsible for complaints relating to Primary Care Services. Prior to this these complaints were managed by NHS England. At this time, the process for managing primary care complaints differs from the process followed with other complaints to NHS STW. Please refer to the below flow chart for details of how this process works. This flow chart is also included at appendix 5.



6.17 Parliamentary and Health Service Ombudsman

If a complainant remains dissatisfied with the response gained at the Local Resolution, they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case. Usually, a complaint should have already been made to the organisation or practitioner involved before it is referred to the PHSO. The Patient Services Team will provide details of the role of the PHSO and other options for local resolution to complainants when issuing a response.

The Parliamentary and Health Service Ombudsman (PHSO) considers complaints made by or on behalf of people who have suffered injustice or hardship because of unsatisfactory treatment or service by the NHS or by private health providers who have provided NHS funded treatment to the individual.

Referral to the Ombudsman is the second (and final stage) of the complaint procedure. However, all efforts should be made locally to resolve a complaint before the complainant is directed to the Ombudsman.

The Ombudsman should be contacted within one year of the incident in question or from the discovery of the effect of the incident. The Ombudsman can be contacted at the following address:

The Ombudsman
The Health Service Commissioners Office for England
City Gate
51 Mosley Street
Manchester
M2 3HQ

Tel: 0345 015 4033

Website: www.ombudsman.org.uk

6.18 Patient Services Team and the PHSO

The Patient Services Team will notify the Chief Executive Officer, the Head of Governance and Corporate Affairs and those complained against of any requests to the PHSO. In those circumstances where a request is accepted by the PHSO, the Patient Services Team will provide the following information to the appointed Case Manager:

- chronology of the case.
- copies of correspondence.
- copies of any relevant healthcare records (if appropriate);
- notes from local resolution meetings (excluding conciliation)
- any local investigation documents.
- relevant/related NHS policies and procedures.
- NHS STW's views on the complaint.

- a copy of the final response given to the complainant.

Following receipt of the PHSO's findings and conclusions, the Chief Executive Officer will:

- Write to the complainant informing them of any action NHS STW is taking because of the PHSO's deliberations in line with timescales set out by the PHSO.

The Patient Services Team will:

- Report on individual cases to the relevant committees and executives on a quarterly basis.

If the PHSO investigates a complaint which is not upheld and there are no substantial additional issues, NHS STW will not re-open the Local Resolution process and will advise the complainant accordingly.

6.19 Unreasonably Persistent or Unreasonable Complaints

NHS STW have adopted the guidance for dealing with persistent and/or unreasonable contact set out in NHS England's Complaints Policy (June 2017).

This guidance covers all contacts, enquiries and complainants. It is intended for use as a last resort and after all reasonable measures have been taken to try and resolve a complaint within NHS STW's Complaints Policy.

Persistent contact may be as a result of individuals having genuine issues and it is therefore important to ensure that this process is fair, and the complainant's interests have been taken into consideration.

The purpose of the guidance is to assist the organisation to identify when a person is persistent or unreasonable and in setting out actions to be taken.

6.20 Definition of Persistent and/or unreasonable complainants

There is no one single feature of unreasonable behaviour. Examples of behaviour may include those who:

- Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted.
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services could assist to help them specify their complaint.
- Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice.
- Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded.

- Change the substance of a complaint or seek to prolong contact by continually raising further issues in relation to the original complaint. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately.
- Consume a disproportionate amount of time and resources, individual consideration would need to be given to this, depending on the complexity of the case being investigated.
- Threaten or use actual physical violence towards staff.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails).
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.
- Make excessive telephone calls or send excessive numbers of emails or letters to staff.

6.21 Actions prior to designating a person's contact as persistent and/or unreasonable

It is important to ensure that the details of a complaint are not lost because of the presentation of the complainant. There are a number of considerations to bear in mind when considering imposing restrictions upon a complainant.

These may include:

- Ensuring the person's case is being, or has been dealt with appropriately, and that reasonable actions will follow, or have followed, the final response.
- Confidence that the person has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable or persistent.
- Checking that new or significant concerns are not being raised, that requires consideration as a separate case.
- Applying criteria with care, fairness and due consideration for the complainant's circumstances – bearing in mind that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant/sudden changes to the complainant's lifestyle, quality of life or life expectancy.
- Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff.
- Ensuring that the complainant has been advised of the existence of the policy and has been warned about and given a chance to amend their behaviour.

Consideration should also be given as to whether any further action can be taken prior to designating the person's contact as unreasonable or persistent. This might include:

- Raising the issue with an Executive lead or Deputy Executive with no previous involvement, to give an independent view.

- Where no meeting with staff has been held, consider offering this at a local level to dispel misunderstandings (only appropriate where risks have been assessed).
- Where multiple departments are being contacted by the complainant, consider a strategy to agree a cross-departmental approach.
- Consider whether the assistance of an advocate may be helpful.
- Consider the use of ground rules for continuing contact with the complainant.

Ground rules may include:

- Time limits on telephone conversations and contacts.
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
- Requiring contact to be made with a named member of staff and agreeing when this should be.
- Requiring contact via a third party e.g. advocate.
- Limiting the complainant to one mode of contact.
- Informing the complainant of a reasonable timescale to respond to correspondence.
- Informing the complainant that future correspondence will be read and placed on file but not acknowledged.
- Advising that the organisation does not deal with calls or correspondence that is abusive, threatening or contains allegations that lack substantive evidence. Request that the complainant provides an acceptable version of the correspondence or contact a third party to continue communication with the organisation.
- Ask the complainant to enter into an agreement about their conduct.
- Advise that irrelevant documentation will be returned in the first instance and (in extreme cases) in future may be destroyed.
- Adopting a 'zero tolerance' policy. This could include a standard communication line, for example:
"The NHS operates a zero-tolerance policy, and safety of staff is always paramount. Staff have a right to care for others without fear of being attacked either physically or verbally."

6.22 Process for managing persistent and/or unreasonable behaviour

Where a person's contact has been identified as persistent and/or unreasonable, the decision to declare them as such is made jointly by the Chief Executive Officer and the Corporate Services Manager.

The Chief Executive Officer will write to the complainant, outlining what behaviour is unacceptable and inform them what ground rules are being implemented to manage this behaviour.

All appropriate staff should be informed of the decision so that there is a consistent and coordinated approach across the organisation.

If the complainant raises any new issues, then they should be dealt with in the usual way.

6.23 Urgent or extreme cases of persistent and/or unreasonable behaviour

In urgent or extreme cases, NHS STW will adopt safeguarding and zero-tolerance policies and procedures. Discuss the case with the appropriate Executive Lead to develop an action plan that may include the use of emergency services in some circumstances. In these circumstances, carry out a review of the case at the first opportunity after the event.

Consideration should be given as to whether the organisation should take further action, such as reporting the matter to the police, taking legal action, or using the risk management procedures to follow up such an event in respect of the impact upon staff.

6.24 Withdrawing 'Persistent Complainant' Status

Once complainants have been determined as 'persistent' there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate.

A review of the status should take place at six monthly intervals and discretion should be used in recommending that this status be withdrawn.

6.25 Discriminatory Complaints

These are complaints made against an individual because of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender, sexual orientation as designated in the Equality Act 2010 as the 9 "protected characteristics". Some will be easily identifiable from the outset; others may come to light during the complaints process.

At an early stage, the Patient Services Team with the assistance of NHS STW staff will endeavour to identify any complaint that amounts to harassment and ensure that the employee/practitioner concerned is not put through the process of an investigation. Any complaint made purely on the basis of any of the 9 "protected characteristics" will be considered to be harassment and will not be tolerated.

The Patient Services Team will discuss any possible discriminatory complaints with the NHS STW's Chief Executive Officer or an Executive Lead and determine whether the complaint should be progressed through the complaints process.

If the decision is taken not to progress the matter through the complaints process, the complainant will be notified in writing that the complaint will not be progressed and informed that harassment against the member of staff will not be tolerated. Support will be offered to the employee/service provider who is the subject of the complaint.

Any complaints couched in discriminatory language that raise legitimate issues about clinical practice, procedure and communication, will be investigated using the complaints procedure, without prejudice to the outcome of the investigation. Where a complaint is investigated that is couched in discriminatory language, the complainant will be advised that discriminatory language will not be tolerated. The employee/service provider will also be offered support.

6.26 Complaints about decisions where there is an appeal process in place (e.g. Individual Funding Requests (IFR), Continuing Health Care (CHC))

There are some services provided by NHS STW, including IFR and CHC where if a service user disagrees with a decision that has been made, there is an appeal process that can be followed. Where a complaint relates to the decision that has been made, in the first instance, the NHS STW's Patient Services Team will inform the service user that there is an appeal process and direct them to the service for advice around how to take this forward.

However, if the complainant still wishes to make a formal complaint regarding the way in which the process has been delivered, this will be managed in line with complaint guidance.

6.27 Performance Management and Reporting

Complaints will form an integral part of the contract monitoring and performance management processes. This will be achieved through the regular review of provider complaints through NHS STW's Clinical Quality Review processes, thus ensuring that the required quality of service provision is achieved and maintained, and that information derived from complaints contribute to development of commissioning and service planning.

Managers should use the issues raised in individual complaints to explore and, where appropriate, initiate service improvements. Issues arising from complaints, problems and other user feedback should be a standard item for discussion at team meetings.

All types of complaints reports must be anonymous to ensure service user/complainant/staff confidentiality. The Patient Services Team will ensure that anonymised reports are shared throughout the organisation thus highlighting learning and improvement strategies.

6.28 Reporting

Reports providing anonymised details of all complaints managed by the NHS STW (including complaints received about services commissioned by the NHS STW) along with independent review activity will be produced on a quarterly basis throughout the year.

Reports will include:

- The number of complaints received
- A trend analysis of complaint identifying the subject matter.

- The timescales under which the complaint has been managed and a response provided. Exception reports will be provided when timescales have been breached.
- The number of complaints which have been referred to the Parliamentary and Health Service Ombudsman, in such cases a summary of outcome will include:
 - The subject matter of complaints.
 - Any matter of general importance arising out of those complaints, or the way in which the complaint was managed.
 - Any matters where action has been or is to be taken to improve services as a consequence of the complaint.
 - Recurring themes will be identified.

The Quality and Performance Committee will retain responsibility for oversight of feedback received.

In addition to this, an annual report will also be produced and all annual returns required by the Department of Health regarding complaints' data, for example the KO41a/K041b, will be submitted as required.

6.29 Confidentiality

In making a complaint the complainant consents to waive confidentiality in relation to his or her medical records insofar as this is necessary for dealing with the complaint. If this consent is not given, or withdrawn, then the matter can only be dealt with as a concern, as detailed within this policy. As there is a statutory duty to investigate complaints under sections 113-115 of the Health and Social Care (Community Health and Standards) Act 2003 and the Local Authority Social Services and National Health Service Complaints [England] Regulations (2009) compliance with this duty forms the legal basis for processing special category data under the General Data Protection Regulation where this is necessary. Please refer to NHS STW's privacy notice for information about rights, security of data, and for the identity of NHS STW's Data Protection Officer. Complainants have the right to withdraw consent to use confidential data at any time, but this will limit the possibility of a full investigation.

Complaints will always be handled in the strictest confidence. Care must always be taken throughout the complaint's procedure to ensure that any information disclosed about the service user is confined to that which is relevant to the investigation of the complaint and only disclosed to those people who have a demonstrable need for it in connection with the investigation.

The appropriate maintenance of confidentiality helps to create an environment in which service users can speak freely and staff can work in safety.

Information will not be disclosed to service users or complainants unless the person who has provided the information has given written explicit consent to the disclosure of that information.

If the Patient Services Team requires consent from an individual, they will post or email a consent form which can be signed and returned to the organisation. Care must be taken where the service user's record contains information provided in confidence by or about a third party who is not a health professional.

Complaints and any information arising from a complaint will be dealt with in the strictest of confidence and should be kept separately from service users' medical records. The complaint's records will not be filed within clinical records but held within a separate complaints file by the Patient Services Team.

6.30 Breaches of Confidentiality

Breach of confidentiality is a serious matter and should be reported as an incident. Circumstances where a breach of confidentiality may be justified are:

- Where there is a danger to the client or others, such as where the complaint raises issues relating to child protection or the protection of vulnerable adults.
- Where not to do so would be breaking the law. Advice should be sought from the Patient Services Team in situations where confidentiality cannot be preserved. The service user / representative should be informed as soon as they raise their complaint that under the above circumstances, confidentiality may be breached.

6.31 Sharing Information

When transferring complaints between agencies, including the Parliamentary and Health Service Ombudsman (PHSO), it is particularly important to ensure that confidentiality is always maintained. Every effort should be made to obtain the service user or their representative's consent before sharing confidential information with another body or organisation. Consent should be obtained in writing wherever possible. If this is not possible, verbal consent should be logged.

6.32 Sharing Information About Service Users Who Hold or Are Applying For A Gender Recognition Certificate

Section 22 of the Gender Recognition Act (GRA) makes it a criminal offence, with a fine of up to £5,000 on conviction, for any individual who has obtained information in an official capacity to disclose that a person has applied for a GRC or, if the person's application has been successful, to disclose any information relating to that person's gender history. This includes employers or prospective employers, or a person employed by such an employer or prospective employer. It is a strict liability offence so there is no room for pleading 'reasonableness' as a defence.

Should correspondence be received from a service user, where they are stating that they have or are applying for a GRC, then the initial staff member

who opens the letter should not forward it to another staff member or organisation without taking one of the following actions:

- Information relating to the service users GRC and identity have been redacted within the correspondence, so that the service user's previous gender history cannot be identified.
- Explicit written consent has been obtained from the service user to share information about their gender reassignment. This may be necessary if it has a bearing on the context of the complaint.

6.33 Retention of Records – Complaints Recording and Computer Held Records

All complaints are entered on the complaints database by the Patient Services Team. It is important that all issues relating to complaints are fully and accurately documented, dated and retained. Complaint files are disclosable documents under legal processes and will be accessible to the PHSO in the event of further investigation. Files should be appropriately maintained, updated and retained for a minimum of 10 years in line with the NHS records management policy.

6.34 Dealing with Media Interest

All enquiries from the media should be referred to the Communications & Engagement Team. Confidentiality must be maintained in any dealing with the media.

6.35 Complaints made by MPs on behalf of their constituents

If a service user has visited an MP in their surgery or written to them requesting their representation in making a complaint or raising a concern, consent is not required (Statutory Instrument 2002 No 2905. The Data Protection (Processing of Sensitive Personal Data) (Elected Representatives) Order 2002). If the MP states that they have received their constituent's permission, then it should be assumed to be the case and the complaint investigated as per normal. Information should only be disclosed on a need-to-know basis and nothing more than the relevant information pertaining to a complaint should be given in the final response.

6.36 Third Party Complaints Made by MPs on behalf of their constituents

If an MP is representing a constituent who is acting on behalf of a service user, then consent must be obtained from the service user. Information must not be disclosed without the permission of the service user. If the MP has obtained this consent, then the MP must provide evidence of this.

When the consent form is received, then careful note must be made as to where they would like the response to be sent to.

6.37 Consent not received

If consent has not been returned within 14 days, a letter or email should be sent informing the complainant that their case has been closed.

6.38 Comments and Compliments

Comments and compliments are welcomed as they acknowledge a service user's opinions and/or satisfaction and can evidence good practice of services that are being received. As with complaints, when a person has taken the time to provide feedback, service users often have suggestions about the way in which a service is run and this is beneficial to the NHS STW and can be used to inform the development of future policies, processes and training.

All comments and compliments will be acknowledged by the Patient Services Team and will be shared with services concerned and the Chief Executive Officer where appropriate.

Comments and compliments will be logged on NHS Shropshire, Telford and Wrekin's system and will be included within patient experience reporting.

On occasions it may be useful to share a service user's good experiences more widely, to demonstrate good practice and on these occasions, consent may be sought from the service user in order to appropriately share this information. There would be no obligation on the service user to agree to this, if it is their choice not to do so.

6.39 Other procedures

Where a complaint leads to the identification of a serious incident, NHS STW's policy for Incident Reporting must be followed.

Should fraud, bribery and/or corruption be identified or suspected then the Fraud and Corruption Policy must be followed and the Local Counter Fraud Specialist consulted.

6.40 Fraud, Bribery and Corruption

Unfortunately, fraud, bribery and corruption, as well as theft, does occur throughout the NHS and such events are often reported anonymously in the form of complaints. All employees have a duty to ensure that public funds are protected, and property handed to us by patients are safeguarded as best as possible. So, if any allegations of fraudulent activity are recorded in letters of complaint, NHS STW should bring these to the attention of the Local Counter Fraud Specialist for consideration. If theft is reported or suspected, the details must be reported to NHS Shropshire, Telford and Wrekin's Local Security Management Specialist.

7 Related Documents

The following documents contain information that relates to this policy:

- The Local Authority Social Services and NHS complaints (England Amendment) Regulations 2009

- Shropshire NHS Shropshire, Telford and Wrekin Information Governance Handbook
- NHS Shropshire, Telford and Wrekin Privacy Notice
- General Data Protection Regulations 2018
- Freedom of Information Policy
- Staff Disciplinary Policy
- Safeguarding Adults Procedures
- Safeguarding Children Procedures
- Serious Incident Policy
- Managing Violent, Aggressive and Vexatious People Policy
- Accessible Information Policy
- Gender Recognition Act 2004
- Commissioning Policy: Individual Funding Requests
- The National Framework for Continuing Healthcare
- PHSO Complaints Standards Framework

7.1 The Human Rights Act

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. Six of these rights are particularly relevant to healthcare, four of which are particularly relevant to this policy. In compliance with Articles 3, 5, 6 and 8 of the Human Rights Act this policy allows service users –

- ❖ The right to complain about services
- ❖ The right to be treated with dignity and respect throughout the complaints process
- ❖ An improved quality of health service – service users treated with fairness, respect, equality and dignity

7.2 The NHS Constitution

As well as capturing the purpose, principles and values of the NHS, the Constitution brings together a number of rights, pledges and responsibilities for staff and service users.

These rights and responsibilities are the result of extensive discussions and consultations with staff, service users and the public and will be adhered to when managing complaints. Further details can be obtained from www.gov.uk/government/publications/the-nhs-constitution-for-england

7.3 My Expectations for Raising Concerns and Complaints

“My Expectations” is a service user led vision of what good looks like in relation to the management of complaints from a service user perspective.

This has been developed by the Parliamentary and Health Service Ombudsman (PHSO), the Local Government Ombudsman (LGO) and Healthwatch England and has been published in response to the Robert Francis’ inquiry into the failings at Mid- Staffordshire NHS Foundation Trust. This document is available on the PHSO website <http://www.ombudsman.org.uk>

8 Dissemination

The policy will be stored on NHS STW’s websites. Executives and all line managers have responsibility for ensuring that relevant members of staff within their teams are aware of the policy, their roles and responsibilities within the policy and any changes or updates that may be made.

These guidelines will be disseminated by the following methods:

- Executives– to disseminate within their areas
- Staff - via News Flash bulletin / article
- Published to the Website
- Awareness raising by the Patient Services Team

9 Advice and Training

For any advice or training around the content of this policy please contact the Patient Services Team via telephone on 01952 580407 or via email to stw.patientservices@nhs.net

10 Review and Compliance Monitoring

10.1 Review

The policy should be reviewed every two years or sooner if required due to statutory, organisational, structural or governance changes and/or amendments

10.2 Compliance Monitoring

An evaluation questionnaire relating to the management of the complaint will be sent to the complainant, after the completion of the local resolution procedure. See Appendix 4.

10.3 Equality and Diversity Monitoring

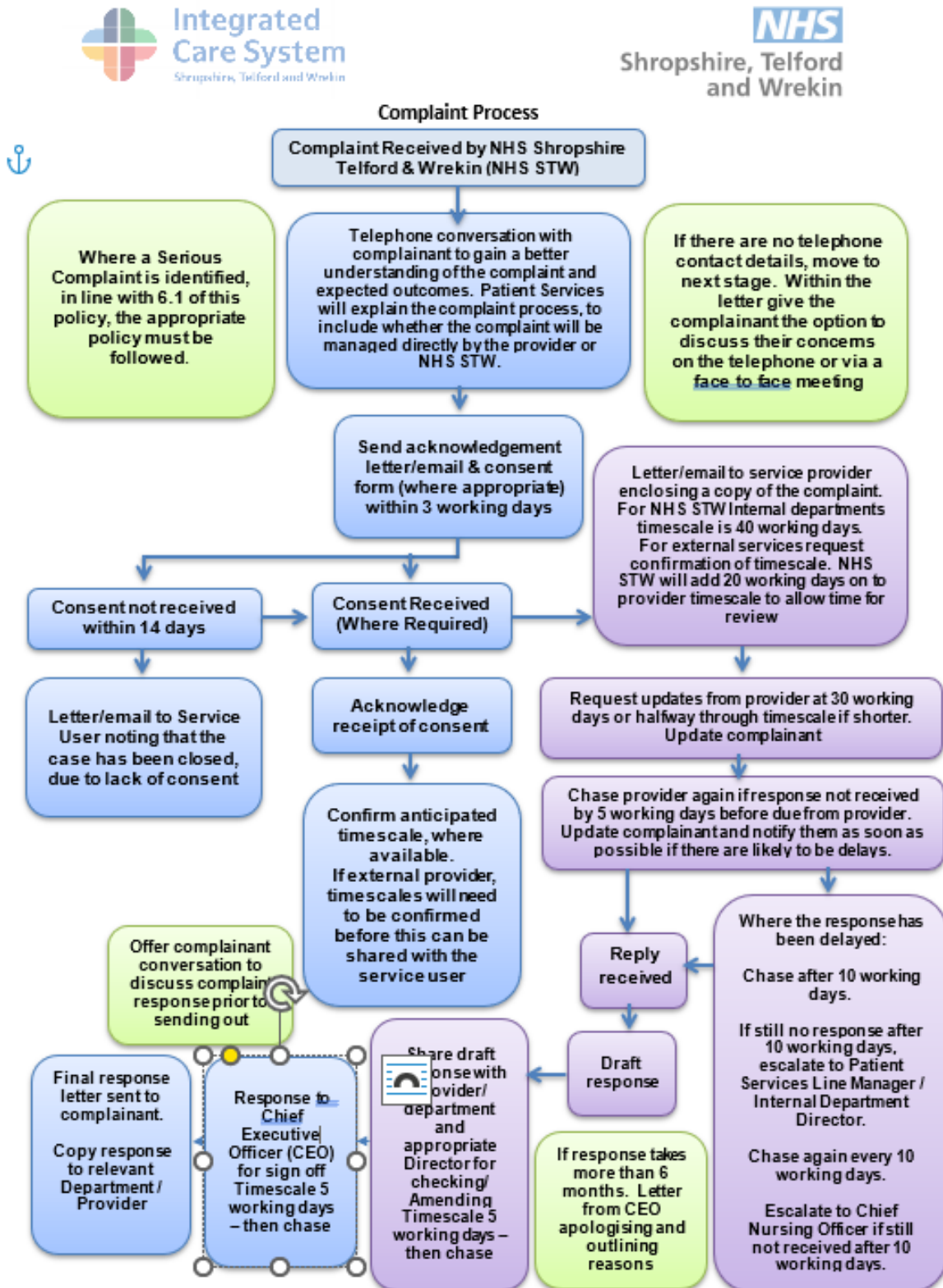
An equality and diversity monitoring form will be sent to the complainant with the initial consent form. An annual review of equality and diversity data will be used to ensure that the provision of services is equitable to all communities

11 Glossary

Term / Abbreviation	Explanation / Definition
NHS Shropshire Telford and Wrekin (NHS STW)	NHS Shropshire, Telford and Wrekin is the statutory organisation responsible for commissioning healthcare services locally from July 2022
Patient Services Team	Team responsible for the management of complaints, comments, concerns and compliments for NHS Shropshire, Telford and Wrekin.
Complainant	The person making a complaint whether this is the service user, their relative or representative.
The Service user	The person who is affected by the issues that have caused concern and resulted in the complaint.
Chief Executive Officer	The Chief Executive Officer is accountable for NHS STW. They are responsible for ensuring that complaints undergo a full investigation and that an appropriate and timely response is provided to the complainant. The Chief Executive Officer is responsible for signing off complaints or they may delegate this responsibility to an Executive Lead.
Member of Staff	Any person employed by or acting on behalf of NHS STW whether in a substantive post, interim capacity, as a Contractor or in a temporary position.
PHSO	Parliamentary and Health Service Ombudsman
4 Cs - The principles of the 4Cs have been adopted as described by the Department of Health.	<p>These are:</p> <p>Complaint – A complaint is an expression of dissatisfaction about a service for which a response must be provided.</p> <p>Comment – A comment can be a remark or observation that does not require a formal response but still requires an appropriate response.</p>

	<p>Concern – A concern can be an issue that can be dealt with as an informal enquiry or via local resolution with the relevant service provider.</p> <p>Compliment – An expression of gratitude as a result of services provided to a service user, relative, carer or member of the public.</p>
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Appendix 1 – Complaints Flow Chart



NB. Throughout the process all actions taken and documents created should be recorded on the Complaint Management System.

Appendix 2 – Consent Form



Consent Form

Our Ref:

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION



Patient Details

Name:	
Address:	
Postcode	
Date of Birth:	
NHS No* (If known)	

I hereby authorise NHS Shropshire, Telford and Wrekin Integrated Care System (NHS STW ICS) to investigate my complaint as detailed to the Complaints Team.

I understand that this may involve sharing my complaint with organisations within the NHS STW ICS so that all the issues can be reviewed and responded to in accordance with the NHS complaints regulations. I understand that organisations within NHS STW ICS may require access to my medical/social care records for the purposes of reviewing the complaint where this is necessary to comply with the legal duty to investigate. I am aware that only those who require sight of the medical records during the investigation of the complaint will do so. I also understand that the response to my complaint may include specific details about my medical history, care and any relevant information held on my medical/social care records.

If there are any organisations that you would prefer information **not** to be share with, please put a cross next to that organisation below.

NHS Shropshire, Telford and Wrekin Integrated Care Board	
The Shrewsbury and Telford Hospital NHS Trust	
Shropshire Community Health NHS Trust	
Midlands Partnership NHS Foundation Trust	
The Robert Jones and Agnes Hunt NHS Foundation Trust	
Shropshire Council	
Telford and Wrekin Council	
West Midlands Ambulance Service University NHS Foundation Trust	
Other (Please Specify)	

I understand that I may withdraw my consent for access to my medical records at any time but that if I do so this may prevent full investigation of my complaint. I have been advised that further information about my rights in relation to my information and how NHS STW ICS looks after it can be found in the privacy notice on NHS STW ICS websites and can also be provided in alternative format if requested.



FOR 3rd PARTY ONLY

Only complete this section if you would like to give NHS STW ICS permission to liaise with someone else on your behalf (e.g., carer, family member, advocate, friend)

I hereby authorise NHS STW ICS to investigate the complaint made by the person detailed below. I consent for them to manage this complaint on my behalf and for NHS STW ICS to provide them with a written response to my complaint.

Name:	
Address:	
Postcode	

Communication Needs

It is important that NHS STW ICS communicates in a way that best suits individual's needs; please help us to do this, by answering the questions below.

1. Do you have any communication needs?	Yes – Go to question 2 No – Go to question 3
2. If you have answered "Yes" to the above question please specify: What your communication needs are e.g., hearing impairment, sight impairment, learning disability, etc.? Please confirm what adjustments can be made by NHS STW ICS to meet your communication needs e.g., large text, via email/telephone, easy read, etc.	
3. If you have answered "No" to question 1, please confirm what your preferred method of contact would be e.g., telephone, email, letter.	

I am happy for a version of my complaint to be used for staff training purposes or as a patient story. Specific patient details will not be shared for these purposes unless permission has first been obtained to do this.	Yes / No
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When reviewing services in the local area NHS STW ICS regularly seeks feedback on local services. If you would like to receive invites to events that take place or to be involved in future surveys about local services, please tick here.	
--	--

Signed

Dated:

Appendix 3 – Equality Monitoring Form



Equality Monitoring Form

Please provide us with some information about yourself. This will help us to understand whether everyone is receiving fair and equal access to services. All the information you provide will be kept completely confidential by NHS Shropshire, Telford and Wrekin. No identifiable information about you will be passed on to any other bodies, members of the public or press.

1 What is your sex?
Tick one box only.

- Male
 Female
 Transgender

2 Which age group applies to you?
Tick one box only.

- 0-5
 6-17
 18-25
 26-55
 56-64
 65-74
 75+

3 What is your ethnic group?
Tick one box only.

- A White**
 British
 Irish
 Any other White background, write below
- B Mixed**
 White and Black Caribbean

- White and Black African
 White and Asian
 Any other Mixed background, write below

- C Asian, or Asian British**
 Indian
 Pakistani
 Bangladeshi
 Any other Asian background, write below

- D Black, or Black British**
 Caribbean
 African
 Any other Black background, write below

- E Chinese, or other ethnic group**
 Chinese
 Any other, write below



4 What is your religion or belief?
Tick one box only.

Christian includes Church of Wales, Catholic, Protestant and all other Christian denominations.

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Other, write below

5 Which of the following best describes your sexual orientation?

Tick one box only.

Only answer this question if you are aged **16** years or over.

- Heterosexual / Straight
- Lesbian / Gay Woman
- Gay Man
- Bisexual
- Prefer not to answer

Other, write below

6 Do you consider yourself to have a disability?

Tick one box only.

- Yes
- No
- Prefer not to answer

If the answer is yes, please state the impairment which applies. People may experience more than one type of impairment, in which case you may indicate more than one.

- Physical Impairment
- Learning Disability/Difficulty
- Sensory Impairment
- Long-standing Illness/Health Condition

Other, write below

Appendix 4 – Complaint Service Evaluation Form



COMPLAINTS & PATIENT ADVICE AND LIAISON SERVICE (PALS) EVALUATION FORM

1. Where did you find out about NHS Shropshire, Telford and Wrekin Patient Services Team

Internet	
Leaflet	
Word of Mouth	
Other (Please specify)	

2. How helpful did you find the staff involved?

Very helpful		Fairly helpful	
Not very helpful		Not at all helpful	

3. Did you feel the Patient Services Team staff were knowledgeable and that they listened to and understood your concerns?

Yes	
No	

If no, please explain.

4. Overall how would you rate your experience of using NHS Shropshire, Telford and Wrekin Patient Services Team

Excellent	
Good	
Average	
Poor	
Very poor	

5. Please provide below any comments on what you feel the Patient Services Team did well and how we can improve our service.



6. Was your contact with NHS Shropshire, Telford and Wrekin a general PALS enquiry or formal complaint

General (PALS) Enquiry	Please complete question 7 only. Should you want a member of the team to contact you, please also complete question 12.
Formal Complaint	Please complete questions 8, 9, 10 & 11 only. Should you want a member of the team to contact you, please also complete question 12.

7. PALS Enquiries only – Were the Patient Services Team able to resolve your concerns?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If no, is there anything you feel staff could have done differently

8. Formal Complaints Only – Was the complaint process explained to you?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

9. Formal Complaints Only – Did the Patient Services Team provide you with regular updates in relation to progress with your complaint?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

10. Formal Complaints Only – Did you feel that the complaint response identified what actions would be / have been taken to address your concerns and ensure learning is used to improve services going forwards?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If no, please explain.

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11. Formal Complaints Only – Overall, are you happy with the way that your complaint was handled by the Patient Services Team (Please note that this relates to the way the Patient Services team handled the complaint and not the outcome)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

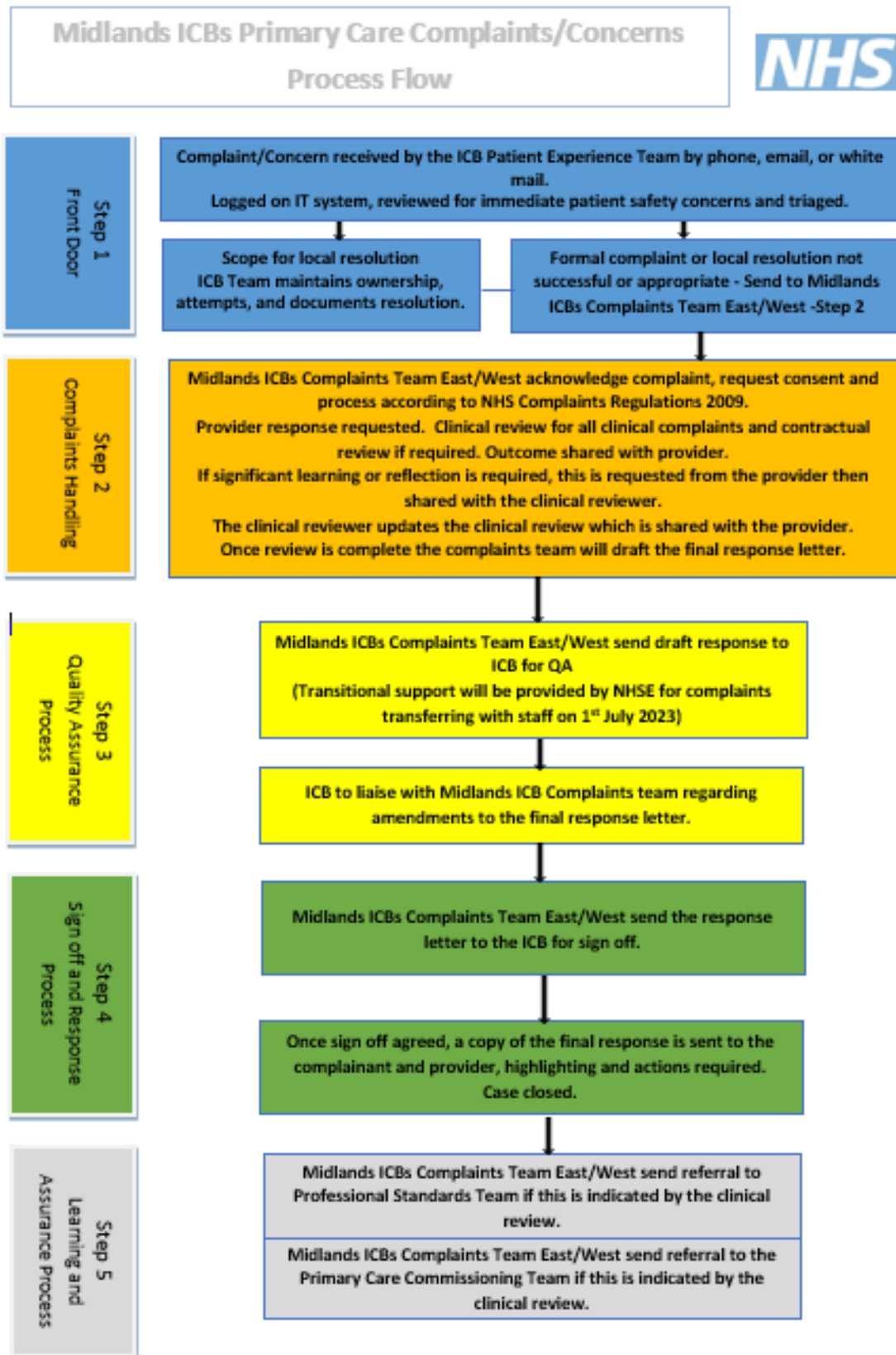
If no, how can we improve this experience?

12. This form is designed to be completed anonymously, however, if you would like a member of the Patient Services Team to contact you regarding any outstanding concerns, please provide contact details in the space below:

Name:	
Address:	
Telephone / Mobile:	
E-mail:	

Thank you for taking the time to complete this questionnaire.
Please return it by post to **FREEPOST NHS ST&W** or by email to: stw.patientservices@nhs.net

Appendix 5 – Primary Care Complaint Process



EQUALITY AND QUALITY IMPACT ASSESSMENT

1-3 Minimal/ No Risk	4-7 Low Risk	8-14 Risk Moderate	15-25 High Risk
<p>Title of service area proposed for development</p>	<p>NHS Shropshire Telford and Wrekin ICB Complaints and Compliments Policy and Procedure</p>	<p>Organisation:</p>	<p>STW ICB</p>
<p>Provide a brief overview and details of what services are being proposed for development</p>	<p>The aim of this policy is to ensure that all contacts from service users are listened to, that concerns and complaints are resolved quickly and simply and that information gained from them is used to improve the services commissioned. It is recognised that in most cases, queries or concerns can be resolved by talking with healthcare providers. It is therefore encouraged, wherever possible, that the person wishing to raise an issue speaks to a member of the team providing the service. Where this is not possible NHS STW Patient Services Team will assist in trying to resolve any problems, by liaising with the services involved. If this is not possible the Patient Services Team will assist service users to make a complaint or to provide feedback about how services can be improved.</p> <p>This policy does not duplicate information, which is clearly set out in the guidance and legislation surrounding NHS complaint management but adapts and supplements these to meet local needs and recent developments within the NHS. It also aims to reflect good practice such as the Principles of Good Complaint Handling, My Expectations for Raising Concerns & Complaints and the NHS Complaints Standards Framework set out by the Parliamentary and Health Service Ombudsman (PHSO).</p>		

Investigations will be objective, impartial and open in accordance with the 'Principles of Good Complaints Handling – Parliamentary and Health Service Ombudsman'. Investigations will provide an explanation, an apology where appropriate, a description of lessons learned and identification of guidance/policy/systems requiring review and/or amendment. This will enable NHS STW to:

- Handle complaints objectively, consistently, and fairly.
- Bring complaints to a fair and satisfactory conclusion.
- Maintain a constructive and non-punitive approach.
- Ensure all actions taken are proportionate.
- Maintain a positive relationship with complainants.
- Identify and implement changes/improvements in practice/services.

[NHS England » Feedback and complaints about NHS services](#)

Detail any relevant directives/ guidance /standards to support proposal

NHS Confidentiality code of Practice; and the General Data Protection Regulations 2018 (GDPR) and Data Protection Act 2018 (DPA 2018) when dealing with complaints.

	‘Principles of Good Complaints Handling – Parliamentary and Health Service Ombudsman’		
Detail any quality metrics and monitoring systems or processes	Monthly report to STW ICS Quality and Performance committee Yearly reporting to NHS England		
Summary of Outcome of this EQIA	Policy has been reviewed and updated		
	Jane Sullivan, Heather Collett	DATE:	September 2025

Quality Domain	Impact question		P	N		P	N		P	N
Equality	9 Protected characteristics – indicate if positive or negative impact	Race	X		Sexual orientation	X		Gender reassignment	X	
		Sex	X		Age	x		Marriage and civil partnership	X	
		Disability	x		Religion, belief and non-belief	X		Pregnancy and maternity	X	
	Comments on 9 protected characteristics	<p>The policy provides guidance for anyone resident in STW including those with a protected characteristic on process for raising a concern or compliment. It also provides details of how someone can seek support to raise their concern via HealthWatch or advocacy.</p> <p>Patient Services Team are committed to support anyone who has additional communication needs and adhere to the accessible information standard.</p>								

		Positive Negative Neutral			Risk scoring matrix (pre -mitigations)			Comments / Risks	Mitigations and Actions
		P	N.	N.	C	L	T		
Duty of Quality	<p>To what extent would successful implementation of this programme impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> • compliance with the NHS Constitutional access targets • partnerships with other services • safeguarding children or adults • the duty to promote equality 	X			2	2	4	<p>Positive</p> <p>Provides a clear pathway for raising a concern or compliment either by the individual themselves or through a second party.</p> <p>Supports services to learn from concerns to improve delivery of care.</p> <p>Staff receive safeguarding training and can raise any concerns with ICB safeguarding leads for advice and support if information disclosed to them by complainant.</p> <p>Staff adhere to the Accessible Information Standard Policy.</p>	
Patient Experience	To what extent would successful implementation of this programme				2	2	4	<p>Positive</p> <p>Although it is always advocated for residents to</p>	

	<p>impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> • patient choice • personalised & compassionate care • waiting times for appointments • patient outcomes • number of complaints 	<p>X X X</p>		<p>X X</p>				<p>contact Providers directly the policy provides an alternative route for residents to raise a concern.</p> <p>Patient Services Team adhere to STW ICB polices including The Accessible Information Standard. They work closely with other ICB and Provider Teams to reach a resolution to a concern raised.</p> <p>Supports services to learn from concerns to improve delivery of care.</p> <p>Although no impact on number of complaints by ensuring Providers are aware of concerns and investigate them it can lead to improvements in patient care which can reduce number of concerns being raised.</p>	
<p>Patient Safety</p>	<p>To what extent would successful implementation of this programme</p>				<p>2</p>	<p>2</p>	<p>4</p>	<p>Positive</p> <p>Staff receive safeguarding training and can raise any concerns with ICB</p>	

	<p>impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> • systems to safeguard patients to prevent harm, • systems and process for ensuring that the risk of healthcare acquired infections to patients is reduced • clinical workforce capability, skills and capacity • number of incidents reported 	X		X				<p>safeguarding leads for advice and support if information disclosed to them by complainant.</p> <p>Providers are aware of concerns and investigate them it can lead to improvements in patient care which can reduce number of concerns being raised.</p>	
Clinical Effectiveness	<p>To what extent would successful implementation of this programme impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> • clinical leadership • delivery of evidence-based practice • clinical engagement of staff and patients • consistent delivery of high-quality standards • improved patient outcomes 	X X X x		X X	2	2	4	<p>Positive</p> <p>Providers are aware of concerns and investigate them it can lead to improvements in patient care which can reduce number of concerns being raised.</p>	

<p>Health Inequalities</p>	<p>To what extent would successful implementation of this programme impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> • prevention of ill health • promotion of self-care • equality of access to services for vulnerable groups • ability to identify/ engage/ inform vulnerable groups. <p>For example:</p> <ol style="list-style-type: none"> 1. mental health 2. learning disability 3. homeless 4. frail elderly 5. disadvantaged families 6. domestic abuse 7. alcohol/ substance misuse 8. Looked After Children 9. Care Leavers 10. Travelling communities 11. Other groups (e.g Ex-offenders) <ul style="list-style-type: none"> • will this programme impact on/support partner organisations to reduce inequalities 	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p>	<p>2</p>	<p>2</p>	<p>4</p>	<p>Positive</p> <p>Patient services team work closely with Health Watch and other organisations that offer advocacy services to ensure all residents have an opportunity to raise a concern.</p>	
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Productivity and Innovation	<p>To what extent would successful implementation of this programme impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> the best setting to deliver best clinical and cost effective care elimination of any resource inefficiencies low carbon pathway improved care pathway for patients focusing resources where they are needed most 			X	1	1	1	No impact	
Workforce	<p>To what extent would successful implementation of this programme impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> staffing levels skill mix competencies of staff sickness retention turnover 			X X X X X	1	1	1	No impact	

EQIA Summary:

AREA OF QUALITY	RISK RATING	RISK RATING
	Current level	Post Mitigation
	Low/ Mod/ High/ Extreme	Low/ Mod/ High/ Extreme
Duty of Quality	Low	Low
Patient Safety	Low	Low
Patient Experience	Low	Low
Clinical Effectiveness	Low	Low
Health Inequalities	Low	Low
Productivity and Innovation	Negligible	Negligible
Workforce	Negligible	Negligible
Resource Impact	Negligible	Negligible

Risk Matrix Scoring

A total score is achieved by assessing the likelihood and the consequences of the risks occurring as a combined consideration for each category. The following tables define the likelihood and consequences scoring options and the resulting score

The risk scores for this EQIA is based on consideration of the risks, the timing and the system's ability to mitigate the risks.

		Likelihood				
		1	2	3	4	5
Risk Matrix		Rare	Unlikely	Possible	Likely	Almost certain
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

Overall Risk Grading		
	1-3	Negligible Risk
	4-7	Low Risk
	8-14	Moderate Risk
	15-25	High Risk