Wirral Community Health and Care NHS Foundation Trust

Concerns and Complaints Policy
GP01
Version 4

TRUST-WIDE

Document detail	
Policy Number	GP01
Version	Version 4
Approved by	Quality and Safety Committee
Effective from	January 2025
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Date of next review	February 2028
Lead Director	Chief Nurse
Responsible Lead	Senior Complaints Officer
Superseded documents	V3
Document summary	The process for handling of concerns and complaints to attempt local resolution and awareness of ombudsman contacts when local resolution cannot be achieved

Document History		
Version number	Comments	Approved by
3	Policy Review 2023	Quality and Safety Committee
4	Policy Review 2024 – Removal of references to Adult Social Care, amendment to complaints process and addition of complaints review process.	Quality and Safety Committee

Policy on a page

- All concerns and complaints are required to be managed according to the Statutory Regulations Set out by Local Authority Social Services and National Health Service Complaints Regulations 2009 Service Complaints (England) Regulations 2009.

- Wirral Community Health and Care NHS Foundation Trust recognises the importance of responding to and listening to the views of patients, relatives and carers.

- To ensure that the Trust is adhering to the Regulations the Trust has developed a set policies and procedures to ensure compliance to the Regulations. The Concerns and complaints policy can be found on Staff Zone.

- Concerns are informal and are dealt with by the service contacting the patient to resolve their concerns timely.

- The complaints procedure has two stages, Local Resolution and investigation by the Parliamentary Ombudsman (PHSO) for health-related complaints.

- During the Local Resolution stage, complaints and concerns are to be dealt with swiftly and efficiently by the relevant service.

- If a concern is not resolved ~~b~~by the service, then it is managed as a complaint. The complaint will be managed formally, and a written response will be required from the Chief Executive or nominated Deputy.

- The Trust receives complaints and concerns verbally, electronically or in writing. The complaints team review the complaint and evaluate whether the complaint could be resolved as a concern depending on the seriousness and complexity of the complaint.

- Complex complaints will be reviewed through a Multi-Disciplinary Team (MDT) approach via safety huddle meetings. This is to ensure appropriate professionals are involved in the complaint response.

- The Complaints team will attempt to contact the complainant to discuss how their complaint will be investigated and discuss timescales for a response.

- The Complaints team will determine if a complaint is complex or non-complex whilst considering neurodiversity and protected characteristics. Ensuring reasonable adjustments are made when required.

- A home visit will be offered where the complaints are deemed specifically complex or where further support is identified.

- If the complaint is being investigated formally an investigation is commenced by the service and a response is requested within 15 working days (3 weeks) for complaints that are received directly to the Trust.

- A review panel meeting will be held after 20 working days (4 weeks) to discuss and review the complaint and potential outcome. In attendance will be the Chief Nurse (or in their absence Deputy Chief Nurse), Service reviewer (investigator). Service Director (where applicable) and Complaints team.

- The service will then draft a response letter within 25 working days (5 weeks) and

return this to the Complaints Team and Risk and Governance Manager for quality assurance.

- The draft response should be quality assured by the Service Director.

- Once the draft response has been fully quality assured the complaint is signed off by the Chief Executive or nominated Director within 40 working days (8 weeks) and sent to the complainant.

- If the complainant is unhappy with the response the Trust will attempt to answer their concerns in a further attempt at Local Resolution, a meeting can be offered to facilitate this.

- If a complaint cannot be resolved at local resolution, then a full complaint review will take place. The review will be conducted and returned to the complaints team in 10 working days (2 weeks).

- The patient or complainant is requested to provide factual inaccuracies and or evidence where possible.

- A further review panel meeting will be held after 15 working days (3 weeks) to discuss and review the complaint and potential outcome. In attendance will be the Chief Nurse (or in their absence Deputy Chief Nurse), Service Reviewer (investigator). Service Director (where applicable) and Complaints Team.

- The service will then draft a new response letter within 15 working days (3 weeks) and return this to the Complaints Team and Risk and Governance Manager for quality assurance.

- Once the draft response has been fully quality assured the complaint is signed off by the Chief Executive or nominated Director in 20 working days (4 weeks) and sent to the complainant.

- If following this Local Resolution is not possible, the complainant must be referred to the PHSO.

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

All Wirral Community Health and Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- Being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult
- Knowing how to deal with a disclosure or allegation of child/adult abuse
- Undertaking training as appropriate for their role and keeping themselves updated
- Being aware of and following the local policies and procedures they need to follow if they have a child/adult concern
- Ensuring appropriate advice and support is accessed either from managers *Safeguarding Ambassadors* or the Trust's Safeguarding Team
- Participating in multi-agency working to safeguard the child or adult (if appropriate to your role
- Ensuring contemporaneous records are always kept and record keeping is in strict adherence to Wirral Community Health and Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation
- Ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Wirral Community Health and Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy/maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Wirral Community Health and Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Wirral Community Health and Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity and **A**utonomy.

CONTENTS

1. PURPOSE AND RATIONALE

1.1 The policy, which applies to all staff, outlines Wirral Community Health and Care NHS Foundation Trust's (The Trust) commitment to responding to concerns and complaints raised by patients, relatives or carers. The policy will explain the processes for listening and responding to concerns and complaints.

1.2 The Trust has a statutory obligation to investigate all complaints according to The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Regulations state that arrangements for handling and consideration of complaints should ensure that:

- Complaints should be dealt with efficiently.
- Complaints are properly investigated.
- Complainants are treated with respect and courtesy.
- Complainants receive, as far as it is reasonably practical - assistance to enable them to understand the procedure or advice on where they may obtain such assistance.
- Complainants receive a timely and appropriate response.
- Complainants are told the outcome of the investigation of their complaint and actions taken, if necessary, of the outcome of a complaint.

1.3 The policy sets out clear standards for the management of concerns guidance on the management of concerns and complaints based on the principles of good complaints handling as set out by the Parliamentary Health Service Ombudsman's principles of good complaints management:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting Fairly and proportionately
- Putting things right first
- Seeking continuous improvement

This policy is a framework for staff to refer to when concerns or complaints are raised relating to their services. It is the responsibility of all staff to attempt to resolve complaints or concerns relating to their area of work and to co-operate fully with any investigation into a complaint.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 All staff should refer to this policy and supporting procedures and ensure that all information is managed in accordance with the standards set out in this document.

2.2 The Concerns and complaints policy is designed to:

- Enable complaints and concerns to be dealt with as swiftly as possible, in a conciliatory and courteous manner.
- Not distinguish between verbal and written complaints and concerns to grant them a full and fair investigation, other than those minor complaints and concerns which can be dealt with immediately.
- Empower staff to deal with complainants wherever possible.

- Entitle complainants to a full and fair investigation of their concern without fear of retribution.
- Ensure that the system for complaints and concerns is simple and accessible to complainants including children.
- Improve the quality of services provided.
- Ensure lessons are learned from complaints and concerns.
- Identify good practice.

3. SCOPE

3.1 This policy applies to all staff who are employed by the Trust both on permanent and temporary contracts.

4. DEFINITIONS (Glossary of Terms)

Glossary of Terms	Definition
Complaint	A complaint or concern is an expression of dissatisfaction about an act, omission or decision of the Trust either verbal or written, and whether justified or not, requires a response
Concern	A Concern is an informal complaint which can usually be resolved immediately by the service involved
Independent provider	A person or body who provides health care in England under arrangements made by an NHS body; or primary care provider
Responsible Body	NHS Body, primary care provider or independent provider
Responsible Person	A person designated in accordance with National Health Service Complaints Regulations 2009 to be responsible for ensuring compliance with the arrangements
Investigation	To examine, study or inquire systematically into the particulars of the complaint
Working day	Any day except a Saturday, Sunday or a day which is a bank holiday under section 1 of the banking and Financial Dealings Act 1971
Child	Child means someone who has not attained the age of 18
Adult	Adult means someone who has attained the age of 18
Advocate	A person or body who can assist a complainant in raising concerns or making a complaint

Complaint Review	An initial review of the complaint which is presented at CRMG (Clinical Risk Management Group)
Complaint Review Panel	A meeting held to discuss complaint and decide the potential outcome
Clinical Risk Management Group	A meeting held weekly to discuss Complaints, Risks, moderate harms and above

5. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

5.1 **The Chief Executive**
The Chief Executive is the designated officer accountable for ensuring compliance with the arrangements under the statutory regulations. In their absence the role is designated to a nominated Executive Director.

5.2 **The Chief Nurse**
The Chief Nurse is responsible for clinical governance including patient safety, reports to the Chief Executive and is responsible for the strategic development of systems and processes in relation to the receipt, response to, communication and escalation of complaints.

5.3 **The Deputy Chief Nurse**
The Deputy Chief Nurse is responsible for escalating concerns relating to the complaints process to the Medical Director.

5.4 **The Board of Directors**
The Board of Directors has responsibility for the implementation of this policy and the monitoring of compliance.

5.5 **Quality and Safety Committee**
The Committee is responsible for the monitoring of compliance with this policy. Through the committee reviewing reports they are assured that the policy is being followed.

5.6 **Risk and Governance Manager**
The Risk and Governance Manager is responsible for the management of the Complaints Team and responsible for ensuring all complaints and concerns are managed in accordance with the principles of openness, transparency and candour.

5.7 **Senior Complaints Officer**
The Senior Complaints Officer is responsible for supporting the implementation of the Concerns and Complaints Policy, providing advice to complainants who require assistance. Responsible for providing guidance, help and support to staff who are responding to a formal complaint or concern and responsible for maintaining the complaints module of the Datix system. Responsibilities also include providing complaints reports to the relevant committees.

5.8 **Service Directors, Senior Managers and Team Leaders**
These managers are responsible for ensuring complaints relating to their service are investigated thoroughly; complaints relating to their service are responded to within required timeframes; establishing systems to ensure that feedback is

provided to all staff members involved in the complaint; ensuring that learning points are disseminated and actions taken to reduce the likelihood of reoccurrence. They also have responsibility to ensure that the After-Action Complaint Review (AACR) template is quality assured and signed for accuracy.

5.9 **All staff**

All staff members should be aware and adhere to the complaint and concern handling process as described in this document. It is the responsibility of all staff to respond to complaints and concerns within their area and they must co-operate fully with any investigation into a complaint.

6. PROCESS

The complaints procedure has two stages:

- Local Resolution
- Review and potential investigation by the PHSO ~~and LGO~~

6.1 Concern managed by Local Resolution

The Regulations state that when a complaint is classified as a concern, it must be investigated in a manner appropriate to resolve it speedily and efficiently, within 25 working days. The service will aim to resolve the matter verbally and, in some instances, will provide a written response where appropriate. The complainant will be kept informed, as far as reasonably practical, as to the progress of the investigation.

- An explanation of how the concern has been considered will be explained to the complainant either verbally or in writing.
- The conclusions reached in relation to the concern will be provided to the complainant. If the concern cannot be resolved locally, this can then be escalated to a formal complaint.

6.2 Who can make a complaint?

A concern or a formal complaint may be made by:

- A patient or service user
- Any person who is affected by or likely to be affected by the action, omission or decision of the Trust which is the subject of the complaint.

Where representative states that that they are acting on behalf of patients or services users who could otherwise complain themselves, it must first be established that the representative is acting with consent.

Children over 14 years old, who wish to raise concerns about their care can do so by accessing the patient experience form via the 0-19 service page on the new Trust website. Concerns can also be raised by via the normal channels (point 6.3)

A complaint may be made by a representative acting on behalf of the patient or service user who:

- Has died.
- Is a child.

- Is unable to make a complaint due to physical incapacity.
- Is unable to make a complaint due to lack of capacity within the Mental Capacity Act 2005(**a**).

The Complaints Team will determine if the representative is acting in the best interests of the person on whose behalf the complaint is being made. If the decision is made that the complaint being made is not in the best interests of the patient or service user, the Trust will write to the representative and state the reason for its decision.

Patients, service users, relatives and carers must be assured that if they raise concerns or complaints the issues will be dealt with in a professional and caring manner and that by raising such concerns their future treatment and care, or that of their relatives will not be compromised.

6.3 How concerns are investigated

Concerns are dealt with informally by the Trust; they are received by a variety of routes e.g., Email, 'Your Experience' forms, telephone and via the Trust website. All concerns are recorded on Datix by the Patient Experience Team. Any concerns received directly to the services provided by the Trust should be resolved directly by the service. The service should provide the Your Experience Team with details of the concern and actions taken to resolve the concerns in order for the concern to be recorded on the Datix system in the event of further escalation of the concern and to promote good record keeping.

6.4 Timescales for making a complaint

In accordance with the National Health Service Complaints (England) Regulations 2009, complaints should be made no later than 12 months after the date on which the matter which is the subject of the complaint occurred. If later, the date on which the matter, which is the subject of the complaint came to the notice of the complainant.

The timescale shall not apply if the Trust is satisfied that the complainant has good reasons for not making the complaint within the time limit and notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly.

6.5 Complaints that cannot be dealt with under this policy

The following complaints will not be dealt with under the Local Authority Social Services and National Health Service (England) Regulations 2009:

- A complaint made by any NHS organisation or private or independent provider or responsible body.
- A complaint made by an employee of a Local Authority or NHS body about any matter relating to their employment.
- A complaint which is made orally and is resolved to the complainant's satisfaction not later than the next working day after the complaint is made.
- A complaint arising out of an NHS body's alleged failure to comply with a request for information under the Freedom of Information Act 2000.

6.6 How do we receive complaints?

A complaint may be made orally, in writing or electronically. If a complaint is received by the service directly, it should be forwarded to the Complaints Team.

All complaints or concerns received by The Trust must be recorded on Datix for monitoring purposes.

We receive complaints directly, from the Integrated Care Board and other health organisations. The leading organisation will set out timescales and scope of investigation.

6.7 **Acknowledgement of complaint**

All complaints received into the Trust in accordance with the regulations must be acknowledged either orally or in writing within 3 working days of the date of receipt by the Complaints Team.

The Complaints Team must offer to discuss the complaint and how this will be managed with the complainant. The complainant will be advised when a response is expected following the conclusion of the investigation. If a discussion is not possible the Complaints Team must notify the complainant of that period in writing.

6.8 **Investigation and Response of complaint**

When a complaint is received, acknowledged and recorded on the Datix system, the complaint is sent to the Service Lead and the Service Director for review. An After-Action Complaint Review (AACR) is sent for completion and investigation. The AACR needs to be completed in 15 working days (3 weeks) and returned to the Complaints Team.

The complaint review panel meeting will take place within 20 working days (4 weeks) to discuss the complaint and decide the potential outcome.

The service will then draft a response letter within 25 working days (5 weeks) and return this to the Complaints Team. It is expected the service fully Investigates the complaint in a manner to resolve it speedily and efficiently. The service should ensure they keep the Complaints Team informed as far as reasonably practical of the progress of the investigation, so that the Complaints Team can in turn keep the complainant informed of progress.

At 30 working days (6 weeks) the complaint response letter is sent to the Risk and Governance Manager for quality assurance.

At 35 days (7 weeks) the draft complaint response letter is sent to the Chief Nurse and in their absence, it is sent to the Deputy Chief Nurse/Medical Director for quality assurance.

Once the draft response has been fully quality assured the complaint is signed off by the Chief Executive or nominated Director in 40 working days (8 weeks) and sent to the complainant.

- If local resolution is not possible, the complainant must be referred to the PHSO.

The response will include:

- An account of how the complaint was investigated, the conclusions reached

and any actions taken.
- The complainant's right to enter the second stage of the complaints process via the Parliamentary Health Service Ombudsman.

Complainants have the right to a complete reply to their complaint as quickly as possible. In exceptional circumstances this may not be possible.

The timescale for NHS complaints under the National Health Service Complaints Regulations 2009 is 40 working days, or 60 working days for a complaint deemed complex. This is also the case for Members of Parliament and local politician complaints.

The Complaints Team will keep the complainant updated where the timescales have been exceeded.

If the Trust does not send a response within 6 months of receiving the complaint, according to the statutory regulations, the complainant will be notified in writing that the complaint is still under investigation and explain the reasons why they have not received a response and send the complainant a full response in writing as soon as reasonably possible.

If a complainant contacts the Trust after receiving their response requesting further information or an explanation, every effort will be made to answer the enquiries at Local Resolution. It may be that a meeting to discuss the issues could be offered.

6.9 **Complaint review request and process**

Should the complainant raise new issues following the receipt of the final complaint response letter, these must be investigated as a new complaint under the review process.

- The patient or complainant is requested to provide factual inaccuracies and or evidence where possible.

- Complaint allocated including full complaint, relevant documents and AACR to the relevant service. This is to be returned to the complaints team in 10 working days (2 weeks)

- A further review panel meeting will be held after 15 working days (3 weeks) to discuss and review the complaint and potential outcome. In attendance will be the Chief Nurse (or in their absence Deputy Chief Nurse), Service reviewer (investigator). Service Director (where applicable) and Complaints team.

- The service will then draft a new response letter within 15 working days (3 weeks) and return this to the Complaints Team and Risk and Governance Manager for quality assurance.

- Once the draft response has been fully quality assured the complaint is signed off by the Chief Executive or nominated Director in 20 working days (4 weeks) and sent to the complainant.

- If following this Local Resolution is not possible, the complainant must be referred to the Parliamentary Health Service Ombudsman (PHSO).

6.9 **Review by the Parliamentary Health Service Ombudsman (PHSO)**

Every effort should be made to resolve a complaint at local Resolution stage but if a complainant is unhappy with the response, they have the right to contact the PHSO and request a review of their complaint.

The PHSO will share the findings of any investigation with the Trust to enable us to learn from any analysis of complaints about the care which has been provided.

6.10 **Patient confidentiality**

The use of a patient's or service user's personal health and care information to investigate a concern or complaint is a purpose for which is not always necessary to obtain a patient's consent. However, care must be always taken throughout the concerns and complaints procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the concern or complaint and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the concern or complaint.

Where a complaint is made on behalf of a patient, care must be taken to not disclose personal health or care information, unless the patient has expressly consented to its disclosure.

Concerns and complaints records are held electronically on the Datix system and must be held separate from health records.

Further information on sharing information can be sought from the Trust's Caldicott Guardian and/or Information Governance Manager. Alternatively, please refer to the Trusts Information Governance and Data Protection Policy (IG 01)

6.11 **Disciplinary Issues**

It is not appropriate to address disciplinary matters through the concerns and complaints policy, however, evidence from concerns and complaints may be used as part of the disciplinary process.

6.12 **Legal Matters/Issues**

If the complainant has initiated formal legal action, there is no requirement for the NHS complaints procedure to cease. However, if advised by an appropriate body i.e., NHS Resolution the Police, the coroner etc. that to continue with a complaint investigation may jeopardise a legal matter, then the complaint investigation will cease and the necessary parties informed.

The NHS complaints procedure would not be able to assist complainants with claims for compensation.

6.13 **Healthwatch Independent Advocacy**

Healthwatch Wirral Independent Advocacy provides external independent advocacy to people wishing to complain about the treatment and care they have received under the NHS in Wirral.

More Information about the services offered by Healthwatch Wirral can be found

on the following website:

https://healthwatchwirral.co.uk

6.14 **Complaints relating to vulnerable adults and Children**

Related Trust policies:

- Safeguarding Adults Policy - SG01
- Safeguarding Children and Young People Policy (SG 02)

6.15 **Vexatious Complainants**

This process is necessary for responding to the small minority of occasions when a person and/or their representative is unreasonable in their expectations of the NHS Complaints Procedure. This process should only be considered when all other avenues have been exhausted and then always in line with the NHS Complaints Procedure, as outlined within this policy and supporting guidance. A complainant may be categorised as vexatious where previous or current contact shows that one or more of the following criteria are met:

- It is a complaint that is pursued regardless of its merits, something that is without foundation, frivolous or repetitive.
- Deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues that they wish to be investigated despite reasonable efforts of staff and where appropriate, ICAS (Independent Complaints Advocacy Service) or other agencies to help them specify their concerns.
- Where the concerns identified are not within the remit of the Trust to investigate and this has been explained in writing.
- Despite a caution from the Trust continuing to be verbally abusive or physically abusive during the investigation of a complaint or present a risk towards staff or others.
- All aspects of the complaint's procedure have been followed and an outcome determined which is not being accepted and approaches to address matters continue.
- Making excessive demands on time and resources of staff with lengthy phone calls, e-mails or detailed letters every few days and expecting immediate responses.

6.16 **Trusts response to Vexatious/Unreasonable Complainants**

Once it is clear that a person meets any of the criteria above, it may be appropriate to inform them in writing that their complaint is classified as vexatious/unreasonable.

The Chief Executive (or nominated deputy) will review the case and will notify the person in writing of the reasons why their complaint has been classified as vexatious/unreasonable and the action to be taken. A copy of this policy will be sent to the individual along with advice to take account of the criteria in any further dealings with the Trust.

In some cases, it may be appropriate, at this point, to suggest that the person making the complaint seek advice in processing their complaint, e.g., through ICAS, Healthwatch or other agencies. It may be necessary to:

- Have one point of contact with the Trust
- Inform the person making the complaint that in extreme circumstances the Trust reserves the right to pass unreasonable complaints to the Trust's solicitors.
- Temporarily suspend all contact with the person making the complaint or the investigation of the complaint whilst seeking legal advice or guidance from relevant agencies. This notification may be copied for the information of others already involved in the complaint, e.g., practitioners, conciliator, ICAS, MP.

A record must be kept in the complaints file for future reference of the reasons why a complaint has been categorised as vexatious/unreasonable

Actions will be kept under regular review by the Complaints Team in conjunction with the Executive Team.

7 CONSULTATION

The following staff members have been consulted in the content of this policy:

- Chief Nurse
- Medical Director
- Deputy Chief Nurse
- Risk and Governance Manager

8 TRAINING AND SUPPORT

8.1 Supporting staff through complaint investigation

The Trust acknowledges that staff whose actions may have led to a complaint or concern being raised can be an upsetting and distressing process and staff may require support while any investigation is on-going.

It is important to consider not only how the complainant feels in such situations, but also those in the Trust being complained against as this can be an extremely stressful experience.

Staff should be supported by their line manager by the principles and approach of Just Culture in the first instance and if required, the Trust will provide confidential counselling for staff involved via the Occupational Health Provider.

8.2 Staff training

Where it is identified through a complaint investigation that further staff training is required, this will be facilitated through the staff member's line manager with support from the Divisional Manager.

Training will be delivered periodically to ensure staff are trained and well informed of current guidelines and expectations in relation to investigations conducted and responses completed on the After-Action Complaint Review (AACR). RCR.

9 MONITORING

The complaints team will maintain a record of each complaint received on Datix, the subject matter and outcome of each complaint, the agreed response period including any amendments to that period and whether the response was sent out within the agreed period of time.

Fortnightly, monthly, quarterly and annual reports are compiled by the complaints team which monitors:

- New complaints received
- Closed complaints
- Complaints reopened
- Complaints requiring review meeting with complainant and service
- Identify themes and trends of complaints to enable services to take appropriate action
- Concerns received and closed and identify any themes and trends
- Complaints escalated and de-escalated to and from concerns
- New and ongoing Ombudsman (PHSO) requests
- Member of Parliament (MP) enquiries received and close.
- Current action plans to improve services as result of upheld or partially upheld complaints

10 EQUALITY AND HUMAN RIGHTS ANALYSIS

Under the complaint regulation, complainants must not be discriminated against because they have made a complaint about any Trust service; this equally applies to concerns raised by patients, service users, relatives or carers. The Trust is committed to dealing with complaints and concerns in a non-discriminatory manner. Copies of complaint information should not be held in medical records.

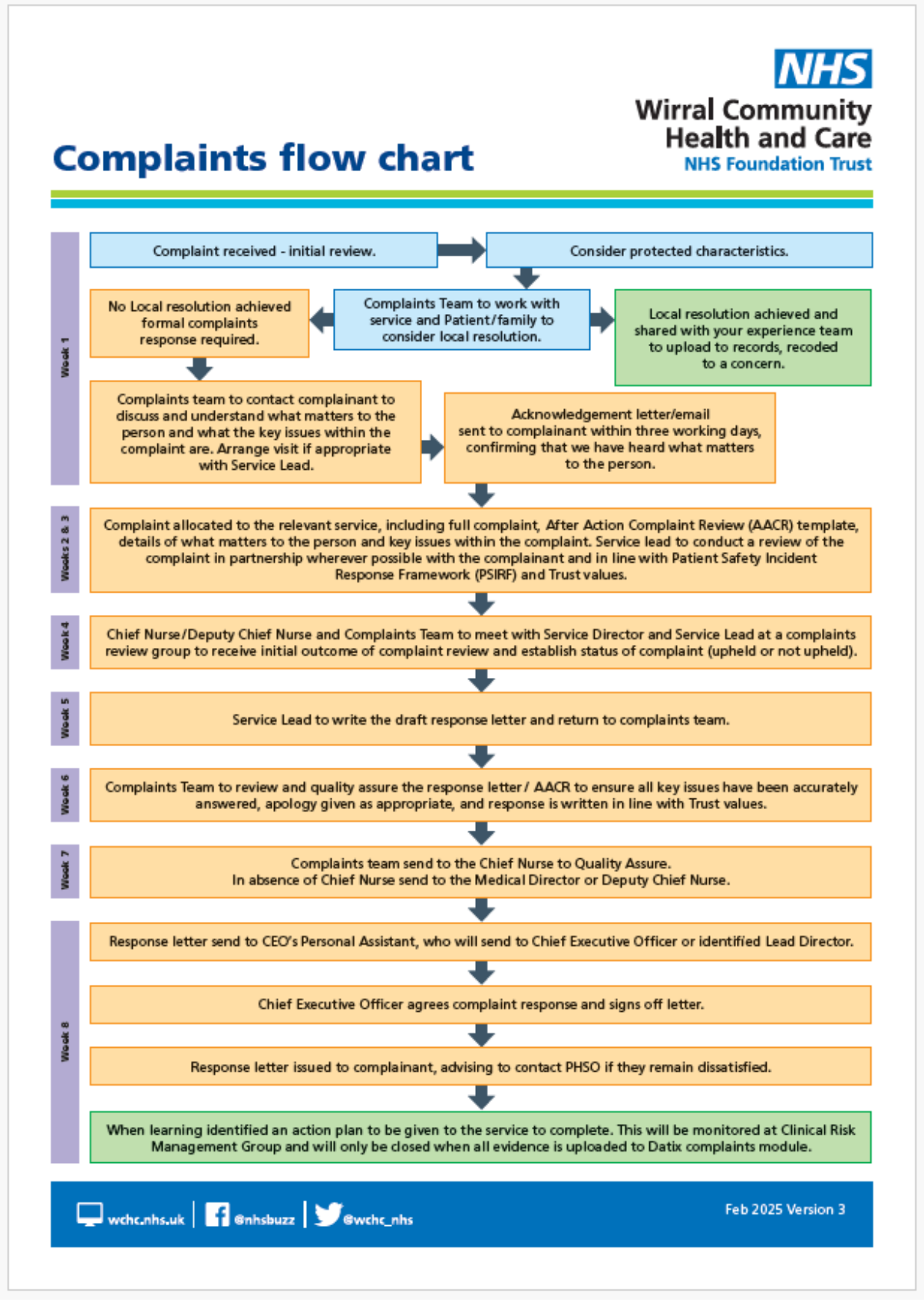
Complainants can seek advice on how to complain to the Trust via the Complaints Team. Reasonable adjustments will be made for anyone wishing to make a complaint who for whatever reason is unable to do so themselves.

The Complaints Team will be directed to Healthwatch Wirral for assistance in writing a complaint.

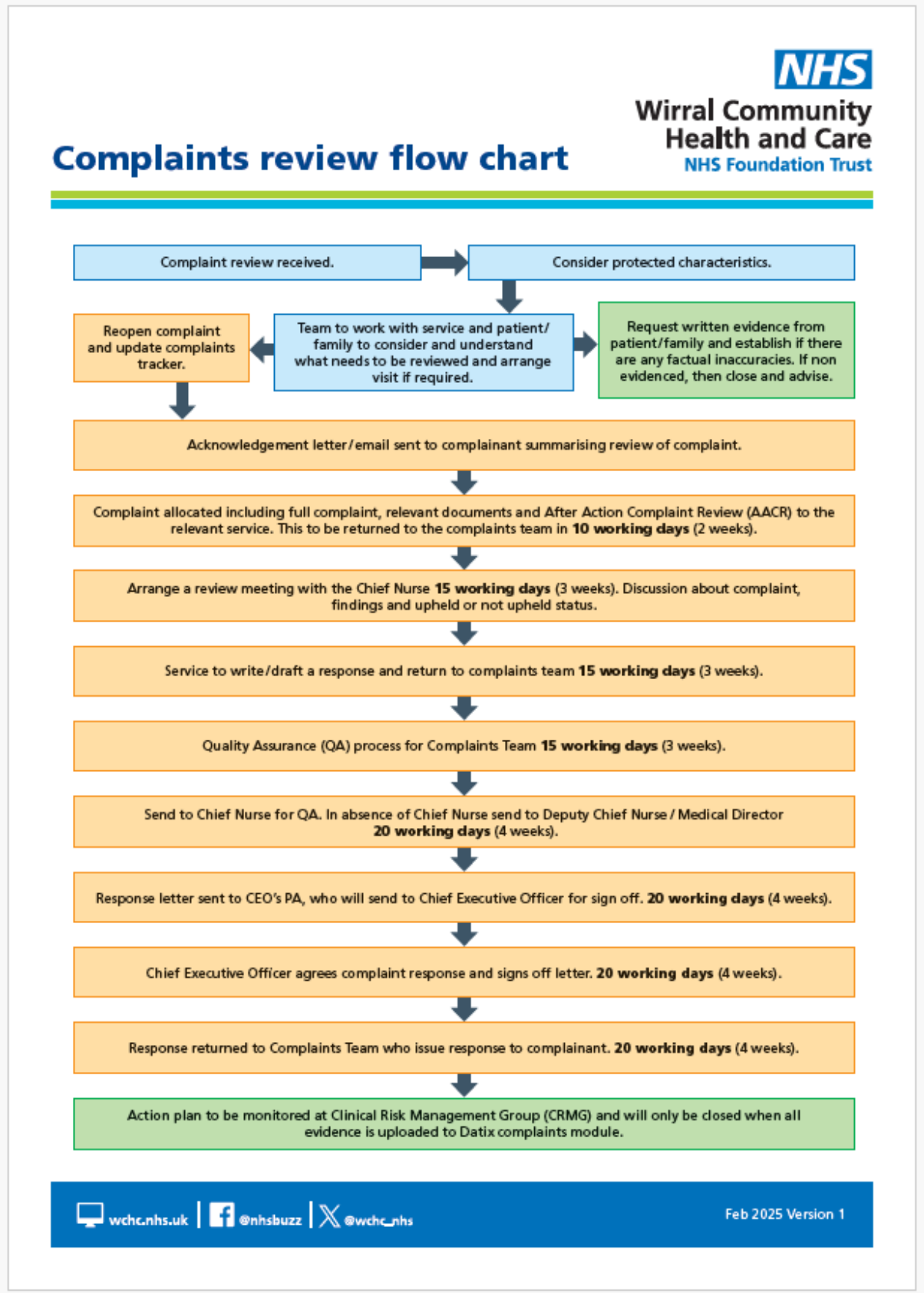
To facilitate equality monitoring, the Trust seeks to establish protected characteristics of complainants. This information is sought by the Complaints Team at the point of acknowledgement of complaint and recorded on Datix when the Trust receives information.

As part Clinical Risk Management Group, we regularly monitor and review complaints to understand any over representation or themes for protected characteristics of complainants. This ensures that we take any learning and appropriate escalations as required e.g., for consideration at the Inclusion Health Equity Group.

Appendix 1 - Complaints and Concerns Handling Process



Appendix 2 – Complaints review flow chart



Appendix 3- Process for Monitoring Compliance with the Procedure handling Concerns and Complaints

Minimum requirement to be monitored	Process for monitoring (e.g., audit)	Responsible individual / group/ committee	Frequency of monitoring	Evidence	Responsible individual for development of action plan	Responsible committee/ group for monitoring of action plan and implement-ation
How complaints are managed	Review of policy	Senior Complaints Officer	3 Years	Policy update	Senior Complaints Officer	Quality and Safety Committee
Timescales for responding to complaints	Fortnightly reports to CRMG Annual report to Quality and Safety Committee	Senior Complaints Officer	Fortnightly and Annually	Reports to CRMG and Committee	Senior Complaints Officer	Quality and Safety Committee

Stage 1 Quality and Equality Impact Assessment (QEIA) template

If a QEIA is embedded into a PID, the summary information in the table below need not be completed

Summary Information for QEIA Stage 1					
Initiative/Project/Change Title	**GP01 Concerns and Complaints Policy**				
Department/service	**Quality and Governance**		**Lead Name & Job Title**	**Paula Simpson Chief Nurse**	
Rationale for completion	A new strategy or policy	Change to an existing strategy or policy **X**	Change to a service or function	A new service or function	Other
Initiative/Project/Change Description *Describe current status followed by any changes* *that stakeholders would experience*.	A review of the complaints policy has been completed following a change to the complaints process, the introduction of a complaints review process and the introduction of a complaints review meeting process. The rationale is to have a clear policy to support investigations and implement quality improvements.				
Who is likely to be impacted?	Patients/service users/carers X	Workforce X	Organisation X	Partners X	Other

Quality/Equality Impact Assessment

The QEIA looks at the project/change as a whole and asks how it will impact patients/service users, staff and the organisations involved and how any identified risks or negative impacts could be mitigated.

What will be the impact of the following? Only complete the likelihood, consequence if the impact is negative. The risk should be rated considering the impacts once mitigation is in place. In all cases provide the rationale for the impact chosen for positive, neutral or negative

<table>
<tr><td>What will be the impact on Patient/Service User experience?</td><td colspan="6">Will this scheme have a positive/negative or neutral effect on patients' experience of care, based on all interactions, before, during and after the delivery of care?
Positive Impact
Provide rationale for your decision: An agreed approach in place to support timely and thorough complaint responses. Investigations have an independent aspect when this is required. Learning from complaints. Having a standardised approach to timely and effective responses should ensure maximum learning can be gained from complaints and quality improvements implemented because of this, this would be beneficial to our service users. Opportunities to improve will be identified which, should have a positive impact upon the service user. Well governed complaints and Quality assurance will ensure accuracy and expected standards. Supports learning from complaints.</td></tr>
<tr><td></td><td>Likelihood (L)</td><td>Choose an item.</td><td>Consequence (C)</td><td>Choose an item.</td><td>Overall score (LXC)</td><td>Click or tap here to enter text.</td></tr>
<tr><td></td><td colspan="3">Mitigation for impacts</td><td colspan="3">Click or tap here to enter text.</td></tr>
<tr><td>What will be the impact on the Workforce?</td><td colspan="6">Will the scheme have a positive/negative or neutral effect on the staff safety or experience based on all interactions, before, during and after the delivery of care?
Positive Impact
Provide rationale for your decision: A clear policy to enable staff to feel more confident in their ability to effectively manage complaints. Staff will benefit from a well lead governance process. Staff will have a clear understanding of the process that must be followed.</td></tr>
<tr><td></td><td>Likelihood (L)</td><td>Choose an item.</td><td>Consequence (C)</td><td>Choose an item.</td><td>Overall score (LXC)</td><td>Click or tap here to enter text.</td></tr>
<tr><td></td><td colspan="3">Mitigation for impacts</td><td colspan="3">Click or tap here to enter text.</td></tr>
<tr><td>What will be the impact on Clinical Effectiveness?</td><td colspan="6">Will the scheme have a positive/negative or neutral effect on the aim to apply knowledge that is based on research, clinical experience and patient preferences, to achieve optimum processes and outcomes of care for patients/service users?
Positive Impact
Provide rationale for your decision: There is potential to impact positively on reducing inefficiencies in the system. Learning from complaints which will have a positive impact on clinical effectiveness.</td></tr>
</table>

Quality/Equality Impact Assessment

	Likelihood (L)	Choose an item.	Consequence (C)	Choose an item.	Overall score (LXC)	Click or tap here to enter text.
	Mitigation for impacts			Click or tap here to enter text.		
What will be the impact on Patient/Service User Safety?	Will the scheme have a positive/negative or neutral effect on the aim to treat and care for people in a safe environment and protect them from avoidable harm? Choose an item. Provide rationale for your decision: An agreed approach in place to support timely and thorough complaint responses. Investigations have an independent aspect when this is required. Learning from complaints. Having a standardised approach to timely and effective responses should ensure maximum learning can be gained from complaints and quality improvements implemented because of this, this would be beneficial to our service users. Opportunities to improve will be identified which, should have a positive impact upon the service user. Well governed complaints and Quality assurance will ensure accuracy and expected standards. Supports learning from complaints.					
	Likelihood (L)	Choose an item.	Consequence (C)	Choose an item.	Overall score (LXC)	Click or tap here to enter text.
	Mitigation for impacts			Click or tap here to enter text.		
What will be the impact on the Trust or wider system?	Will this scheme have a positive/negative or neutral effect the Trust or wider system partners? Positive Impact Provide rationale for your decision: There is potential to impact positively on reducing inefficiencies in the system. Learning from complaints which will have a positive impact on clinical effectiveness.					
	Likelihood (L)	Choose an item.	Consequence (C)	Choose an item.	Overall score (LXC)	Click or tap here to enter text.
	Mitigation for impacts			Click or tap here to enter text.		

Who may be affected by this activity?	Age	X	Disability	X
	Gender Reassignment	X	Race	X
	Marriage & Civil Partnership	X	Pregnancy & Maternity	X
	Religion & Beliefs (including no belief)	X	Sex	X
	Sexual Orientation	X	None of the above	X
	Armed Forces/Veterans or Reservists	X	Carers	X

Quality/Equality Impact Assessment						
Could there be an impact on any of the below?	Digital Exclusion		X	Domestic Abuse		X
	Education (literacy)		X	Gypsy/Roma/Travellers		X
	Homeless		X	Looked After Children		X
	Rural/Urban Areas		X	Socioeconomic disadvantage		X
	People with addictions or substance misuse problems		X	People on Probation		X
	Prison Population		X	Undocumented migrant, refugees, asylum seekers		X
	Sex Workers		X	Neurodiversity		X
	Other (Please describe) Click or tap here to enter text.			None of the above		
Group identified Click or tap here to enter text.	What is the impact on the group identified? Disability Positive Impact			Describe the impact Pathway supports decision making when a complaint is complex or non-complex, whilst considering neurodiversity and protected characteristics and AIS.		
	Likelihood (L)	Choose an item.	Consequence (C)	Choose an item.	Overall score (LXC)	Click or tap here to enter text.
	Mitigation for impacts			Click or tap here to enter text.		
Group identified Click or tap here to enter text.	What is the impact on the group identified? Neurodiversity Positive Impact			Describe the impact Pathway supports decision making when a complaint is complex or non-complex, whilst considering neurodiversity and protected characteristics and AIS.		
	Likelihood (L)	Choose an item.	Consequence (C)	Choose an item.	Overall score (LXC)	Click or tap here to enter text.
	Mitigation for impacts			Click or tap here to enter text.		
Group identified Click or tap here to enter text.	What is the impact on the group identified? Positive Impact			Describe the impact Pathway supports decision making when a complaint is complex or non-complex, whilst considering neurodiversity and protected characteristics and AIS.		

Quality/Equality Impact Assessment						
	Likelihood (L)	Choose an item.	Consequence (C)	Choose an item.	Overall score (LXC)	Click or tap here to enter text.
	Mitigation for impacts			Click or tap here to enter text.		
How often will the QEIA be reviewed during the project.	Choose an item.	Where a QEIA is reviewed during the project lifetime, the dates should be included within the milestones.		Where will the reviewed QEIA report?	Choose an item.	
Have you completed a DPIA?	Not required					

If the risk score is greater than 10 in any area, this will require a more detailed impact assessment to be carried out and shared for Executive approval
Standard Operating Procedure - template (wirralct.nhs.uk)