

Here

Here Complaints Procedure

Document History and Control

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Procedure Awareness

People who need to know this procedure in detail and know where to find it	Executive Team, MSK Patient Director, MSK Community Service Lead, Clinical Lead, Wellbeing Operational Manager, Service Managers, Integrated Care Managers, Assistant Integrated Care Managers, Sussex MSK Partnership Central Quality and Improvement Officer, Wellbeing Service Governance Coordinator, and Senior Patient Care Advisors
People who need to have a broad understanding of this procedure and know where to find it	All other members of staff

Training Requirements	
People who need to be trained in detail on the contents of this procedure	Individually identified staff
People who we would recommend should carry out basic level training of this procedure	N/A

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1. Introduction

Here considers good complaints management a valuable and integral tool for developing and improving the service provided to patients and other health professionals.

Here has therefore developed a well-defined process for receiving, investigating and resolving complaints to support an organisational culture that values complaints and meets the requirements of the law and national guidance.

The objectives are to ensure the efficient handling of complaints and to resolve the complaint impartially, and without unlawful discrimination or prejudice, in a way that satisfies the complainant whilst being fair to staff. Here will identify good practice, remedy any faults found and capture learning to continually develop the services it provides.

This document describes the operational process for managing complaints within Here.

The electronic copy of the Complaints Procedure is located in [S:\BICS Operations\Policies\BICS Policies\Governance\Complaints Policy](#) – if for any reason you are unable to access this file please inform the Quality Coach or other appropriate individual in order to rectify.

2. Scope

This procedure applies to all colleagues who are directly employed by Here, including triagers, agency staff, students on placements, and volunteers. For the avoidance of doubt, where “colleague” or “individual” is used this means “employee”. Where Line Manager/Colleague is used this means Line Manager or Lead Team member for personnel issues in a self-managing team. The procedure must be used for all complaints that affect patients, clients, colleagues, external contractors or visitors.

3. Associated Policies and Procedures

This Procedure should be read in conjunction with:

- Complaints Policy
- Information Governance Policy – Appendix ix – Records Management Policy
- Information Governance Policy
- Incident Reporting Policy
- Incident Reporting Procedure

4. Roles and Responsibilities

Role	Responsibilities
Board	<ul style="list-style-type: none"> • The Here Board holds ultimate responsibility for all investigation and learning from complaints registered by Here. The Board will support the Clinical Directors in investigation and management of complaints where necessary (such as communicating with the media, patients, employees, Practices or other organisations) • The Board will receive quarterly summary reports concerning the number of complaints, classification, severity and learning and any emerging trends • The Chief Executive and Clinical Directors may request that individual complaints are reviewed by the Board members either during scheduled Board meetings, or on an ad-hoc basis when necessary
Chief Executive	<ul style="list-style-type: none"> • Will take action if specific risks are identified arising from complaints
Caldicott Guardian	<ul style="list-style-type: none"> • Is responsible for ensuring the protection and use of patient identifiable information, which may be used during the complaint investigation process
Head of Informatics	<ul style="list-style-type: none"> • Should maintain computerised records of all complaints. Will set up and maintain systems for the analysis of information to identify emerging trends and patterns
Clinical Directors	<ul style="list-style-type: none"> • Make the decision to escalate a complaint to the Parliamentary and Health Ombudsman • Will sign-off final response letters when referring to Ombudsman
Complaints Lead*	<ul style="list-style-type: none"> • Will define a complainant as Vexatious or Habitual • Will review and sign-off the response to each complaint • Responsible for escalating to Clinical Director if decision needs to be made to escalate complaint to Ombudsman • Will decide on appropriate forum for closure of complaints • If required, notify and agree with other organisations who is best placed to lead on handling complaint (or delegate action to Complaints Manager, Investigator or Coordinator)
Complaint Managers*	<ul style="list-style-type: none"> • Supervise the investigation of complaints • Responsibility for ensuring compliance of complaint response timeframes
Complaints	<ul style="list-style-type: none"> • Investigates complaint

Investigators*	<ul style="list-style-type: none"> Initially contacts complainant to discuss concerns within 24 hours.
Complaints Coordinator*	<ul style="list-style-type: none"> Overseeing the complaints procedure Monitoring adherence Producing reports and identifying themes
All Staff	<ul style="list-style-type: none"> Able to communicate the Complaints Policy and Procedure to potential complainants Raise complaints

**Within a self-managed team these roles will be established as a team to ensure responsibility is suitably divided.*

5. Here Complaints Procedure

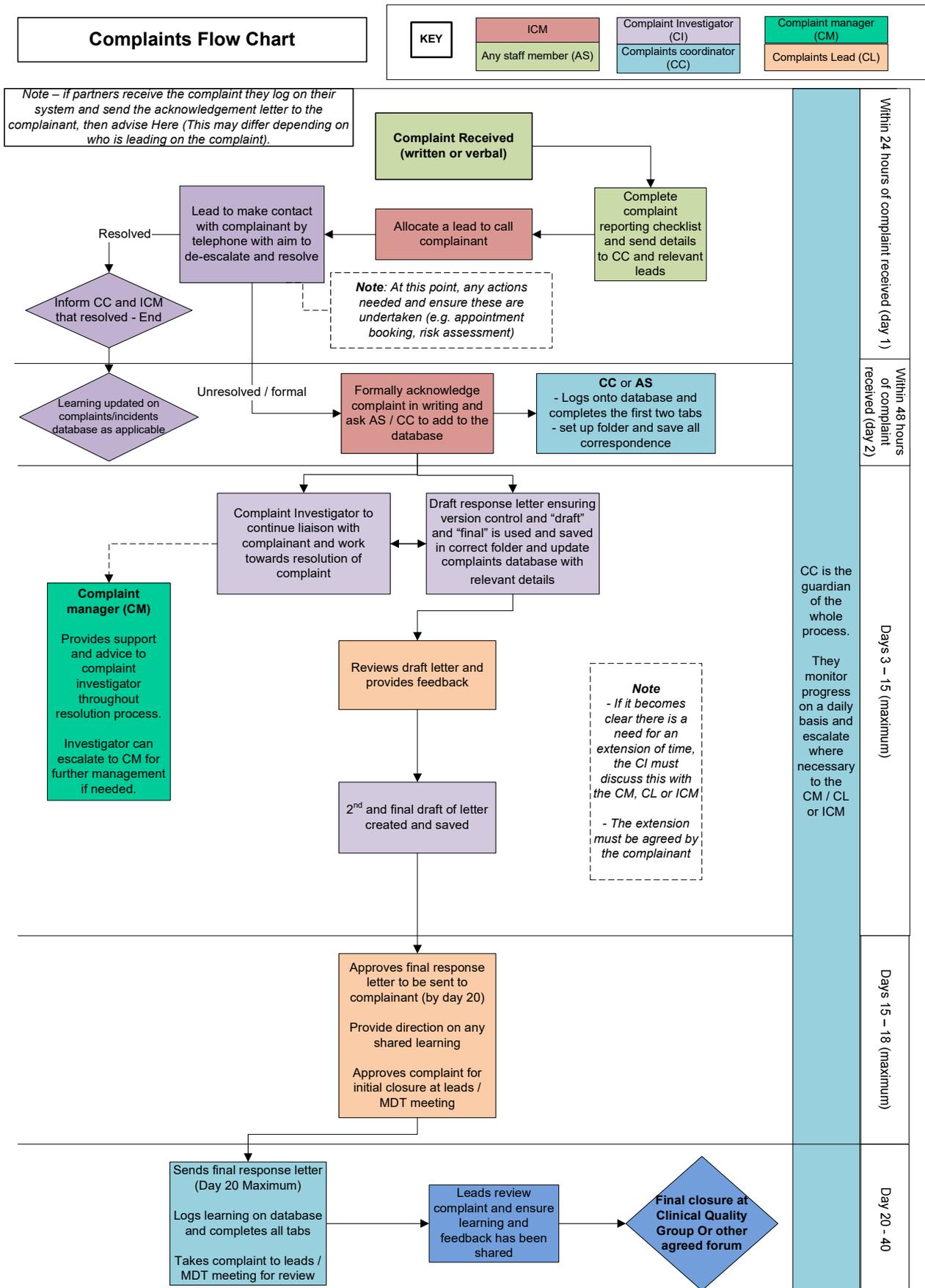
There are two main stages in raising a complaint with Here:

- **Stage 1** Local Resolution
- **Stage 2** Parliamentary and Health Service Ombudsman

The hope is that all complaints will be resolved in Stage 1. Stage 2 is there to ensure that an appropriate escalation route exists where it is not possible to resolve a complaint at local level.

Wherever possible complaints will be resolved at local level (termed “Local Resolution”). However, it is important that the complainant has a chance to escalate their complaint if they still remain dissatisfied after reasonable steps have been made to resolve the issue locally, which typically involves escalation to the Parliamentary and Health Service Ombudsman. The flow chart below identifies the key stages in complaint handling Here may choose to refer the complainant to the Parliamentary and Health Service Ombudsman if it is felt that the complaint warrants early independent investigation. However all complaints must have been recorded and investigated in accordance with this procedure before being escalated. Please refer to the Complaints Policy for further details.

6. Complaints Flowchart



7. Local Resolution - Operational Process

The first stage of any complaint should be handled between the complainant and the person or organisation that the complainant is dissatisfied with or about. This stage is called Local Resolution and aims to resolve complaints quickly and appropriately.

It is important to note that GPs, NHS Dentists, NHS Opticians, Pharmacists have their own practice based procedures for the local resolution stage. If a complaint is about their service they should be contacted directly as it is expected that most complaints about their services will, therefore, be handled within these procedures.

The following operational process will be followed for local resolution of complaints:

7.1. Receipt of Complaint

All Here colleagues should be able to handle the receipt of a complaint.

Complaints will normally result either from a telephone conversation with a potential complainant (for example a routine conversation with a patient may result in a complaint if the patient feels their needs have not been met), or will be received in written format, such as letter, fax or email.

Here encourages the use of complaints as a positive instrument to give patients and others a true voice in the management of their affairs by Here. In some cases it may be beneficial to suggest that a distressed or angry patient's concerns are handled as a complaint as a way of providing assurance.

Complaints which involve Here in part/whole may be received by other organisations; for example hospitals, GP surgeries, PALS, LINk, Mind advocacy and ICAS (Independent Complaints Advocacy Service) In these circumstances the complaint will be recorded in the Here Complaint database; however the investigation will normally be led by the organisation receiving the complaint with Here providing information as requested. Contact with the Complainant will normally be handled by the organisation receiving the complaint. This is true of Here leading on a complaint and liaising with partner services to produce a joint response. This can help to create a patient-centric resolution. However, in some cases it may be decided better to respond separately and this will be agreed between organisations with the patient's consent.

7.2. Logging of Complaints

Complaints may be logged by any Here colleague, however certain services may have a dedicated complaints coordinator who will be primarily responsible for completing this.

The complaint should be logged on the relevant system within 24 hours of receipt. A description of the data to be recorded in the system is included in Appendix i. Colleagues should inform their line manager/identified colleague, a complaints manager, and the complaints coordinator (where the service has one) that a complaint has been received.

7.3. Assigning an Investigator

The complaints coordinator and/or identified colleague is responsible for assigning an investigator to review any complaints received. The investigator would normally be a member of the clinical or operational management team for the appropriate service/team.

7.4. Confirming Receipt of Complaint

The complainant should be contacted within 24 hours of receipt of the complaint and opportunity given for initial discussion around the reason for the complaint (and opportunities for resolution without recourse to the complaints process if appropriate). This gives opportunity for:

- Agreement with the complainant about the timescales that Here will respond (as a rule, Here will aim to respond within 20 working days, however a longer period may be required for complex complaints)
- Clarification that a written communication is intended as a complaint

If the complainant does not wish to pursue the issue through the Here complaint policy then the Complaint database can be updated and the complaint closed.

In the event of a complaint being raised verbally, but then resolved within this first 24 hour time period, colleagues should consider raising as an incident where relevant learning can be shared.

The complaint will be retained on the Complaints and Incidents database and will be used to help identify service improvements. This way a complainant can be assured that their voice will be heard even if they prefer not to register a formal complaint.

7.5. Reluctant/Anonymous Complainants

A complainant may wish to raise an issue but not want it addressed, or wish to identify themselves. They may be worried about the consequences of complaining.

Whilst under these circumstances it may not be possible to follow the complaints process in full (as a confirmed complaint), it is important that the issue is logged and used to inform and improve services. The complainant should be assured that their complaint will remain confidential and that their personal details will not be held on file.

7.6. Acknowledgement

Acknowledgement must be sent within 48 hours of receipt of the complaint (as recorded in the Complaint database). Acknowledgement will normally be by the complainants preferred method. The purpose of the acknowledgement is to provide the complainant with written confirmation that their complaint has been registered and to advise them of the next steps in investigating the complaint and when they can expect to receive a response. As a minimum the acknowledgement should include:

- A log number for the complaint
- The date the complaint was received
- The name of the person investigating the complaint
- How to get in touch with Here to discuss the complaint
- The date that the complainant can expect to receive a response (normally 20 working days from the date of receipt, or the date agreed with the Complainant if different)

Acknowledgement letter templates are available; they can be found in individual team folders. Sending acknowledgement letters is the responsibility of the assigned complaints investigator, with support from the complaints coordinator.

The Wellbeing Service will usually acknowledge the complaint by telephone rather than through written correspondence. Often, this conversation will resolve the complaint without a need to complete a full investigation.

7.7. Investigation

All identified colleagues should be sufficiently familiar with the complaints procedure to be able to undertake an investigation.

An investigation plan helps to focus on the key issues and highlight any problems early on that may need to be addressed. Things to consider when planning an investigation include:

- What happened? What should have happened? What are the differences between these two things?
- The background information essential for understanding the complaint, and where this will come from
- Any legal or jurisdictional parameters to the investigation that need to be managed
- Whether any harm or delay was caused

In some cases it will be necessary to request information from another organisation in order to complete the investigation (such as a GP surgery or hospital). The investigator can write, fax or e-mail a request to view all relevant documentation from any organisation or individual involved in the complaint. This request must state which document and why it is relevant.

Confidential information can be requested only if the complainant has given consent; either verbally or in writing. If an individual or organisation is unwilling to share important information, the Parliamentary and Health Service Ombudsman can be called upon to force the information to be shared. The Ombudsman would then take over the case.

It may be appropriate for the complainant or complained against to meet with Here colleagues as part of the investigation. Complainants and/or complained against can be supported at meetings if they wish e.g. by a friend, relative, carer, advocate, or lay conciliator.

If it is not possible to complete the investigation within 20 working days of receipt of the complaint (or within the timescales agreed with the Complainant – see section 5.3) then an extension to the response period should be agreed with the Complainant. Normally this will be done by letter and will include:

- The reason that more time is required to complete the investigation
- The revised timescales for resolution

If it proves necessary to further extend the investigation period then this must also be agreed with the Complainant.

7.8. Final Response

The Complainant should receive a response to their complaint within 20 working days of the complaint being received by Here. In some circumstances it may be necessary to extend the response period – see the previous section.

The response should include the results of the investigation. As a minimum this will contain:

- The date of the original complaint
- Log number of the complaint
- The name of the person investigating the complaint
- The nature of the complaint raised by the complainant
- An explanation of the investigation undertaken by Here
- The details of the investigation (e.g. the cause of the complaint, what was done to rectify the situation, what was done to avoid repetition in the future)
- The conclusion/s reached by Here in relation to the complaint
- What remedial action has been taken by Here to resolve the complaint
- An apology if appropriate
- What action will be taken to avoid such situations arising again
- Process if the Complainant is not satisfied with the response (including process for escalation to the Parliamentary and Health Service Ombudsman)

All identified colleagues should be able to compose a letter of response to the complainant; however the response letter should be reviewed, agreed and signed by the appropriate Complaints Lead before being sent to the Complainant.

If the Complainant is not satisfied with the response then further reasonable steps to resolve the issue at local level should be considered. If the Complainant remains dissatisfied with the response then escalation to take the complaint to the Parliamentary and Health Service Ombudsman should be considered (see below). A decision to escalate a complaint in this way should only be taken by a Clinical Director.

7.9. Closure of Complaints

All complaints will be reviewed and closed by either:

- The Clinical Quality Group for the business area in which the complaint arose
- The Clinical Lead of the project
- Integrated Service Management Meeting (MSK only)
- MDT
- Integrated Leadership Group (Wellbeing only)

The decision as to which group should close the complaint is made on a case by case basis by the Complaints Lead. Generally complaints concerning clinical issues will be closed by Clinical Quality Groups or MDT. Those which relate to administrative issues will be closed by the relevant forum for that service.

7.10. Learning from Complaints

Learning that has been derived from each complaint will be identified and reviewed as part of the complaint closure process (see above). Learning will be entered in the Complaints database and shared within Here at appropriate forums depending upon the nature of the complaint and learning derived (typically at, Integrated Team Meetings and/or Individual Team Meetings, but may extend to Patient Safety Group, Middle meetings or Board Meetings).

A quarterly complaints report is submitted to the Here Board (see Complaints Policy). As well as reporting the number and types of complaint, this report will identify:

- Any themes which have been identified during the quarter
- Learning which has been derived from complaints and resulting actions put in place
- Improvements around the handling and management of complaints

8. Escalation of Complaint to the Parliamentary and Health Service Ombudsman

The Here complaints management process aims to offer all options at local resolution level prior to a complaint being referred for further review. If a complainant remains dissatisfied after local resolution they have the right to ask the Parliamentary and Health Service Ombudsman to review the case. The decision to escalate a complaint will be made by a Clinical Director.

The Health Service Ombudsman is independent of the NHS and government. Their role includes the scrutiny of clinical and non-clinical complaints against GPs, NHS Dentists, NHS Opticians, NHS Pharmacists, NHS Trusts, and CCGs. This would include organisations such as Here who are contracted to provide services by a CCG.

The Ombudsman may recommend further local resolution if they feel it has not been explored fully. In some cases they may recommend a payment to the complainant if appropriate.

The Parliamentary and Health Service Ombudsman
11th-13th floor
Millbank Tower
London
SW1P 4QP
Tel: 0345 015 4033

9. Complex Complaints

If the complaint involves other NHS trusts, the local authority, or other organisations it will be deemed to be a Complex complaint, requiring a coordinated response. In this instance, the colleague investigating the complaint will pick up with the appropriate person from the other organisation involved.

The Complaints Lead or identified colleague should immediately notify the other organisations' complaints manager and agree which responsible body is the most appropriate to lead on coordinating the handling of the complaint and ensuring a co-ordinated response to the complaint at all times. The decision should be communicated as soon as possible to the complainant.

If the complaint is to be handled by Here, colleagues should proceed in accordance with the Complaints Policy whilst keeping the other organisation(s) and the complainant informed. If the complaint is to be handled by another organisation, the Here Complaints Manager must ensure that Here remains informed and implements the outcomes of the complaint if relevant.

10. Vexatious or Habitual Complaints

In situations where a complainant remains unsatisfied with the resolution or investigation of a complaint, this can sometimes become a 'vexatious' or 'habitual' complaint. In these instances, the following should be attempted:

- Reiterate the outcome of the investigation and the learning being taken forward
- Re-state the details for alternative services who may aid with further complaints (PALS; ICAS, etc.)

If the complainant still remains unsatisfied, the Complaints Lead should escalate this to the Clinical Directors for further advice. The outcome of this discussion may be to:

- Refer the complainant to the Parliamentary and Health Service Ombudsman
- If deemed suitable, close the complaint and advise the complainant of this decision and what action may be taken if further complaints are received

11. Using Patient Personal Health Records

A patient's personal health records (the notes kept by their GP, Dentist or Optician) should only be used in the investigation with the permission of the patient. These records should be kept separate from the complaint records at all times and should be returned to their original place of storage as soon as the investigation has been completed. Alternatively, the practitioner can be asked by Here to provide details from the patient's record pertinent to the investigation of the complaint. The management of requests for personal information (Subject Access Requests) is described in the Here Information Governance Policy.

12. Keeping Records of Complaints

Here colleagues will raise complaints immediately on receipt regardless of the way they arrive in the service, it will then be logged onto the database.

All documentation relating to a complaint will be stored electronically on the secure Here network and retained as specified in the Here Information Governance Policy – Appendix ix – Records Management Policy.

13. Preservation and Retention of Records

All documents (other than personal health records) should be kept for a minimum of 8 years after the closure of the complaint. This includes reports of any investigations carried out, all correspondence (including e-mails), notes of meetings and any related document (see Here Information Governance Policy – Appendix ix – Records Management Policy).

14. Identifying Risks

The Here Quality Policy describes the process for managing risks. This process should be used by the Here Complaints Lead, or the person investigating the complaint, to assess

what risks, if any, may be faced by the organisation as a result of the outcome of a complaint. These should be notified as soon as possible to the Clinical Director.

15. Incidents Arising from Complaints

Colleagues handling a complaint should consider whether a complaint should also be managed as an Incident through the Incident Reporting Policy and Procedure. Consideration should be given to the following factors:

- Does the complaint suggest a wider system failure affecting other service users?
- Is the impact of the complaint sufficiently severe to warrant being treated as an Incident

The decision to manage the complaint as an incident will be taken by a Complaints Lead. The Incident and Complaint must both be cross referenced.

16. Appendix i - Complaints Database Details

A List of the key data fields in the Complaints database and their use

Log Item	Description
Log Number	Unique, sequential database number
Date Received	The date that the complaint was received
Director	The Director/Assistant Director for the business area under which the complaint originated
Responsible Manager	The manager who is managing the complaint
Person Investigating	The name of the person undertaking the investigation. All staff within Here should be able to investigate complaints
Business Area	The business area under which the complaint originated
NHS Number/Name of Complainant	A way of identifying the complainant (NB: It is better to use the NHS number rather than patient name)
Type of Complainant	Who is making the complaint (patient, GP, Practice Manager, etc.)
GP Surgery	The name of the GP surgery if the complaint is made by a GP/Practice Manager/Practice Staff or is relevant to a patient's concerns
Status	Current status of the complaint (Open/Closed)
Nature of Complaint	Brief outline of the complaint for summary reporting
Method	Method of receipt of referral (e.g. Verbal, Telephone, Letter, email)
Acknowledgement Letter Sent	The date of acknowledgement (Should be within 2 working days of Date Received)
Acknowledgement Letter Sent (Notes)	Method of acknowledgement
Response By Date	The date by which the Complaint should be closed (Should be 20 days from Date Received)
Investigation	Notes/timeline of investigation of complaint

Learning	Any specific learning from the complaint that can be shared
Outcome	The outcome of the complaint
Date Completed	Date the complaint was completed. This will normally be within 20 days of the Date Received, but could be longer for more complex complaints

17. Appendix ii - Schedule of Applicable Publications:

Reasonable steps have been taken to ensure that this procedure reflects the Care Quality Commission Schedule of Applicable Publications; the following guidelines have been referenced:

- Equality Act 2010 <http://www.equalityhumanrights.com/publications/>
- Human Rights Act 1998
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088970
- The NHS Constitution (DH, 2009)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613
- Health Service Ombudsman <http://www.ombudsman.org.uk/>
- Health Protection Agency <http://www.hpa.org.uk/>
- National Patient Safety Agency <http://npsa.nhs.uk/>
- The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman, 2008) <http://www.ombudsman.org.uk/improving-publicservice/ombudsmansprinciples/principles-of-good-complaint-handling-full>
- Listening, improving, responding: a guide to better customer care (DH, 2009)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095408
- NHS Litigation Authority guidance about complaints
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5134284
- Being open - communicating patient safety incidents with patients and their carers (NPSA, 2009) <http://www.nrls.npsa.nhs.uk/resources/?EntryId45=65077>
- 1993 Good Administrative Practice Issued 1993 by The commission for Local Administration in England (re-issued 1995)
- 2004 No. 1768 The National Health Service (Complaints) Regulations issued in July 2004 by the Department Of Health (DH)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4088156
- 2006 No. 2084 The National Health Service (Complaints) Amendment Regulations issued in September 2006 by DH
<http://www.legislation.gov.uk/uksi/2006/2084/contents/made>
- 2009 No. 309 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 – issued 27th February 2009 by DH
<http://www.legislation.gov.uk/uksi/2009/309/signature/made>
- SEAP <http://www.seap.org.uk/>
- LINK <http://www.bhlink.org/>

- PALS [http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/bn1/Results/135/-0.145988196134567/50.8531799316406/363/0?distance=25](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/bn1/Results/135/-0.145988196134567/50.8531799316406/363/0?distance=25)
- Healthwatch <http://www.healthwatch.co.uk/find-local-healthwatch?address=brighton>
- NHS Choices <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/NHScomplaints.aspx>
- NHS England Complaints Policy <http://www.england.nhs.uk/wp-content/uploads/2015/01/nhse-complaints-policy.pdf>
- Independent Complaints Advocacy Service (ICAS) <http://www.bh-impetus.org/projects/independent-complaints-advocacy-service-icas/>

18. Appendix iii – Equality Assessment:

1. Name of Policy Procedure	Complaints Procedure
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2. Clinical/Governance/HR	Governance
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3. Assessment completed by (Author/Owner/Other)	a) Name	b) Title
Author	Janet Syder	Corporate Services Manager
Date assessment completed:	17 July November 2013, 11.2.2014 and 6 October 2015	

4. Does the policy procedure benefit or have an impact on staff and/or the public? (please ✓)						
Staff	Yes	✓	No		Not Sure	
Public	Yes	✓	No		Not Sure	

5. Is there a Differential Impact?					6. Is there concern?		7. Total Scores	
	5a) Is there any information or reason to believe that the operation of this procedure would or does affect groups differently? Answer: Yes/No/NA/Not Sure		5b) How much information or evidence is there? Answer: NA/ None/Little/Some/Major		Has there been any concern expressed by the public or staff about the operation of this function or procedure? Answer: NA/None/Little/Some/Major		Staff	Public
	Staff	Public	Staff	Public	Staff	Public		
Age	0	0	0	0	0	0	0	0
Disability	0	0	0	0	0	0	0	0
Gender reassignment	0	0	0	0	0	0	0	0
Marriage and civil partnership	0	0	0	0	0	0	0	0
Pregnancy and maternity	0	0	0	0	0	0	0	0
Race	0	0	0	0	0	0	0	0
Religion and belief	0	0	0	0	0	0	0	0
Sex	0	0	0	0	0	0	0	0
Sexual orientation	0	0	0	0	0	0	0	0
Sub Total							0	0
Grand Total							0	
8. Priority								
Grand Total Score			0		Priority (low, medium, high)		Low	

Priority Scoring	
Low	0 – 9
Medium	10 – 29
High	30+

Low = A full Equality Analysis is not required, but details of non-applicability must be detailed in 9. below.

Medium = A full Equality Analysis must now be completed, ensuring engagement with appropriate internal stakeholders

High = A full Equality Analysis must now be completed ensuring engagement with appropriate internal and external stakeholders

9. Reasons for non-applicability	
Equality strand	Reasons
Age	No impact – procedure was reviewed and does not have any negative impact to this characteristic
Disability	No impact – procedure was reviewed and does not have any negative impact to this characteristic
Gender reassignment	No impact – procedure was reviewed and does not have any negative impact to this characteristic
Marriage and civil partnership	No impact – procedure was reviewed and does not have any negative impact to this characteristic
Pregnancy and maternity	No impact – procedure was reviewed and does not have any negative impact to this characteristic
Race	No impact – procedure was reviewed and does not have any negative impact to this characteristic
Religion and belief	No impact – procedure was reviewed and does not have any negative impact to this characteristic
Sex	No impact – procedure was reviewed and does not have any negative impact to this characteristic
Sexual Orientation	No impact – procedure was reviewed and does not have any negative impact to this characteristic

10. Manager Approval	
Signed	Director of Clinical Services
Date	15.04.2019