

Document Details	
Title	Patient Experience and Engagement Policy
Trust Ref No	2522
Local Ref (optional)	
Main points the document covers	Patient Experience and Engagement, Patient Advice and Liaison Service (PALS), Compliments and Complaints
Who is the document aimed at?	Patients, service users, staff, stakeholders, carers, patient relatives.
Owner	Associate Director of Governance
Approval process	
Who has been consulted in the development of this policy ?	Director of Governance, Governance Team, Director of Nursing, Deputy Director of Nursing, Operational representatives, clinical representatives, volunteer representatives.
Approved by (committee/group/Director)	Patient Experience Committee 13 May 2025
Ratified by (Committee/Director)	Quality and Safety Committee
Ratified Date	26/06/2025
Initial Quality and Equality Impact (QEIA) Screening	Yes
Full Equality Impact Assessment	Not required.
Lead Director	Director of Governance
Category	Governance
Sub Category	Clinical Governance
Review date	April 2028
Distribution	

Who the policy will be distributed to and made available to		All staff, stakeholders, patients, service users, carers
Method		Public website, staff zone, Trust newsletter, operational team meetings, groups, forums.
Keywords		Patient experience, complaints, compliments, friends and family
Document Links		
Required by CQC		Yes Regulation 16
Other		
Amendments History		
No	Date	Amendment
1	08/04/2025	<p>This is a new document that has been created to combine patient experience and engagement policy with complaints and PALS.</p> <p>The previous version of the Complaints Policy is now obsolete.</p>
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1. Policy Statement

Shropshire Community Health NHS Trust (hereafter the Trust) is committed to ensuring that patient experiences are consistently and effectively captured, understood, and used to improve the quality of care provided by our NHS Trust.

'Patient Experience' is what the process of receiving care feels like for the patient, their family and carers.

2. Quality and Equality Impact Assessment (QEIA)

A QEIA screening has been completed and a full QEIA is not required for this policy.

EQUALITY IMPACT ASSESSMENT SCREENING			
What impact will this policy have on the following groups in terms of impact on service,			
Protected Characteristic	Positive/ Negative	None (why)	Actions to be mitigated
Age	Positive		
Disability	Positive		
Gender Reassignment	Positive		
Marriage and Civil Partnership	Positive		
Pregnancy and Maternity	Positive		
Race	Positive		
Religion or Belief (or No Belief)	Positive		
Sex	Positive		
Sexual orientation	Positive		
EIA Approval	Role	Name	Date
	Policy Owner	Shelley Ramtuhul, Director of Governance	
	Policy Author	Gill Richards, Associate Director of Governance	09/04/2025

3. Documents, relationships and stakeholders

- 3.1. Policies can be found in the Trust's Document Library on the [Public Website](#) and the Staff Zone [SCHI Staff Zone](#). This document should be read in conjunction with other policies and associated documents, such as:
- Patient Safety Incident Response Policy
 - Patient Safety Incident Response Plan
 - Incident Reporting Policy
 - Volunteers Policy
 - Data Protection Policy
 - Individual Rights Policy
 - Duty of Candour and Being Open
 - Records Management and Security Policy
 - Standard Operating Procedure for processing Complaints
- 3.2. Good and effective key relationships will be established and developed with all services, teams and departments, partner organisations and other stakeholders, such as Healthwatch.
- 3.3. All processes and procedures relating to this policy will be set out in a separate document and made available.
- 3.4. The roles and responsibilities set out in this document will be supported by the governance team.

4. Purpose

- 4.1. This policy describes the plan of action that will be adopted to ensure that the Trust meets its legal and statutory obligations under the [NHS England » Feedback and complaints about NHS services](#) and [NHS Constitution for England - GOV.UK](#)

5. Scope

- 5.1. This policy includes the following service areas:
- Patient Advice and Liaison Service (PALS): This service offers confidential advice, support, information and advice for patients/families/carers who are receiving treatment or accessing services provided by the Trust.
 - Patient Engagement and Experience: This service provides a platform to hear patients' views on the services they have received from us. Patients and services users are encouraged to take part by using our feedback resources that we make

available. The NHS values feedback as it plays a crucial role in enhancing the quality of its services.

- Complaints: patients and services users have the right to make a complaint about any aspect of NHS care, treatment or service and this is written into the [NHS Constitution on GOV.UK](#). The NHS encourages feedback because it is used to improve services.

6. Applicability

6.1. All staff that are required to work within the organisation, employed and non-employed, must adhere to this policy and associated policies. Including, but not limited to:

- Employed staff (including Bank staff)
- Volunteers
- Students of all disciplines
- Locums
- Agency
- Temporary and fixed term contracts
- Third party suppliers

7. Responsibilities

7.1. The Trust supports the principles of corporate governance and recognises its public accountability, and places equal importance in setting out adequate systems and processes to meet its responsibilities.

7.2. The following roles will be key to the implementation and management of this policy and the services set out in it:

The Chief Executive is the 'Responsible Person'. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require:

- organisations to designate a 'responsible person' to be responsible for ensuring compliance with the arrangements made under these Regulations and, ensuring that action is taken, if necessary, in the light of the outcome of a complaint; and
- a person, in these Regulations referred to as a 'complaints manager', to be responsible for managing the procedures for handling and considering complaints in accordance with the arrangements made under these Regulations.
- The functions of the responsible person may be performed by any person authorised by the Trust to act on behalf of the responsible person.

The Director of Governance has accountability for governance compliance and assurance to the Chief Executive and Trust Board.

The Associate Director of Governance has line management and service delivery responsibilities.

Director of Nursing & Clinical Delivery is the Executive lead for Patient Safety and has responsibility for oversight of investigating complaints and responses; quality improvement, and safety.

The Deputy Director of Nursing has delegated executive responsibility for patient experience providing assurance to the Trust Board.

Service and Clinical Leads are responsible for ensuring that their services comply with the requirements set out in this policy.

All managers are responsible for the implementation of this policy within their service area and having local processes and procedures in place where necessary, informing staff of their responsibilities with regards this policy and associated processes procedures, and guidance.

All Staff are responsible for engaging with patients and using feedback to improve care; and providing support and guidance for signposting to our governance services and guidance.

Patients and Carers are encouraged to provide honest feedback and participate in engagement activities.

Observers are trained staff and volunteers who are responsible for conducting Observe & Act sessions and providing feedback.

Patient Experience Lead:

- Collecting, analysing, and responding to patient feedback. This involves using various methods such as surveys, focus groups, patient experience delivery groups, and direct feedback.
- Leading initiatives to improve patient experience based on feedback. This includes developing and implementing action plans to address identified issues.
- Recruitment, training and management of volunteers to support in roles to enhance patients' experiences.
- Acting as a liaison for patients and families, ensuring their voices are heard and regular contact maintained during learning response investigations and acting as an advocate during complex complaints meetings.
- Work closely with clinical and non-clinical staff to promote a patient-centred approach and ensure the Trust meets national requirements for feedback and patient and public involvement.
- Provide support and advice to staff on best practices for patient engagement and communication.
- Work in partnership with the Trust's feedback software to manage bespoke patient surveys.
- Engage with staff and patients/families to develop staff/patient stories for presentation at Trust board meetings with the purpose of sharing success stories, staff challenges and both positive and negative impacts on our patients.

Volunteers: Support a range volunteer roles/duties to enhance patients' experience, such as meet and greet, signposting, making refreshments, recreational activities, inpatient companions, reading buddies. Volunteers will also support patient feedback completion such as inpatient surveys.

Complaints Manager: will be responsible for processing, handling, investigating and responding to complaints in accordance with national and local policies and procedures, including:

- Support and guidance to the complainant, staff and investigating officers, during the handling and processing of a complaint
- Implementing policies and procedures to meet deadlines, administering systems and processes, reporting both locally and nationally

- Building relationships, networking and communicating with other stakeholders and partner organisations during investigations
- Providing training and support to staff with regards to handling complaints and investigations.
- Ensuring any recommendations made by the Parliamentary and Health Service Ombudsman are implemented

Investigating Officer: staff/team leads that are nominated to investigate complaints will be assigned a case and undertake the role of investigating officer. They will conduct thorough investigations within the scope of the complaint and report their findings in a report in a timely manner. They will work with the governance team to ensure that the process is followed, and documentation is completed and reported through the appropriate routes.

Governance Team: in conjunction with the Complaints Manager and Patient Experience Lead the governance team will provide administration support for receiving and responding to enquiries and handling compliments.

8. Governance and Compliance

- 8.1. The Trust's processes and procedures will comply and adhere to the NHS England and Government guidance, including:
 - [Patient Safety Incident Response Framework \(PSIRF\)](#)
 - [Feedback and complaints about NHS services](#)
 - [Friends and Family Test \(FFT\)](#)
 - [Patient Advice and Liaison Service \(PALS\)](#)
 - [Duty of candour - GOV.UK](#)
- 8.2. A robust governance process will be in place to administer the services set out in this policy and ensure compliance.
- 8.3. A digital system will be developed, implemented and maintained to support the monitoring management and reporting for the services set out in this policy.
- 8.4. Regular reports and annual reports will be provided to the relevant committees and Trust Board as set out in the Trust's reporting structure, such as quarterly reports, to the Quality and Safety Committee, the Patient Experience Committee and the Divisional meetings. The Trust will publish committee and Board papers in accordance with statutory requirements.
- 8.5. Patient experience data will also be collated and submitted to NHS England.
- 8.6. Patient stories will be developed and presented to the public Trust Board on a regular basis.
- 8.7. The governance team will have robust digital systems and processes in place that will allow for the effective monitoring and management of incidents, so that effective actions and plans can be documented, reported, progressed and shared.

9. Delivery

The activities that will be undertaken to deliver the patient experience and engagement agenda are summarised below:

9.1. Patient Experience and Engagement

The Trust is committed to gathering patient feedback as part of the triangulation of information which informs the Trust of good practice and areas for improvement. This provides assurance and identifies key lessons for learning, and improvement.

- **Friends and Family Test (FFT):** is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The governance team will work collaboratively and effectively with services, teams and departments to deliver the FFT principles and gather feedback about whether patients would recommend our services to their friends and family. And the results used to identify areas of excellence and opportunities for improvement.
- **Observe & Act:** this is a tool used to improve patient experience by examining a patient's total service experience from their perspective, learning from it, sharing good practices, and acting to make improvements. The initiative is utilised to gain insights into the patient and carer experience from a non-clinical perspective. This involves trained observers who assess the overall service experience and provide real-time feedback to staff.
- **Compliments:** feedback through compliments that are received within the Trust and through other sources will be shared widely through communication routes, operational teams, forums and networks.
- **Patient Safety and Incidents:** the governance team will work closely together and with others to ensure that incidents and common themes are understood shared, investigated and acted upon effectively and that the outcomes help to deliver service improvement. There will be strong links between patient engagement, complaints and incidents through the implementation of, and compliance with the Patient Incident Response Framework (PSIRF)
- **Quality Improvement:** the governance team will work collaboratively and effectively with the quality improvement team to support staff in making changes and improvements to deliver good quality care and treatment and services.
- **Engagement Strategies:** The Trust is committed to gathering patient feedback as part of the triangulation of information which informs the Trust of good practice and areas for improvement. This provides assurance and identifies key lessons for learning, and improvement.
- **Surveys and Questionnaires:** Regularly distribute and analyse patient satisfaction surveys.
- **Focus Groups:** provide a rich source of qualitative data, helping healthcare providers understand the needs and preferences of different patient groups. Focus groups will provide a platform for participants to discuss specific topics where action is required, highlight areas for improvement, suggest solutions and create actions, leading to more patient-centred care and better health outcomes.

- **Patient Experience Delivery Group:** to ensure patients voices are heard and considered in the development and improvement of healthcare services, providing a platform for patients to share their experiences, ideas and concerns.
- **Data collection:** data will be collected from various sources, including surveys, complaints, and compliments. It will be analysed to identify trends, areas for improvement, and successful practices.
- **Healthwatch:** Regular engagement and collaboration with Healthwatch to ensure opportunities for independent patient feedback. The Trust will listen and respond to the view of people about the quality and availability of health and care services.

9.2. Complaints

- **A complaint** in relation to the Trust's services, actions or decisions is defined as 'an expression of dissatisfaction requiring a response'. It will include, but is not limited to, the following:
 - Attitude or behaviour of staff.
 - Type or level of treatment.
 - Service not meeting expectations.
 - Outcomes not as expected.
 - The level of service not as expected.
 - Timeliness of response by services.
 - Level of communication.

In the event of a complaint being received relating to Safeguarding or raising Safeguarding issues, advice and assistance will be sought from the Head of Safeguarding.

- **A formal complaint:** will be an issue that has not been resolved locally, or where the complainant has indicated that they wish the issue to be dealt with under the formal procedure. These complaints are normally received in writing. This could be by letter, the web form on the Trust's website, by email or it could be given verbally. If the complaint is made verbally, then the complainant will be provided with a written statement of their complaint and asked to confirm its accuracy.
- When a complaint involves more than one organisation, we will work collaboratively through a joint robust process to handle complaints effectively and efficiently. The Local Authority Social Services & National Health Services Complaints (England) Regulations 2009 recognise the importance of multi-agency fluidity within the complaints process and permit health and social care organisations to agree that one organisation should take the lead in the handling of a complaint which spans multiple agencies.
- **Accessibility:** The Trust will support the communication and accessibility needs of the person who has raised or will receive the response of the complaint. Any written or verbal element can, if requested, be translated, transcribed and/or otherwise formatted in an alternative format to meet the needs of the individual.
- The Trust will keep the complainant informed about arrangements that are in place with when complaints may be dealt with by another health body or by a body outside the NHS.

- **Appeals and Ombudsman:** Following an initial complaint to the Trust, if the complaint is not resolved and the complainant remains dissatisfied there is opportunity for the complainant to raise further questions through the complaints process and if any concerns remain a local resolution meeting may be convened. Finally, if dissatisfaction persists, the complaint can be taken to the Parliamentary and Health Service Ombudsman. In responding to the complaint, we will consider the complainant's expectations, and where appropriate will use the Ombudsman's Principles of Remedy as reference.
 - **Exclusions:** The Complaints Regulations state that complaints should be made within 12 months of the matter occurring or within 12 months of the date on which the matter which is the subject of the complaint came to the notice of the complainant. The Trust has the discretion to investigate beyond this time, especially if there are good reasons for a complaint not having been received within the 12 months and it is still possible to investigate effectively and fairly. This will need to be established through discussion with the complainant and the service involved. Other exclusions are:
 - Issues raised by health organisations and local authorities against other authorities.
 - Staff issues related to employment, contractual or pension issues.
 - Complaint already investigated by the Parliamentary and Health Service Ombudsman.
 - Complaints arising out of the Data Protection Act and Freedom of Information Act.
 - The 2009 Complaints Regulations do not specify a timescale for response to complaints. They specify that this should be agreed with the complainant.
 - The Trust has set a standard timescale of 25 working days to respond to complaints.
 - For complex complaints the time needed to respond may be extended to 60 working days. Any extension arrangements will be discussed with the complainant and kept informed throughout.
 - The Trust will have a robust process in place to ensure that the timeline for a complaint is managed and met.
 - Contact will be maintained with the complainant throughout the process.
- The complaints process flowchart is shown in Appendix B of this document.
- **Unreasonable complaints:** Unreasonable complaints are otherwise known as 'vexatious complaints. On rare occasions, despite best efforts to resolve a complaint, the person making it can become aggressive or unreasonable. It is important to know how to handle circumstances such as these. To manage contact with unreasonable or aggressive people, it is important to explain what you are doing and why, and to keep a detailed record of the ongoing relationship.

9.3. Patient Advice and Liaison Service (PALs)

PALS will be available to all patients, their relatives and carers who use NHS services provided by the Trust. The service will, whenever possible and where appropriate, also

offer advice and information to anyone contacting the service. Staff may also use the service to seek advice as part of their role in supporting patients.

Where a PALS query relates to a concern or potential concern, our process will include an opportunity for the query to be handled as a complaint if it cannot be resolved within 3 working days, and if the requester wishes to take this route. The PALS process flowchart is shown in Appendix C and examples of the types of issues raised through PALS are given below:

- Information needed about a service or treatment.
- Clarification about provision of treatment (including services not provided).
- Help in getting appointments or accessing a service.
- Signposting to a service.
- Compliments about the services provided.

9.4. Duty of Candour (DoC)

The Trust will ensure that systems and processes are in place to ensure compliance with this regulation. The intention of the [duty of candour legislation](#) is to ensure that NHS providers are open and transparent with people who use services. It sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information, and an apology when things go wrong. Further information can be found here: [Duty of candour - GOV.UK](#)
The Trust's [Duty of Candour and Being Open Policy](#) will be embedded in systems and processes.

10. Data Protection and Confidentiality

10.1. Feedback and information received from patients is confidential, and the patient is required to provide their consent for feedback to be shared publicly. Any survey or patient and public involvement reports are non-patient identifiable and only include comments from patients who have consented for their comments to be made public.

10.2. Patients, service users and staff will be informed about how information is processed i.e. collection, recording, organisation, storage, adaptation, retrieval, consultation, use, disclosure, and erasure. Through [Privacy notices](#) that will be published on the public website and updated regularly.

10.3. Confidentiality will be maintained and applied in accordance with national and local policies and legislation. The Trust will comply with the [Department of Health \(DH\) 2003 publication Confidentiality: NHS Code of Practice](#)

10.4. Trust staff are aware of the data protection principles and will process information in a lawful way and in accordance with the legislation. Further information

can be found on the Information Commissioner's Office website [A guide to the data protection principles | ICO](#)

10.5. All information will be protected and held securely using technical and organisational measures that comply with the data protection legislation.

10.6. Records will be held in accordance with the NHS Records Management Code of Practice.

10.7. Staff will complete mandatory data protection training and security training.

11. Training, Learning and Awareness

11.1 Learning needs analysis will be developed annually to set out the training and learning requirements for all staff within the Trust.

11.2 Managers involved in complaints will complete relevant specialist training, such as investigations and handling complaints. The training will be undertaken by all heads of directorates, Locality Clinical Managers and team leaders of services that are likely to be involved in the investigation of the concerns raised.

11.3 To ensure that this policy can be effectively implemented and adhered to team leads and service managers will receive training in areas such as, patient engagement, feedback/survey systems, observe and act, complaints handling, investigations, after action reviews and report writing. Staff will also be expected to attend conferences, webinars and networking forums to ensure that knowledge and skills are kept up to date.

11.4 To raise the profile of PALS, complaints, feedback and patient experience and engagement, awareness raising sessions will be held to increase the profile of the services, including information leaflets and posters that will be available and displayed in all clinic settings and Community Hospitals.

11.5 Complaints are a vital aspect of our intelligence about patient experience and the quality of service, and an indicator of improvements needed. We will therefore work to make sure that information from complaints is shared with other staff who can learn from it and is triangulated with other information about patient experience to give a total view.

Learning should be cascaded down to team level, normally through team meetings. The Complaints/PALS Manager will seek assurance from Divisions that information provided to them through complaints reports, particularly lessons learnt from complaints, is cascaded down to team level and will assist in facilitating this where required.

Trust wide learning will also be shared through workshops and other suitable learning events.

Statistical/ individual complaints will be reported on in the following ways:

- Detailed reports including services and subjects will be prepared and presented to the Quality and Safety Committee, the Patient Experience Committee, the Divisional Meetings quarterly or more frequently where required. These will form part of the Patient Experience Report.
- An annual report will be prepared in compliance with the Complaints Regulations. This will include as a minimum the following information, which is required by the regulations:
 - The number of complaints received.
 - The number of complaints which are well founded i.e. upheld or partly upheld.
 - The number of complaints referred to the Parliamentary and Health Service Ombudsman.
 - A summary of the complaints' subjects.
 - Matters of general importance arising from complaints.,
 - What actions have been taken to improve services because of complaints.

The annual report will be incorporated in the wider Patient Experience annual report which will be considered by the committees receiving quarterly reports and by the Board.

12. Communication, Implementation and Dissemination

12.1. Those with key responsibilities set out in this document will be responsible for ensuring that this policy is implemented and adhered to.

12.2. The policy will be disseminated across the Trust through a variety of mechanisms, including website, staff zone (intranet), meeting agendas, newsletters and briefings.

12.3. Awareness and communication tools will be used to ensure that staff, patients, services users and others are aware of this document through the Trust's newsletter, email, operational and team meeting agendas team/department meeting agendas, patient and carer forums.

Further information can be found here:

[Compliments and complaints - how to send them and what to expect](#)

[Public & patient engagement](#)

[Patient Advice and Liaison Service](#)

13. Review and Maintenance

13.1. This policy will be reviewed in accordance with the Trust's [Policy Review and Ratification Framework](#)

13.2. This Policy will be reviewed every three years or in response to significant changes due to variations of law and/or changes to organisational or technical infrastructure.

14. Monitoring Compliance

14.1. The governance team will undertake an annual audit to assess the effectiveness of this policy and report to the Patient Experience Committee as part of the annual report.

14.2. Non-compliance risks and issues will be handled through the risk management process.

15. Contacts, Advice and Guidance

15.1 Any questions about this policy should be directed to the Governance team Shropcom.cgov@nhs.net

15.2 Contact details for services included in this policy here: [Home | Shropshire Community Health NHS Trust](#)

15.3 The governance team will provide professional and expert advice and guidance to patients, service users and staff with regards services set out in this policy.

16. Appendices

Additional information is provided in the appendices to this document:

Appendix A - Complaints – the Vision

Appendix B – Process for Handling Complaints

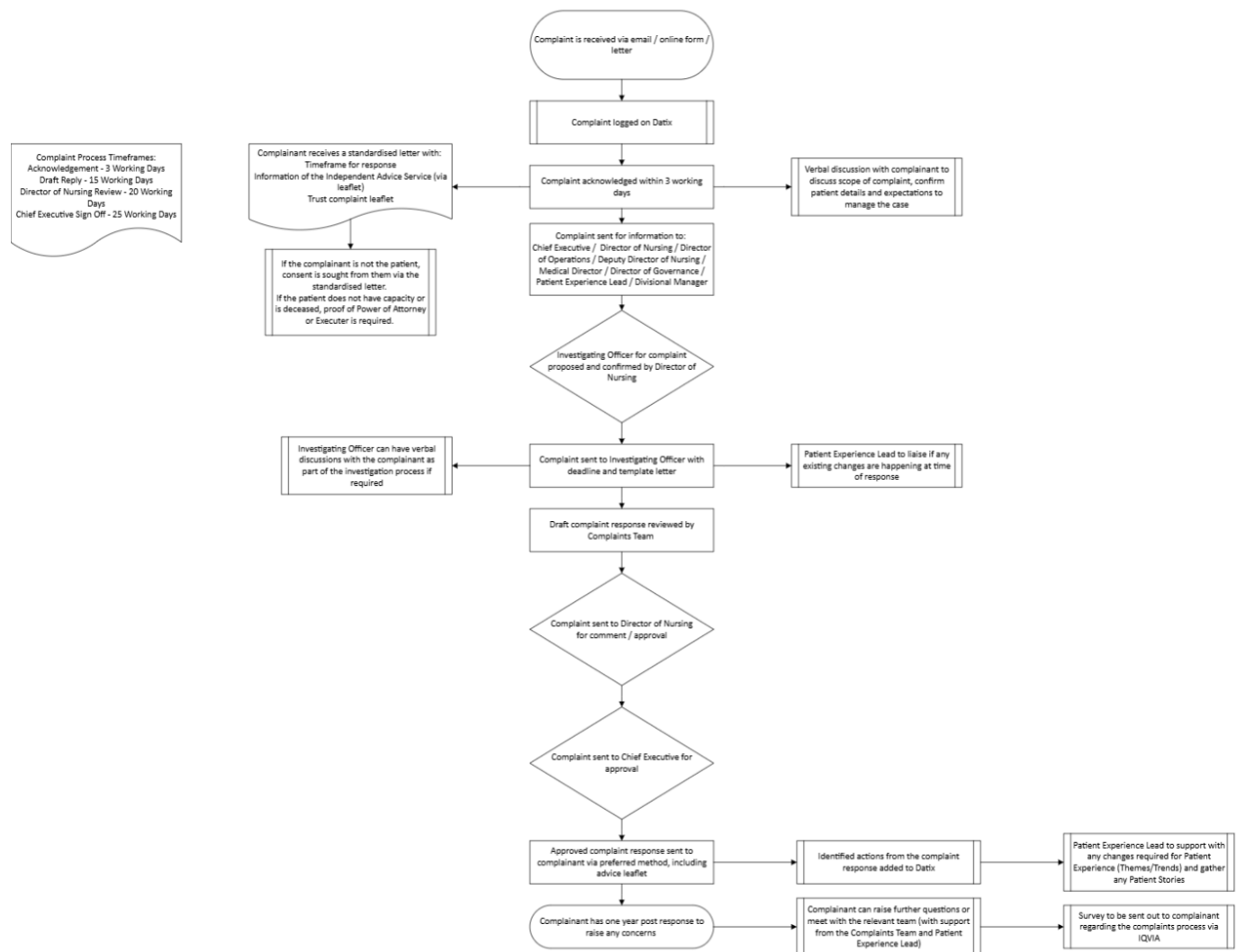
Appendix C – PALS Process

17. Appendix A -Complaints - the Vision

The Parliamentary and Health Service Ombudsman produced a vision for complaints handling in the NHS titled “My expectations for raising concerns and complaints”. The vision is below



18. Appendix B - Process chart for handling formal complaints



19. Appendix C - PALS process

