Sussex Primary Care

NHS
Providing NHS services

Complaints Policy

January 2025

Policy Version 5

TARGET AUDIENCE (including temporary staff)	
People who need to know this document in detail	All Practice/Business/Operational Managers. All clinical staff
People who need to have a broad understanding of this document	All staff working with individuals in SPC practices and all staff working with information about individuals in SPC practices All staff needing an understanding of information sharing and consent
People who need to know that this document exists	All Staff

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Version Control

Record of Document Changes		
Date	Version	Changes / Comments
09/08/2019	1	Policy created based on Sussex Community NHS Foundation Policy
02/02/2022	2	No changes made
30/12/2022	3	Policy transferred to new template Additions made to update procedure
08/06/2023	4	Policy updated in line with new legislation and SCFT guidelines
02/01/2024	5	Policy has been reviewed and updated to reflect the Parliamentary Health Service Ombudsman's new standards in line with SCFT update policy

1 INTRODUCTION

1.1 Purpose

All NHS services are required to adhere to the new PHSO standards to provide a more consistent approach to complaints handling across the NHS in England and deliver what service users say they want https://www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints when they make a complaint.

The Policy follows the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations

1.2 Scope

Co-developed with organisations from across the health sector and advocacy and advice services the NHS Complaint Standards provide a single vision of good practice for complaint handling. This complaints policy describes how we will put into practice the core expectations given in the Standards.

This policy sets out how SPC will handle complaints and the standards we will follow. It should be read in conjunction with the more detailed guidance modules available on the Parliamentary and Health Service Ombudsman's website.

This policy applies to all employees of SPC.

1.3 Definitions

Complaint	The Department of Health has defined a complaint as "an expression of dissatisfaction or discontent that requires a response".
Complainant	The person making a complaint
Complaint Handler	The complaint handler is the staff member within the practice who case manages the complaint and facilitates a response to the complainant on behalf of SPC.
Independent Complaints Advocacy Service	An independent service that can help someone make a formal complaint about their NHS provider.
Parliamentary and Health Service Ombudsman (PHSO)	Parliament-led organisation, which considers complaints about government departments, a range of other public bodies in the UK, and the NHS in England.
Service Users	This term will be referred to within this policy and represents patients and or people who use SPC services.
Verbal Complaint	An expression of dissatisfaction, which requires a response, which has been made verbally. received in person or by telephone.

2 MAIN BODY OF DOCUMENT

Identifying a Complaint

2.1.1 Everyday conversations with our users – informal concerns

Our staff speak to people who use our service every day. This can often raise issues, requests for service, questions or worries that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a more formal complaint.

2.1.2 When people want to make a complaint

We recognise that we cannot always resolve issues as they arise and that sometimes people will want to make a complaint. The NHS Complaint Standards define a complaint as *an expression of dissatisfaction, either spoken or written, that requires a response*. It can be about:

- an act, omission or decision we have made.
- the standard of service we have provided.

2.1.3 Feedback and complaints

People may want to provide feedback instead of making a complaint. In line with DHSC's NHS Complaints Guidance, people can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.

People do not have to use the term 'complaint'. We will use the language chosen by the patient, service user, or their representative when they describe the issues, they raise (for example, 'issue', 'concern', 'complaint', 'tell you about'). We will always speak to people to understand the issues they raise and how they would like us to consider them.

2.1.4 How a complaint can be made

Complaints can be made to us:

- in person
- by telephoning the practice (numbers can be found on SPC/Practice website)
- in writing to the practice (addresses can be found on SPC/Practice website)
- by email to the Practice (email addresses can be found on the SPC/Practice website)

If the service user does not want to contact the practice directly they can contact through the commissioner with the Complaints Team at NHS Sussex using the details below:

- Phone: 0300 140 9854 (excluding weekends and bank holidays)
- Email: sxicb.complaints@nhs.net
- Post: NHS Sussex, Sackville House, Brooks Close, Lewes BN7 2FZ

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make. SPC will provide interpreting and translation services to those who require them. All complainants will be advised of appropriate independent advocacy services to support them with their complaint.

Complaints made verbally will be confirmed in writing, using the verbal complaint template provided in **Appendix B**.

We will acknowledge a complaint within three working days of receiving it. This can be done in writing, electronically or verbally.

We may receive an anonymous or general complaint that would not meet the criteria for who can complain (see below). In this case, we would normally take a closer look into the matter to identify if there is any learning for our organisation unless there is a reason not to.

2.2 Who can make a complaint?

2.2.1 As set out in the 2009 Regulations, any person may make a complaint to us if they have received or are receiving care and services from our organisation.

2.2.2 A person may also complain to us if they are not in direct receipt of our care or services but are affected, or likely to be affected by, any action, inaction, or decision by our organisation.

2.2.3 If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their consent for their representative to raise and discuss the complaint with us and to see their personal information (including any relevant medical records). The consent form template is available in **Appendix C**.

2.2.4 A complaint may be made by the person who is affected by an action: by a person acting on behalf of a patient or service user, in any case where that person:

- **is a child.** (an individual who has not attained the age of 18)

In the case of a child, we must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child and that the representative is making the complaint in the best interests of the child. We will need to be satisfied that there are reasonable grounds for a representative to bring the complaint rather than the child. If we are not satisfied, we will share our reasons with the representative in writing. The Fraser Guidelines commonly referred to as 'Gillick competence' will apply.

- **has died**.

In the case of a person who has died, the complainant must be the personal representative of the deceased. SPC needs to be satisfied that the complainant is the personal representative. Where appropriate we may request evidence to substantiate the complainant's claim to have a right to the information.

SPC has a duty of confidentiality to our patients and service users, and that duty remains in place after death. If the person has died, under the case law relating to Article 8 of the European Convention on Human Rights the 'personal representative' of the deceased or the legal executor of their estate will control access to any personal information. This includes clinical records. However, anyone who may have a potential claim arising out of the death, such as family and friends named in the will, may also be entitled to access to the deceased person's personal information under the Access to Health Records Act 1990. In such circumstances, we will request evidence to substantiate the complainant's right to act as a personal representative.

It may be that the person who makes a complaint is not the personal representative, executor or a person who is entitled to access under the Access to Health Records Act 1990. In these

cases, we can consider investigating the complaint and reporting back without releasing confidential personal information.

- **has physical or mental incapacity**.

In the case of a person who is unable because of physical capacity or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint or herself, NHS England requires SPC to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.

- **has given consent to a third party acting on their behalf.**

In the case of a third party pursuing a complaint on behalf of the person affected, we will request the following information:

- Name and address of the person making the complaint.
- Name and either date of birth or address of the affected person; and
- Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf.
- has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney, which must cover health affairs.
- Is a Member of Parliament acting on behalf of and by instruction from a constituent**.**

2.2.5 There is no restriction on who may act as representative but there may be restrictions on the type of information we may be able to share with them. We will explain this when we first look at the complaint.

2.2.6 If at any time we see that a representative is not acting in the best interests of the person affected we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such circumstances, we will advise the representative that they may complain to the Parliamentary and Health Service Ombudsman if they are unhappy with our decision.

2.2.7 A small minority of complainants will be found to be unreasonable and/or repetitious. In these few instances, there is potentially nothing further that can be done to assist the complainant or, a real or perceived problem cannot be resolved without taking up an

unwarranted amount of resources. **Appendix A** describes the Procedure for dealing with Repetitious and/or Unreasonable Complaints and Complainants.

2.3 Complaints which cannot be dealt with under this policy

2.3.1 If we consider that a complaint (or any part of it) does not fall under this policy we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant explanation and signposting information.

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

- a complaint that has already been fully investigated by SPC under this process including under previous regulations where further investigation would be futile.
- a complaint made by another organisation.
- a complaint which is being investigated by the Parliamentary and Health Service Ombudsman
- a complaint arising out of SPC's alleged failure to comply with a Subject Access
- Request or a request for information under the Freedom of Information Act 2000
- a complaint from an employee about any matter relating to their employment.

2.3.2 For more information about the types of complaints that are and are not covered under the 2009 Regulations please see The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

2.4 Timescale for making a complaint

2.4.1 Complaints must be made to us within 12 months of the date the incident being complained about happened or the date the person raising the complaint found out about it, whichever is the later date.

2.4.2 If a complaint is made to us after that 12-month deadline, we will consider it if:

- we believe there were good reasons for not making the complaint before the deadline, and

- it is still possible to properly consider the complaint.

2.4.3 If we do not see a good reason for the delay or think it is not possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

2.5 Complaints and Other Procedures/Processes

2.5.1 We make sure staff who deal with complaints are properly supported and trained to identify when it may not be possible to achieve a relevant outcome through the complaint process on its own. When this happens, the staff member dealing with the complaint will inform the person making the complaint and give them information about any other process that may help address the issues and has the potential to provide the outcomes sought.

This can happen at any stage in the complaint-handling process and may include identifying issues that could or should:

- trigger a patient safety investigation.
- trigger our safeguarding procedure.
- involve a coroner investigation or inquest.
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals.
- involve a relevant legal issue that requires specialist advice or guidance.

2.5.2 When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint. We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

2.5.3 In SPC when there are other processes taking place, we deem these as **level 3** complaints, within our policy. The complaint levels are explained in section 2.7 of this policy.

2.5.4 Other processes may not prevent us from continuing to investigate the complaint. We will make sure that the person raising the complaint gets a complete and holistic response to all

the issues raised. This includes any relevant outcomes where appropriate. The staff member dealing with the complaint will engage with other staff or organisations who can provide advice and support on the best way to do this.

2.5.5 If an individual is already taking part or chooses to take part in another process but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if:

- the individual requests or agrees to a delay.
- there is a formal request for a pause in the complaint process from the police, a coroner or a judge.

In such cases, the complaint investigation will be put on hold until those processes conclude.

2.5.6 All new complaints are shared on Team Net and reviewed monthly by the SPC Head of Quality & Patient Safety, to consider patient safety issues, other implications or immediate actions that have or need to be taken. Where potential risks or harm is identified these complaints are escalated and are discussed with the Director of Operations to ensure very senior oversight.

2.5.7 If we consider that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, we will advise the person raising the complaint. We will share as much information with them as we can while complying with data protection legislation. If the person raising the complaint chooses to refer the matter to a health professional regulator themselves, or if they subsequently choose to, it will not affect the way that their complaint is investigated and responded to. We will also signpost to sources of independent advice on raising health professional fitness to practice concerns.

2.5.8 If the person dealing with the complaint identifies at any time that anyone involved in the complaint may have experienced, or be at risk of experiencing harm, or abuse then they will discuss the matter with relevant colleagues and initiate our safeguarding procedure. These procedures can be found in SPC Safeguarding Children &/or SPC Safeguarding Adults Policies.

2.6 Confidentiality of Complaints

2.6.1 We will maintain confidentiality and protect privacy throughout the complaints process by the UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those staff who are involved in the consideration of the complaint.

Documents relating to a complaint investigation are securely stored and kept separately from medical records or other patient records. They are only accessible to staff involved in the consideration of the complaint.

2.6.2 Complaint outcomes may be anonymised and shared within our organisation and may be published on our website to promote service improvement.

2.7 Complaint Handling

2.7.1 Making sure people know how to complain and where to get support

We publish clear information about our complaints process and how people can get advice and support with their complaints through their local independent NHS Complaints Advocacy service and other specialist independent advice services that operate nationally.

- For **East Sussex** residents, this service is provided by SEAP:

SEAP PO Box 375,
Hastings,
TN34 9HU
Tel: 0300 343 5709
Web: www.seap.org.uk

- For **West Sussex** residents, you can contact the NHS Independent Health Complaint Advocacy helpline:

Tel: 0300 012 0122
Email: enquiries@healthwatchwestsussex.co.uk

- For **Brighton and Hove** residents, this service is provided by POhWER.

You can contact them by:

Tel: 0300 456 2370
Email: pohwer@pohwer.net
Web: www.pohwer.net

We will make sure that everybody who uses (or is impacted by) our services (and those that support them) knows how they can make a complaint by having our complaints procedure and/or materials that promote our procedure visible in public areas and on our website. We will provide a range of ways to do this so that people can do this easily in a way that suits them. This includes providing access to our complaints process online. We will make sure that our service users' ongoing or future care and treatment will not be affected because they have made a complaint, and we will confirm this with complainants in writing.

2.7.2 What we do when we receive a concern

We want all people, patients, their family members, and carers to have a good

experience while they use our services. If somebody feels that the service received has not met our standards, we encourage people to talk to staff who are dealing with them to see if we can resolve the issue promptly.

We want to make sure we can resolve concerns quickly if possible. To do that, our staff will proactively respond to service users and their representatives and support them to deal with any concerns raised at the first point of contact.

All of our staff who have contact with patients, and service users (or those that support them) will sensitively handle complaints. Staff will make sure people are listened to, get an answer to the issues quickly wherever possible, and any learning is captured and acted on.

Our staff will:

- listen to the service user to make sure they understand the issue(s)
- ask how they have been affected.
- ask what they would like to happen to put things right.
- carry out these actions themselves if they can (or with the support of others)
- explain why, they cannot do this, and explain what is possible.
- capture any learning to share with colleagues and improve services for others.

2.7.3 Complaint levels

All formal complaints in SPC will be assigned a level based on the content/complexity. This is explained in detail in the following sections, however for ease of reference a quick guide table is included below:

Complaint Level	Description	Timeframe
1	Early Resolution Complaints	Resolution within 15 working days of the complaint being made.
2	A Closer Look	Complaints which require a closer more detailed look at the issue raised – may take up to 45 working days to resolve.
3	A Closer Look (Co-ordinated)	These complaints may include other organisations or have other processes running alongside the complaint. They may take up to a maximum of 6 months to resolve however we will aim to resolve them sooner. The complainant will be kept updated with expected timescales and progress.

An escalation process for when timescales are breached is detailed in **Appendix E**

2.7.5 Acknowledging complaints

For all other complaints, we will acknowledge them (either verbally or in writing/email) within three working days. We will also discuss with the person making the complaint, how we plan to respond to the complaint.

2.7.6 Focus on early resolution (Level 1 formal Complaints)

When we receive a complaint, we are committed to addressing and resolving it at the earliest opportunity. We will assess the complaint and decide on the appropriate level of response and the complexity of the issues raised. Where there is a low level of risk/complexity, we will follow the early resolution process known as level 1. Concerns will be investigated and responded to quickly and a report template will be provided to the complainant. The report will clearly show the concern, what we have done to resolve the issue and if appropriate, how our service will improve as a result. We will aim to respond to Level 1 complaints within 15 working days.

2.7.8 If we are not able to resolve a Level 1 complaint

If we are unable to resolve the complaint to the satisfaction of the person making it, we will consider whether we need to take a closer look into the issues.

2.7.9 A closer look into the issues (Level 2 Complaint)

Not every complaint can be resolved quickly and sometimes we will require a longer period to carry out a closer look into the issues raised. In these cases, we will ensure the complaint is allocated to an appropriate staff member for investigation. This will always involve taking a detailed, fair and proportionate view of the issues to determine what happened and what should have happened.

We will make sure staff involved in carrying out a closer look investigation are trained and supported to do so. We will also make sure they have:

- the appropriate level of authority and autonomy to carry out a fair investigation.
- the right resources, support, and time in place to carry out the investigation, according to the work involved in each case.
- Access to relevant experts to aid decision making.

Where possible, complaints will be looked at by someone who was not directly involved in the area complained about. If this is not possible, we will explain to the person making the complaint the reasons why it was assigned to that person. This should address any perceived conflict of interest.

2.7.10 Complaints involving multiple organisations or processes (Level 3)

If we receive a complaint that involves other organisation(s) we will make sure that we investigate in collaboration with those involved. (In SPC these are known as level 3 complaints).

Those responsible for handling the complaint for each organisation will agree on who will be the 'lead organisation' responsible for overseeing and coordinating the complaint. This will usually be the organisation with the most areas of concern.

The person investigating the complaint for the lead organisation will be responsible for acknowledging the complaint and making sure the person who raised the complaint is kept involved and updated throughout. They will also make sure that the complainant receives a single, jointly led response to their concerns.

Should a complaint involve another process such as a patient safety or safeguarding investigation, this will also follow the level 3 process.

2.7.11 Clarifying the complaint and explaining the process

The Complaint Handler dealing with the complaint will:

- engage with the person raising the complaint (preferably in a face-to-face meeting or by telephone) to make sure they fully understand and agree:

the key issues to be looked at.

how the person has been affected.

the outcomes they seek.

- signpost the person to support and advice services, including independent advocacy services, at an early stage.

- make sure that any staff members specifically complained about are made aware at the earliest opportunity (see 'Support for staff' below)
- share a realistic timescale for how long the investigation is likely to take with the person raising the complaint, depending on:
  - the content and complexity of the complaint
  - the work that is likely to be involved
- agree how they will keep the person (and any staff specifically complained about) regularly informed and engaged throughout
- explain how they will carry out a closer look into the complaint, including:
  - what evidence they will seek out and consider
  - who they will speak to
  - how they will decide if something has gone wrong or not
  - who will be responsible for the final response
  - how the response will be communicated.

2.7.12 Carrying out the investigation

Staff who carry out investigations will give a clear and balanced explanation of what happened and what should have happened, based on facts. They will reference relevant legislation, standards, policies, procedures, and guidance to identify if something has gone wrong.

They will make sure the investigation addresses all the issues raised. This may involve obtaining evidence from the person raising the complaint and from any staff involved or specifically complained about.

We encourage staff to be open and honest when things have gone wrong and as an organisation, we follow a just culture of learning and support for staff involved.

If the complaint raises clinical issues, they will obtain a clinical or specialist view from someone suitably qualified. Ideally, this person should not have been involved in providing the care or service that has been complained about.

We will aim to complete our investigation within the timescale requested by the complaint handler. Should circumstances change the complaint handler will:

- notify the person raising the complaint (and any staff involved) immediately.
- explain the reasons for the delay.
- provide a new target timescale for completion.

If we are unable to meet the maximum timescale of 6 months for responding to a complaint, the Director of Operations/Head of Quality and Patient Safety will write to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed and a final written response issued.

Before sending a final written response to the complaint, the staff member carrying out the investigation will share and discuss (by telephone, in a meeting or writing) the outcome of our investigation and the actions we intend to take, with all of the key parties to the complaint. This will be decided on a case-by-case basis and will be based on the complexity of the issues and the identified impact. We will always consider any comments they receive before issuing a final written response.

2.7.13 Providing a remedy

Following the investigation, if the person investigating the complaint identifies that something has gone wrong, they will seek to establish what impact the failure has had on the individual concerned.

To put things right, and to consider how SPC can put the complainant back in the position they were in before they had cause to complain the following remedies may be considered as appropriate:

- an acknowledgement, explanation and a meaningful apology for the error.
- reconsideration of a previous decision.
- expediting an action.
- waiving (or recompensing) a fee or penalty. (This should be raised to the General Manager/ Director of Operations for approval)
- issuing a payment or refund. (this should be raised to the General Manager/ Director of Operations for approval)

2.7.14 The final written response

The final response will include:

- a summary of the issues investigated and the outcome sought.
- an explanation of how we investigated the complaint.
- the relevant evidence we considered.
- what the outcome is.
- an explanation of whether or not something went wrong that sets out what happened compared to what should have happened, concerning relevant legislation, standards, policies, procedures and guidance.
- if something went wrong, an acknowledgement of the impact it had.
- an explanation of how that impact will be remedied for the individual.
- a meaningful apology for any failings.
- an explanation of any wider learning we have acted on/will act on to improve our service for other users.
- an explanation of how we will keep the person raising the complaint involved and updated on any systemic learning or improvements relevant to their complaint
- Confirm that we have reached the end of our complaint procedure.

- details of how to contact the Parliamentary and Health Service Ombudsman if the individual is not satisfied with our final response.
- a reminder of where to obtain independent advice or advocacy.

2.7.15 Annual complaint responses quality audit

There will be an annual audit of a random selection of complaint cases. The sample size will be no less than 10 complaints. The SPC Director of Operations and SPC Head of Quality and Safety will be invited to complete the annual audit, where the quality of the complaint handling, investigation, outcome and response will be checked against a set quality criteria. Findings from the audit will be presented to the SPC Quality & Safety Meeting and SPC Board.

2.7.16 Support for staff

We will make sure all staff who look at complaints have the appropriate support, training, resources, and time to investigate and respond to complaints effectively. This includes how to manage challenging conversations and behaviour.

We will make sure staff specifically complained about are made aware of the complaint and we will give them advice on how they can get support from within our organisation, and externally if required.

We will make sure staff who are complained about have the opportunity to give their views on the events and respond to emerging information. Our staff will act openly and transparently and with empathy when discussing these issues.

The person carrying out the investigation will keep any staff complained about updated. These staff will also have an opportunity to see how their comments are used before the final response is issued.

2.7.18 Referral to the ombudsman

In our response to every complaint, we will clearly inform the complainant that if they are not satisfied with the outcome of our investigation, they can take their complaint to the Parliamentary and Health Service Ombudsman.

2.8 Monitoring, demonstrating learning and data recording

2.8.1 Learning

We expect all staff to identify learning from complaints, regardless of whether mistakes are found or not. Managers take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users.

Actions from complaints are identified through the investigation process and recorded and assigned on the SPC's electronic recording system (TeamNet). The completion of actions is monitored by the General Manager of Operations, incomplete actions are escalated via the SMT. Actions and learning from complaints are shared at monthly Clinical Learning and Education (CLEG) and any recommendations for actions across all practices will be shared with the Quality & Safety Meeting for approval.

All complaint actions where there is learning that can be shared and actioned across the SPC practices will be added to the SPC learning plan. The Quality and Safety Meeting will monitor and update the SPC learning plan and 6 monthly audits of action plans are part of the SPC annual audit plan.

2.8.2 Data recording

We maintain a record of:

- each complaint we receive.
- the subject matter.
- the investigation.
- the outcome.
- whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation.

2.8.3 Monitoring

We monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed.

In keeping with the 2009 Regulations section 18, as soon as practical after the end of each financial year, we will produce and publish an Annual Patient Experience Report which includes

our report on our complaint handling. This will include how complaints have led to a change and improvement in our services, policies, or procedures. This annual report is presented to the Board and is published on the Sussex Primary Care website.

2.9 Complaints About a Private Provider of our NHS services

This complaint-handling procedure applies to all NHS Services we provide. If the complaint relates solely to private healthcare, we will direct the complaint to the relevant process. Where we outsource the provision of NHS Services to a contractor or private provider, we will make sure they follow these same complaint-handling procedures.

We will maintain meaningful strategic oversight of the performance of these organisations to make sure they meet the expectations set out in this policy.

2.10 Complaining to the commissioner of our service

Under section 7 of the 2009 Regulations, the person raising the complaint has a choice of complaining to us, as the provider of the service, or to the commissioner of our service the Sussex Integrated Care Board. If a complaint is made to our commissioner, they will determine how to handle the complaint in discussion with the person raising the complaint.

3 PATIENT FOCUS

By having a clear policy and procedure, which can be accessed by both staff and service users/patients we are being open and transparent in the complaint-handling processes, whilst supporting all parties. We will manage complaints in line with the Care Quality Commissions' quality statement:

''We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.''

4 RESPONSIBILITIES

4.1 Overall Roles and Responsibilities

The roles and responsibilities of staff within our organisation, when dealing with complaints, are set out below. Regulations 4(2) and 4(3) of the 2009 Regulations allow us to delegate any complaint handling function to relevant staff where appropriate.

Overall responsibility and accountability for the management of complaints lies with the 'Responsible person' (as defined by the 2009 Regulations). In our organisation, this is the SPC Operations Director.

We have processes in place to make sure that the responsible person and relevant managers regularly review insight from the complaints we receive, alongside other forms of feedback on our care and service. They will make sure action is taken on learning arising from complaints so that improvements are made to our service.

They demonstrate this by:

- leading by example to improve the way we deal with compliments, feedback and complaints.
- understanding the obstacles people face when making a complaint to us and taking action to improve the experience by removing them.
- knowing and complying with all relevant legal requirements regarding complaints.
- making information available in a format that people find easy to understand.
- promoting information about independent complaints advocacy and advice services.
- making sure everyone knows when a complaint is a serious incident, or a safeguarding or legal issue and what must happen.
- making sure that there is a strong commitment to the duty of candour so there is a culture of being open and honest when something goes wrong.
- Make sure we listen and learn from complaints and improve services when something goes wrong.

Breakdown of Responsibilities

SPC Operations Director is ultimately accountable for ensuring the organisation's compliance with statutory complaints regulations. The responsibility for approving and signing SPC complaint response letters must be appropriately delegated.

SPC Clinical Leads – where required the SPC Clinical lead will independently review a complainant's medical notes where the complainant is challenging the treatment pathway and provide a report on their findings.

SPC Head of Quality & Patient Safety will be responsible for:

- ensuring that all complaints are investigated and responded to in compliance with national regulations, national and local guidance and this policy
- providing support to SPC staff in applying the Complaints Policy and procedure
- using data from the patient experience surveys to improve people's experience of the complaints process

- contributing to data analysis and reporting, including themes, trends and learning from complaints
- raising awareness and sharing learning from complaints.

SPC Practice/Business Managers are responsible for:

- ensuring complaint investigations are managed effectively and efficiently in line with the policy
- appointing an investigating officer
- evidencing that complaints procedures are followed in line with Care Quality Commission requirements
- ensuring staff are trained and competent in management of complaints and concerns
- empowering staff to manage and respond to concerns in a positive and pro-active manner
- ensuring learning from complaints is shared as appropriate
- ensuring complaint documentation is completed and uploaded onto Teams Net
- facilitating meetings with complainants
- ensuring complaint correspondence is stored securely and not within patient records.

All staff are responsible for:

- responding sensitively and promptly to any concerns or complaints raised
- informing their manager when any concern or complaint has been raised
- ensuring information regarding how to raise concerns or make a formal complaint is easily accessible to service users
- ensuring documentation relating to a patient's concerns or complaint is kept separately from the complainants medical / health records
- ensuring a complainant does not experience discrimination as a result of raising a concern or complaint
- are required to fully comply with the complaints process and to apply learning to their practice.

5 ASSOCIATED DOCUMENTS AND REFERENCE

This policy should be read in conjunction with:

SCFT Complaints Policy (V) 3

- **Appendix A - Procedure for dealing with Repetitious and/or Unreasonable Complaints and Complainants**
- **Appendix B - Verbal Complaint Template**
- **Appendix C - Consent Forms**
- **Appendix D - Complaints Management Flow Chart**
- **Appendix E - Escalation Process**
- Parliamentary Health Service Ombudsman guidance Welcome to the Parliamentary and Health Service Ombudsman | Parliamentary and Health Service Ombudsman (PHSO) [Accessed 30/04/2024]
- **Parliamentary Health Service Ombudsman – Guidance on Financial Remedy** Severity of injustice scale (ombudsman.org.uk)
- Care Quality Commission Fundamental Standard on Complaints The fundamental standards - Care Quality Commission (cqc.org.uk) [Accessed 30/04/2024]

6 MONITORING COMPLIANCE

The SPC Senior Management Team will be responsible for monitoring and reviewing the complaints Policy along with the effectiveness of the document process. Policies and the process for documents may also be audited by other agencies, such as the Care Quality Commission (CQC), or as part of an annual audit programme.

Progress and outcomes from investigations will be reviewed and trends and themes identified to inform improvement at individual, practice and organisational levels. Delays in investigating and responding to complaints will be reviewed and escalated as appropriate to ensure timely completion and response.

7 DISSEMINATION AND IMPLEMENTATION

It is the responsibility of Clinical Leads and Senior Managers to ensure this policy is disseminated to all staff and implemented appropriately by professional standards and codes of conduct. Staff must be made aware of all policies, procedures, and guidelines relevant to them and their role and how they can be accessed. This may form part of local induction. This policy is available on the Bluestream. New and recently updated policies and procedures are circulated monthly in the SPC Newsletter.

SPC offers translations of all essential leaflets for patients in all major languages, plus Braille, easy read, large print, and audio formats.

8 CONSULTATION AND REVIEW

This document has been reviewed in line with SCFT policy and the following groups and individuals and updated as appropriate:

- SPC Operations Director
- SPC Head of Quality & Patient Safety
- SPC General Manager of Operations
- SPC Senior Management Team
- SPC Board

This policy has been approved by the SPC Senior Management Team and ratified by the SPC Board. This policy will be reviewed three yearly, or sooner if changes in regulations or national guidance require a review and update.

9 APPENDICES

- **Appendix A - Procedure for dealing with Repetitious and/or Unreasonable Complaints and Complainants**
- **Appendix B – Verbal Complaint Letter Template**
- **Appendix C – Consent form**
- **Appendix D – Acknowledgement email/letter for written/emailed complaint**
- **Appendix E – Complaint Investigation Toolkit**
- **Appendix F- Guidance on Writing a Complaint Response**
- **Appendix G – Example of Practice Complaint Response Letter**
- **Appendix H – Entering a Complaint on TeamNet**

APPENDIX A

1.4 Procedure for Dealing with Unreasonably Persistent Complaints and Complainants

Introduction

Persistent and unreasonable complainants are a challenging group for staff to deal with. Handling such complainants places a strain on time and resources and causes undue stress for staff that may need support in difficult situations. In determining arrangements for handling such complainants, staff should ensure that:

- the complaints procedure has been correctly implemented so far as possible and that no material element of a complaint is overlooked

- there is an awareness that even repetitious and/or unreasonable complainants may have complaints and concerns which contain some genuine or new substance

- an equitable approach has been followed

- they are able to identify the stage at which a complainant becomes repetitious and/or unreasonable Labelling a complainant as repetitious and/or unreasonable should be a last resort. Final responsibility for this decision rests with the Medical Director and/or Chief Nurse supported by the PALS & Complaints Team and service involved.

Aim of the Procedure

It is expected that only a very small minority of complaints will be found to be unreasonable and/or repetitious. In these few instances, there is likely nothing further that can be done to assist the complainant or, a real or perceived problem cannot be resolved without taking up an unwarranted amount of resources.

Impact of Dealing with Unreasonable and/or Repetitious Complaints
There are number of reasons that an unreasonable or repetitious complaints need to be addressed.

- Costs: inefficient use of services time repeatedly re-investigating the same issue

- Duplication of effort as unreasonable and/or repetitious complaints are often widely copied via email to several staff simultaneously

- Staff morale; frustration and stress at feeling powerless to deal with unreasonable and/or repetitious complaints. The main aims of the procedure are to identify the point when a complaint or complainant could justifiably be considered unreasonable and/or repetitious and so to outline a strategy to deal with such complaints.

Scope of the Procedure
The procedure will only be used as a last resort and after all reasonable measures have been taken to try to resolve the complaint under SPC Complaint Policy (including escalation to the Ombudsman).

The procedure should not be for dealing with complainants who may be “challenging” but have legitimate complaints. Whilst it is recognised that complainants may, on occasion, be orally abusive (e.g. make racist or other offensive comments) or physically threatening, this

procedure should not be used to deal with this type of behaviour, unless the person is also submitting repetitious and/or unreasonable complaints.

General Principles

No complainant can be identified as unreasonable and/or repetitious forever. All those with this status must be reviewed every six months.

The practice should keep a register of these complainant's which should be monitored and complainants removed as appropriate.

The Head of Operations can identify a complainant/complaint as unreasonable and/or repetitious and this must be qualified by supporting documentation (i.e. file notes, records of complaints made, proof that the complainant/complaint has exhausted the Complaints Policy).

Anyone who has been given unreasonable and/or repetitious status must be written to advising them why their access to the complaints process has been restricted, when their current status will be reviewed and the method in which they are expected to make contact in the future (e.g. letter only).

Characteristics of a Repetitious and/or Unreasonable Complainant

There are a number of characteristics that may identify a complainant as repetitious and/or unreasonable. They can include, but are not limited to, any one or a combination of the following:

- The complainant has already exhausted the complaints procedure, yet remains unsatisfied with the response and continues to raise the same issue where it is unreasonable to do so (providing no new evidence to support their complaint is produced)
- The complainant insists they have not had an adequate response despite SPC being satisfied that the complaint has been dealt with fully under the complaints procedure
- The complainant is unwilling or unable to specify the precise issues they wish to be investigated, or provide the evidence required to investigate their complaint, despite efforts to help them do so by advocacy groups
- The complainant has excessive contact with SPC staff (e.g. copying large amount of e-mails to a number of staff simultaneously)
- The complainant changes the substance of the complaint by persistently raising new issues or further questions during the investigation and/or after receiving a response, but the essence of the complaint remains the same

- The complainant makes unreasonable demands or has unrealistic expectations (e.g. insisting on a response being provided more urgently than is reasonable, possible, or appropriate)
- The subject matter of the complaint is beyond SPC's remit, and the complainant has been advised of the appropriate channel for resolving their issue
- Making what appear to be groundless complaints about the staff dealing with the complaint, and seeking to have them replaced
- Changing the substance of a complaint or continually raising new issues whilst the complaint is being investigated, or raising large numbers of detailed but unimportant questions and insisting they are all fully answered.
- Adopting a 'scattergun' approach: pursuing a complaint or complaints with the relevant staff/Director//local member/Cabinet Member at the same time and possibly also with a Member of Parliament and or the Ombudsman.

Assessing the Complaint

Before assessing whether a complaint may be classified as repetitious and/or unreasonable, consideration needs to be given as to whether the SPC's Complaints Policy has been fully implemented, taking into account:

- Whether any element of the complaint has been overlooked or inadequately addressed
- If the complaint has been through all stages of the complaint process, but has not yet been to the Ombudsman, complainants should be advised to follow this route
- If a complainant has been to the Ombudsman and they do not agree with the decision, they should be referred back to the Ombudsman
- Even though someone has made repetitious and/or unreasonable complaints in the past, it cannot be assumed that their next complaint will also be in this category. Each complaint must be considered on its own merits and a decision made as to whether it is repetitious and/or unreasonable or genuine. All communications must be checked to see if any significant, new information has been added or a new complaint is being made

Dealing with Repetitious and/or Unreasonable Complaints Received in Writing or Email.

All repetitious and/or unreasonable complainants should be written to advising that their access has been restricted and all future correspondence should be sent to the SPC Central Team who will act as a "filter" for correspondence but will not be expected to deal with all correspondence.

If the complaint is not justified, or offers no new evidence that warrants investigation, it should just be acknowledged by standard letter and no further action taken.

Dealing with Repetitious and/or Unreasonable Complaints by Telephone

A complaint to the does not need to be made in writing. If a complainant keeps telephoning either to discuss an existing complaint, or make a new one, in a repetitious and/or unreasonable manner, this may prove time consuming and disruptive. In these circumstances, it may be reasonable to ask them to put their concerns in writing and terminate the call.

If the problem persists, it may be reasonable to tell the complainant that SPC will, for a set period, not accept telephone calls from them and only deal with them in writing.

Advocacy services should be offered to assist the complainant.

Vulnerability

It is important that any issues of vulnerability be taken into account when assessing if a complaint or complainant could be classed as repetitious and or unreasonable. If it is felt that a complainant could be vulnerable in any way it should be discussed with the Safeguarding lead for the practice.

APPENDIX B

1.5 Verbal Complaint Letter Template

Date

Dear

Thank you for taking the time to discuss **********, I am very sorry to hear **********. As discussed, I am writing to confirm my understanding of your complaint.

Please check that I have accurately reflected your concerns and if you are satisfied that I have, then sign this letter and return it to me in the freepost envelope provided or email me at the address above.

Should you wish to make any changes, please do so on a separate sheet of paper and return both this letter and your changes to me by 3 weeks later (add date)

When we receive your signed letter/email, we will confirm receipt and arrange for your complaint to be investigated. Part of that investigation may involve reviewing your medical records and sharing them with others involved in managing your complaint. If you are unhappy with us doing this please tell us when you return your signed letter, and we will advise you on how we can respond to your complaint.

Finally, I would like to draw your attention to the independent advocacy service available in your area that provides support for those wishing to make a complaint about their NHS care or treatment.

- **For East Sussex residents**, this service is provided by the Advocacy People, Postal address: PO Box 375, Hastings, East Sussex, TN34 9HU Tel: 0300 440 9000, Email: info@theadvocacypeople.org.uk Web: www.theadvocacypeople.org.uk

- **For West Sussex residents**, complainants can contact the NHS Independent Health Complaint Advocacy helpline on 0300 012 0122 or send an email to enquiries@healthwatchwestsussex.co.uk.

- **For Brighton and Hove residents**, this service is provided by POhWER. They can be contacted by telephone on 0300 456 2370 or by email at pohwer@pohwer.net. They also have a website at www.pohwer.net.

I look forward to hearing from you by **********, however, if we do not hear from you we will assume you no longer wish to pursue your complaint at this time. By way of reassurance, you can ask for your complaint to be re-opened within the next 12 months.

Yours sincerely

Confirmation of Complaint

Our Ref:

I confirm that my complaint has been accurately recorded as above.

Additional information has been included Y / N

I accept that medical records will be reviewed as part of this investigation. Y / N

Name:……..

Signature:…… Date:……..

Please return this signed letter in the envelope provided. Alternatively this information can be emailed to the address above. Please retain the copy for your records

To request this information in a different format such as large print, please contact the Practice using the contact details above.

APPENDIX C

1.6 Consent

This form is to be completed by the person affected by the complaint.

I,_____

of_____

_____

_____

_____

give consent to Sussex Primary Care to respond to the enquiry made on my behalf by;

give consent to Sussex Primary Care to forward my complaint to:

_____

of_____

I understand it may be necessary to disclose confidential information contained within my health records to respond to the enquiry and I agree with this.

Signature: _____

Print Name: _____

Date: _____

Please return the completed form in the envelope provided or send by email as above

To request this information in a different format such as large print, please contact the practice using the contact details above.

APPENDIX D

1.7 Acknowledge email/letter for written/emailed complaint

Date

Dear

Thank you for your letter/email dated …… in relation to your recent experience with the practice. I am very sorry to learn that you are unhappy with the care that you have received from the practice and I am grateful that you have brought this to my attention. The practice takes all complaints very seriously and we will investigate your complaint in line with our complaints process.

Delete if not required – As your complaint is on behalf on another person we need to ask for consent from ….. before we can share any information with you.

The complaint will be investigated by ……. and we would like to offer you the opportunity to discuss the complaint, explain how we will carry out this investigation and agree a timeframe for us to complete this. We can either meet with you in person or arrange a telephone call.

If you do not wish to meet to discuss the complaint we will contact you to update you on our progress by…… and will aim to complete the investigation by…….

If you wish to discuss anything further please contact Name:……. Contact details: (use generic email addresses and phone numbers in case the individual is off work)

Finally, I would like to draw your attention to the independent advocacy service available in your area that provides support for those wishing to make a complaint about their NHS care or treatment.

West Sussex:
POhWER
Website: https://www.pohwer.net/west-sussex
Telephone: 0300 456 2370
Email: pohwer@pohwer.net

Brighton and Hove:
POhWER
Website: https://www.pohwer.net/brighton-and-hove
Telephone: 0300 456 2370
Email: pohwer@pohwer.net

East Sussex:
POhWER
Website: https://www.pohwer.net/east-sussex
Telephone: 0300 456 2370
Email: pohwer@pohwer.net

Yours sincerely

Sussex Primary Care

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APPENDIX E

1.8 Complaint Investigation Toolkit

Background Information
Please provide some context to SPCs involvement with the patient, for example what service is provided, why, dates of SPCs involvement

Issue 1					
• **Summary of Issue Raised**					
• **Findings / Evidence –** *Please share any good practice with staff member as well as discussing any concerns*					
• **Judgment and Reason for Judgement** *(for this aspect of the complaint only)*					
Complaint Upheld		Complaint Partly Upheld		Complaint Not Upheld	
Reason:		Reason:		Reason:	
Please Record Learning & Action					

Issue 2
• **Summary of Issue Raised**

• **Findings / Evidence –** *Please share any good practice with staff member as well as discussing any concerns*
• **Judgment and Reason for Judgement** *(for this aspect of the complaint only)*

Complaint Upheld		Complaint Partly Upheld		Complaint Not Upheld	
Reason:		Reason:		Reason:	
Please Record Learning & Action					

Issue 3
• **Summary of Issue Raised**
• **Findings / Evidence –** *Please share any good practice with staff member as well as discussing any concerns*
• **Judgment and Reason for Judgement** *(for this aspect of the complaint only)*

Complaint Upheld		Complaint Partly Upheld		Complaint Not Upheld	
Reason:		Reason:		Reason:	

Please Record Learning & Action

Complainant's Requested Outcomes
Where the complainant has been explicit about the outcomes they are looking for, please comment on whether or not these are achievable or justified:

Please list below the Staff Members involved with the Complaint and the Investigation		
Name	**Job Title**	**How Involved**

Checklist – *Please provide the following documents (if appropriate) with the completed toolkit*		
Staff Comments	YES	NO
Relevant Medical Records *(if requested by complaint handler)*	YES	NO
Policies & Procedures	YES	NO
File Notes / Correspondence	YES	NO

Guidance on Writing a Complaint Response

9.1.1 How it is written:

- It is written in plain English
- It is informative and easy to understand.
- The tone is always polite whatever the tone of the complainant's letter / complaint.
- Any medical or technical terms are explained.
- Any acronyms and abbreviations used have an explanation as to what they mean. Widely accepted abbreviations e.g. NHS, GP or MP can be left unexplained. Explain an abbreviation the first time it is used e.g. Clinical Commissioning Group and thereafter use the abbreviation "CCG".
- Keep sentences short (maximum of 20 words).
- Link paragraphs so that they flow and 'tell a story'.
- Be as sympathetic as appropriate.
- Be factually correct.
- Check spelling.
- Avoid the use of the words felt or perceived e.g. I am sorry you felt that or perceived.

9.1.2 Best Practice Format:

- Use Arial, 12 point format.
- No need to indent paragraphs, unless using bullet points.
- Leave a line space between paragraphs.
- Underline website addresses, such as www.dh.gov.uk, punctuated according to their place in a sentence.
- Write publication titles in italic e.g. NHS Improvement Plan should appear as NHS Improvement Plan.
- Be consistent in your use of capital letters.

- Avoid paragraphs beginning with ‘it’ or ‘they’ as these are confusing for the reader.

9.1.3 Content should include:

- An acknowledgement of the concerns; Summarise the key issues to be addressed but do not regurgitate the full content of the original complaint so that this is the bulk of the content of your response.
- The response should also explain the steps taken to investigate the complaint and state what evidence you have taken into account, including:
- the complainant’s concerns;
- the account of events by the person(s) complained about (if relevant);
- any relevant documentation, including medical records; relevant law, policy, guidance and procedures (quote when appropriate); and any independent clinical or professional advice taken.
- A thorough explanation of what you think happened and, if different, what you think should have happened.
- Inform the complainant of any actions you will take as a result of the complaint and of the lessons learnt.
- Address any conflicting evidence or lack of evidence and ensure all the concerns raised by the complainant are addressed. If some points are not addressed, the reasons for this must be explained.

9.1.4 Practice Letterhead

- Please address your response to the complainant
- Ensure the letter is headed Private and Confidential
- Clearly state what you are responding to. Please ensure you only respond to issues raised in the letter of complaint.
- Apologise that the complainant had reason to complain.
- Please note section 2 of the compensation act 2006 states: “An apology, an offer of treatment or other redress, shall not of itself amount to an admission of negligence or breach of statutory duty”

- Address all the concerns raised in the letter of complaint. Inform the complainant of action taken and where possible provide supporting documentation.

APPENDIX F

1.9 Guidance on Writing a Complaint Response

1.9.1 How it is written:

- It is written in plain English
- It is informative and easy to understand.
- The tone is always polite whatever the tone of the complainant's letter / complaint.
- Any medical or technical terms are explained.
- Any acronyms and abbreviations used have an explanation as to what they mean. Widely accepted abbreviations e.g. NHS, GP or MP can be left unexplained. Explain an abbreviation the first time it is used e.g. Clinical Commissioning Group and thereafter use the abbreviation "CCG".
- Keep sentences short (maximum of 20 words).
- Link paragraphs so that they flow and 'tell a story'.
- Be as sympathetic as appropriate.
- Be factually correct.
- Check spelling.
- Avoid the use of the words felt or perceived e.g. I am sorry you felt that or perceived.

1.9.2 Best Practice Format:

- Use Arial, 12 point format.
- No need to indent paragraphs, unless using bullet points.
- Leave a line space between paragraphs.
- Underline website addresses, such as www.dh.gov.uk, punctuated according to their place in a sentence.
- Write publication titles in italic e.g. NHS Improvement Plan should appear as NHS Improvement Plan.
- Be consistent in your use of capital letters.
- Avoid paragraphs beginning with 'it' or 'they' as these are confusing for the reader.

1.9.3 Content should include:

- An acknowledgement of the concerns; Summarise the key issues to be addressed but do not regurgitate the full content of the original complaint so that this is the bulk of the content of your response.
- The response should also explain the steps taken to investigate the complaint and state what evidence you have taken into account, including:
- the complainant's concerns;
- the account of events by the person(s) complained about (if relevant);
- any relevant documentation, including medical records; relevant law, policy, guidance and procedures (quote when appropriate); and any independent clinical or professional advice taken.
- A thorough explanation of what you think happened and, if different, what you think should have happened.
- Inform the complainant of any actions you will take as a result of the complaint and of the lessons learnt.
- Address any conflicting evidence or lack of evidence and ensure all the concerns raised by the complainant are addressed. If some points are not addressed, the reasons for this must be explained.

1.9.4 Practice Letterhead

- Please address your response to the complainant
- Ensure the letter is headed Private and Confidential
- Clearly state what you are responding to. Please ensure you only respond to issues raised in the letter of complaint.
- Apologise that the complainant had reason to complain.
- Please note section 2 of the compensation act 2006 states: *"An apology, an offer of treatment or other redress, shall not of itself amount to an admission of negligence or breach of statutory duty"*

- Address all the concerns raised in the letter of complaint. Inform the complainant of action taken and where possible provide supporting documentation.

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APPENDIX G

1.10 Example Practice Complaint Response Letter

(xx)(month in words) (xxxx)

Dear Mr/Miss/Ms/Mrs xxxxxxx,

I am writing in response to your letter of complaint regarding your experience at the Practice in relation to accessing your prescription.

I was sorry to hear of your experience. Thank you for raising your concerns. It is important that we hear from patients when things have gone wrong as this can help us learn and make improvements.

In your letter of complaint you state that Dr xxxx refused to issue you with a prescription for xxxxxx. I have discussed this matter with the GP and based on your recent medical review, Dr xxxx felt there was no longer clinical justification for him to prescribe you with xxxxx as you no longer suffer from xxxxxx.

Dr xxxx is sorry that you did not understand that from the information he gave to you at the time. He will in future check with patients their understanding of changes made to their medications. Other staff will be reminded how important it is to check that patients have understood information given to them and that writing changes down may be helpful to the patient.

I also note that you state our receptionist was rude and deliberately delayed your prescription request. Following an investigation, (insert name), our receptionist recalls that she may have raised her voice and apologises for this and the upset this caused you. She has explained to me that she processed your prescription for your other medications the same day you handed it in. Please find attached a copy of our email confirmation showing evidence of this action.

If you would like to discuss any of the issues further please do not hesitate to contact me on my direct line number xxxxxxx at the surgery and we can arrange a convenient time and date to meet. **

If you are not satisfied with our response, you have the right to take your complaint to the Health Service Ombudsman. The Ombudsman is independent of government and the NHS. You can contact their helpline on 0345 015 4033, email phso.enquiries@ombudsman.org.uk, fax 0300 061 4000 or via post Citygate, Mosley Street, Manchester, M2 3HQ. Further information about the Ombudsman is available at www.ombudsman.org.uk.

Yours sincerely

**Remember it may be that the outcome of the investigation is not what the person making the complaint expected or wishes to hear. This needs to be acknowledged in a respectful and compassionate manner appropriate to the individual circumstances.

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APPENDIX H

1.11 Entering a Complaint onto TeamNet

COMPLAINT *(NB: This is a paper representation of the information to be filled in on TeamNet)*		
GENERAL		
Reference:	[*Enter Clinical System Patient NHS number]*	
Date [Complaint] Received:		
Date of Event:		
People:	[Select other members of staff involved from the drop down list if appropriate] *(NB: click on 'Select People' you can then 'filter roles' or add individuals within your team)*	
Who is the Complaint about:	**Practice**	Area: (*Select from the following*) • Dental Surgery • GP Surgery • Health Centre / Clinic • NHS 111 • Other Community Setting • Patient's Home • Prison, Detention or similar • Residential / Care Home
	Third Party	[Enter name of Third Party]
Subjects: *(Select Subject(s) of Complaint using **Select subject categories.** NB: you can select more than one subject if more apply)*	• Anaesthesia • Appointment Availability/Length • Appointment Obtaining (inc. 0844 Numbers) • Care Planning • Charging/Costs • Clinical Treatment (inc. Errors) • Communications • Confidentiality (Breach etc) • Consent to Treatment • Delay in Diagnosis • Delay in/Failure to Refer • Disability Issues (Access etc) • End of Life Care • Equipment (Quality) • Failure to Diagnose • Follow-up Care • Hygiene (Equipment) • Hygiene (Hand etc)	

COMPLAINT *(NB: This is a paper representation of the information to be filled in on TeamNet)*	
	• Inaccurate/Incorrect Records • Loss of Records • Loss of/Failure to Send Sample • Misdiagnosis Other • Out of Hours / Remote Service Provision • Practice Management • Premises (inc. Cleanliness, Condition) • Prescribing Error • Prescription Issues • Privacy and Dignity • Refusal to Allow Access to Records • Refusal to Prescribe • Refusal to Refer • Refusal to Visit • Removal from List • Repeat Prescription Process • Staff Attitude/Behaviour/Issues • Surgery Hours • Treatment not Available • Waiting Time for Appointment
Staff Groups: *(Select Staff Group(s) from **Select staff groups.** NB: you can select more than one staff group if more apply)*	• Admin Staff inc. Receptionist • All Staff • Healthcare Assistant • Locum Practitioner • Other / No Staff Involved • Pharmacist • Podiatrist • Practice Manager • Practice Nurse • Practitioner • Therapist
Age of Patient: *(please select an age group)*	• Age 0–19 • Age 20–59 • Age 60 and above • Age Unknown

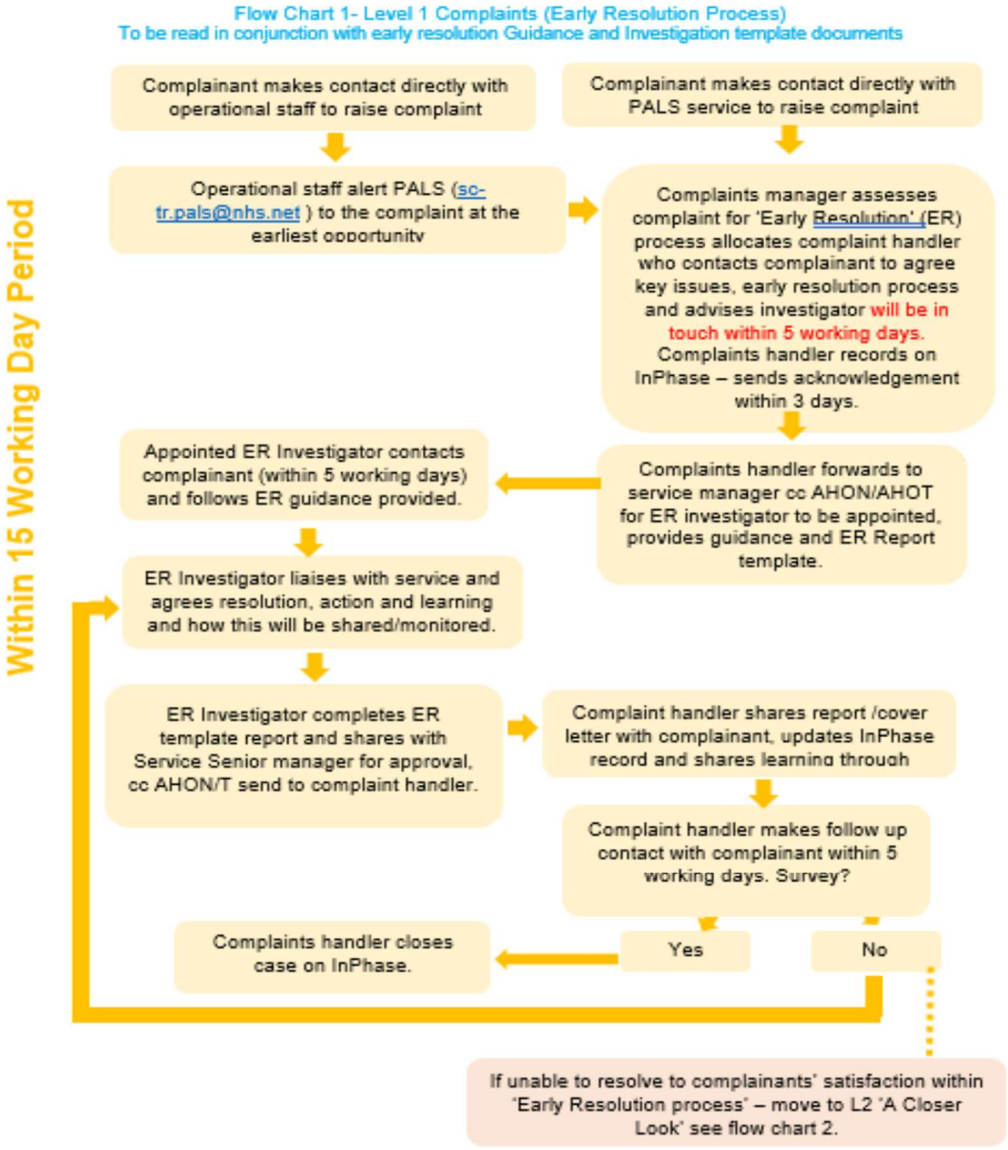
COMPLAINT ***(NB: This is a paper representation of the information to be filled in on TeamNet)***		
Complainant: *(please select an option)*	• Carer • Other • Patient / Parent / Guardian	
(*select by ticking*)	**Written complaint**	**Verbal complaint**
Summary of the complaint: *(NB: Please ensure you include how **consent** was gathered if the complainant is immediate family or third party)*		
[*write a brief summary of the complaint*]		
Complete by Date: *(NB: refer to policy for complete date timelines (e.g. 15 for simple / 35 for complex)*		
Upload any files and web addresses that apply to the Complaint		
ACTIONS		
Please ensure any immediate actions taken are logged to prevent further harm *(+ ADD any agreed actions pending and completed for the Complaint)*		
Title:	*(what is the action?)*	
Due:	*(When the action is due for completion)*	
Assign:	Person *(e.g. to yourself or any other team member)*	Roles *(e.g. to all Nurses or GPs)*
Notes:	*(add any further information useful for the individual or team)*	
RESOLUTION		
Actions taken:		
What are the learning points?		
Upheld Status	1. Upheld 2. Partially Upheld 3. Not Upheld	
Closed:	[*enter date*]	
Resolution:	1. Resolved by Phone / In Person 2. Resolved by Letter	

COMPLAINT *(NB: This is a paper representation of the information to be filled in on TeamNet)*	
	3. Unresolved 4. Escalated
Select whether a Letter of Acknowledgement has been sent	
☐	Sent
☐	Not Required
If *Sent* please fill in	
Sent on:	[*enter date*]
Sent by:	[*select*]
Select whether a Letter of Response has been sent	
☐	Sent
☐	Not Required
If *Sent* please fill in	
Sent on:	[*enter date*]
Sent by:	[*select*]
VISIBILITY & CONTROL	
(Set who this item is shared and visible to)	
This item can be seen by the creator, lead and people in: [Your Practice]	
Choose individuals *(You Must Share the Complaint with the Sussex Primary Care module – select this from the drop down list. You can then also share with relevant individuals and / or certain groups / roles of staff)*	**Restrict visibility** *(you can restrict visibility and make the Complaint only visibility to certain staff groups / roles. It is unlikely you will need to do this unless instructed to by a Clinical Lead or the Deputy / Medical Director)*
FILING	
(This section allows you to add your Complaint as evidence against the appropriate CQC KLOE (Key Like of Enquiry) this should only be done when discussed with the Clinical Lead / Deputy / Medical Director / Head of Nursing / Quality Assurance Lead)	
CPD	
In March 2018, the GMC determined that the term 'significant event' will refer exclusively to events which reach a GMC threshold of potential and/or actual serious harm to patients (currently known as significant untoward incidents, critical incidents, serious incidents or GMC-level significant events). The GMC requires all significant events to be both declared and evaluated, especially in circumstances where staff have been personally named and/or	

COMPLAINT *(NB: This is a paper representation of the information to be filled in on TeamNet)*	
where a patient(s) could and/or did come to harm. As a result, all significant events that meet the GMC threshold must be included and considered during your appraisal. Please add anonymised information about the significant event only, do not use patient identifiable data. (This section allows you to summarise your SE and reflect	
Date of event:	*(This will be same information as entered within the **GENERAL** section)*
Reference:	*(This will be same information as entered within the **GENERAL** section)*
Title:	*(This will be same information as entered within the **GENERAL** section)*
Category:	*(This will be same information as entered within the **GENERAL** section)*
Severity:	*(This will be same information as entered within the **GENERAL** section)*
Lead:	*(This will be same information as entered within the **GENERAL** section)*
People Involved:	*(people involved in the reflection)*

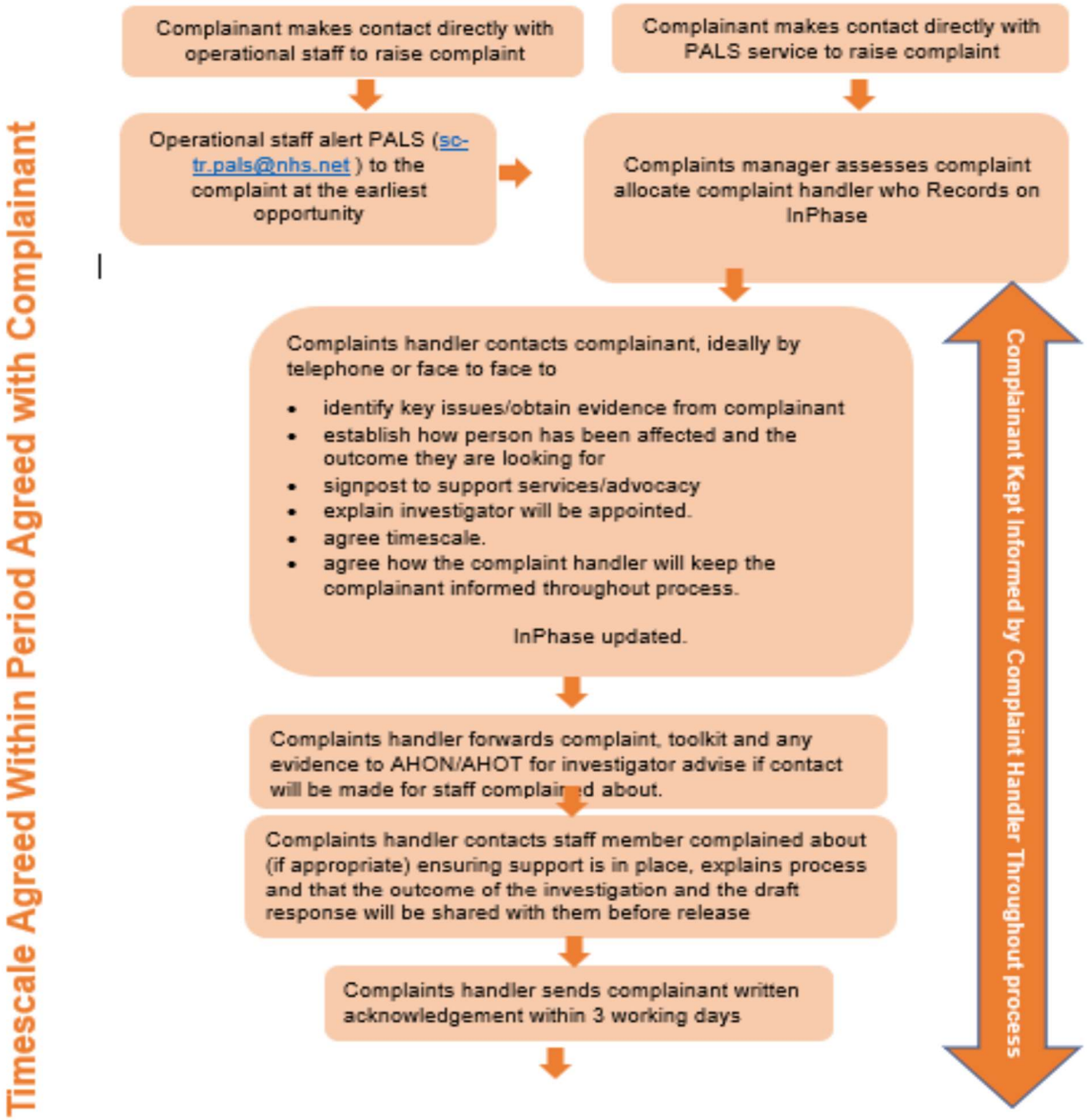
APPENDIX I

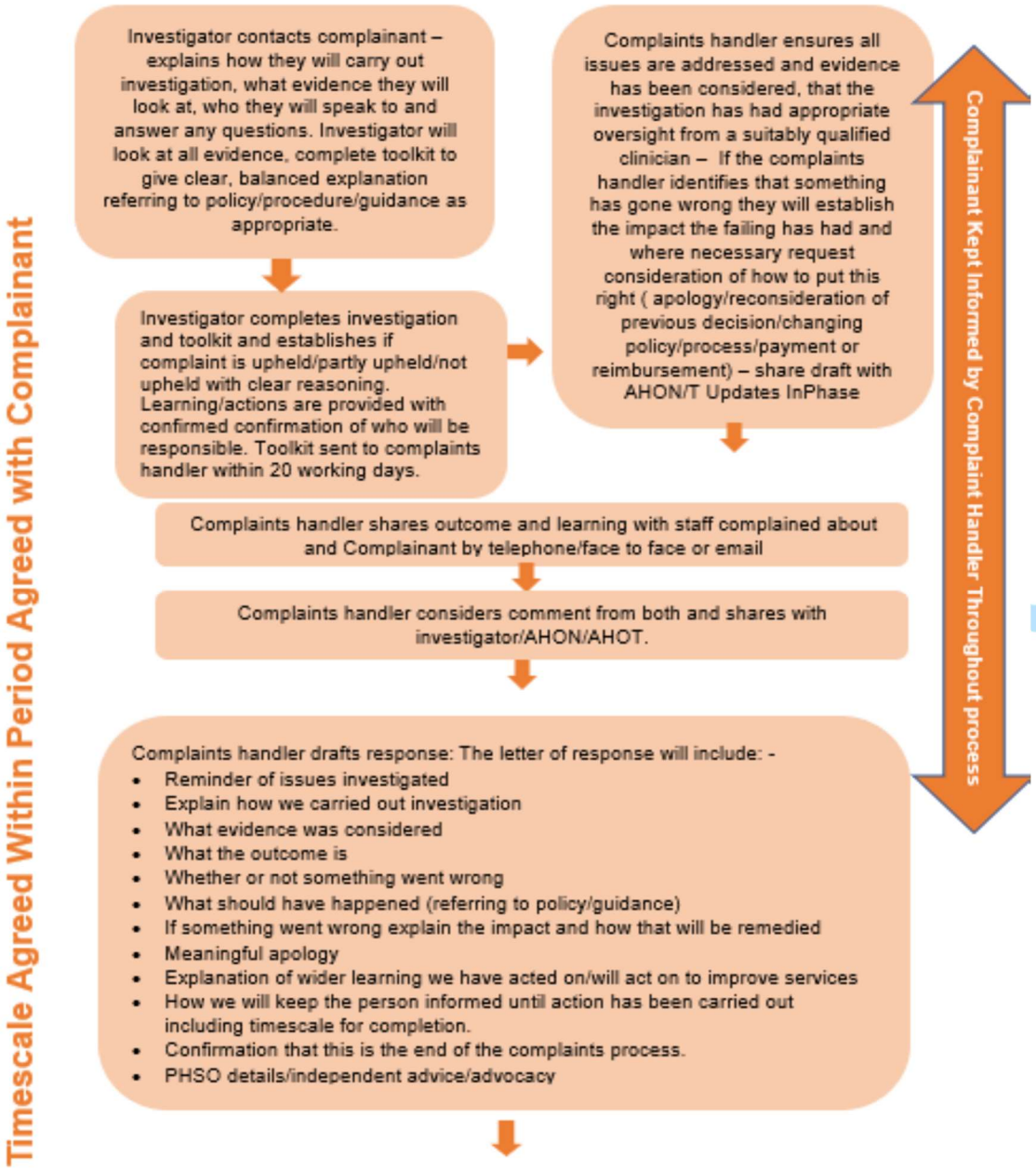
1.12 Flow Chart of Processes

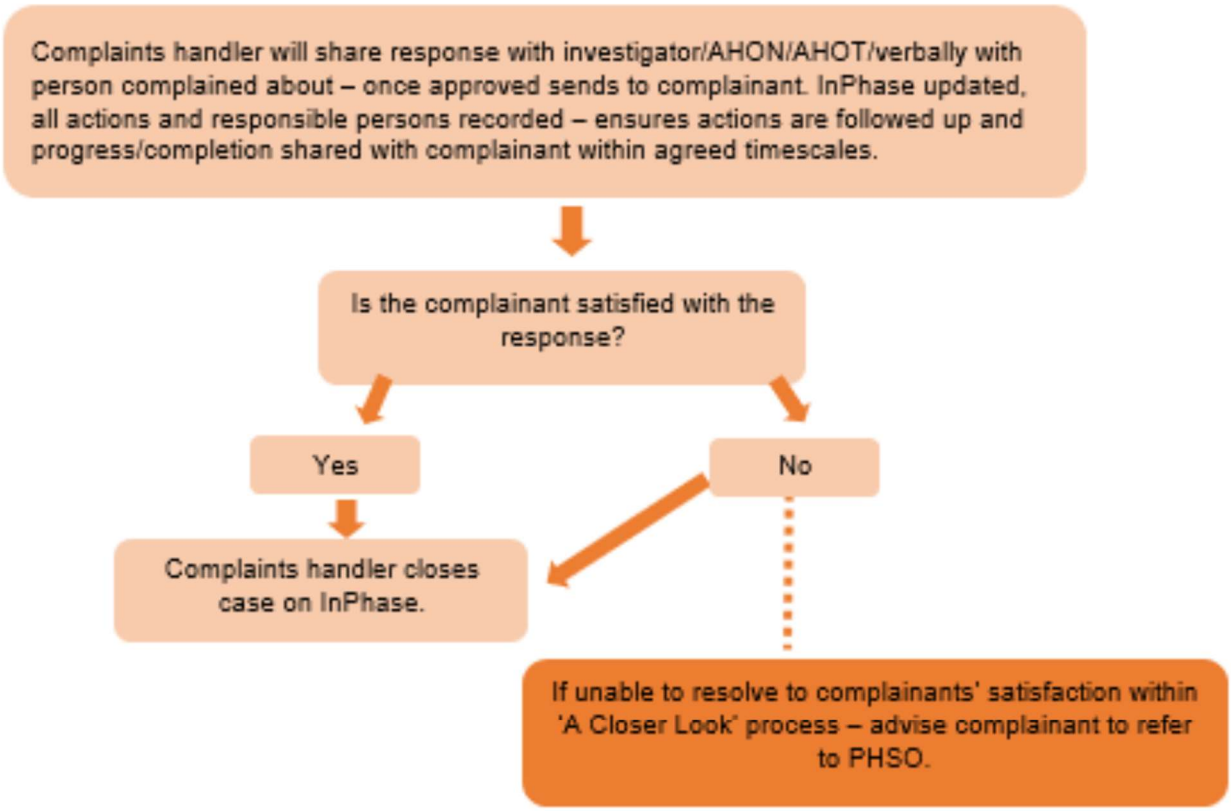


Flow Chart 2 - Level 2 Complaints (A Closer Look Process)

To be read in conjunction with early resolution Guidance and Investigation template documents




Timescale Agreed Within Period Agreed with Complainant
Investigator contacts complainant – explains how they will carry out investigation, what evidence they will look at, who they will speak to and answer any questions. Investigator will look at all evidence, complete toolkit to give clear, balanced explanation referring to policy/procedure/guidance as appropriate.
Investigator completes investigation and toolkit and establishes if complaint is upheld/partly upheld/not upheld with clear reasoning. Learning/actions are provided with confirmed confirmation of who will be responsible. Toolkit sent to complaints handler within 20 working days.
Complaints handler ensures all issues are addressed and evidence has been considered, that the investigation has had appropriate oversight from a suitably qualified clinician – If the complaints handler identifies that something has gone wrong they will establish the impact the failing has had and where necessary request consideration of how to put this right (apology/reconsideration of previous decision/changing policy/process/payment or reimbursement) – share draft with AHON/T Updates InPhase
Complainant Kept Informed by Complaint Handler Throughout process
Complaints handler shares outcome and learning with staff complained about and Complainant by telephone/face to face or email
Complaints handler considers comment from both and shares with investigator/AHON/AHOT.
Complaints handler drafts response: The letter of response will include: -
Reminder of issues investigated
Explain how we carried out investigation
What evidence was considered
What the outcome is
Whether or not something went wrong
What should have happened (referring to policy/guidance)
If something went wrong explain the impact and how that will be remedied
Meaningful apology
Explanation of wider learning we have acted on/will act on to improve services
How we will keep the person informed until action has been carried out including timescale for completion.
Confirmation that this is the end of the complaints process.
PHSO details/independent advice/advocacy


Complaints handler will share response with investigator/AHON/AHOT/verbally with person complained about – once approved sends to complainant. InPhase updated, all actions and responsible persons recorded – ensures actions are followed up and progress/completion shared with complainant within agreed timescales.
Is the complainant satisfied with the response?
Yes
No
Complaints handler closes case on InPhase.
If unable to resolve to complainants' satisfaction within 'A Closer Look' process – advise complainant to refer to PHSO.

Sussex Primary Care

NHS
Providing NHS services

EQUALITY IMPACT ASSESSMENT

Please summarise any evidence about how the work may impact people either positively or negatively specifically linked to their characteristics. • E.g. performance or survey data; focus groups; PALS; incident reviews; NICE guidance; research; good practice; demographic data • Mark an '**X**' in the columns for as many characteristics as are relevant	Mark '**X**' relevant characteristics								
	Age	Disability and Carers	Race	Religion or Belief	Sex	Pregnancy or Maternity	Gender Reassignment	Sexual Orientation	Other (e.g. Armed F
Positive Impacts:									
Negative Impacts:									

1. Equality Analysis

Please evaluate how the work may impact people with protected characteristics to meet the three **Aims (A-C)** below, referencing any evidence identified above. If an aim is not relevant to your work, please explain why.

Aim A. Eliminate Discrimination – Please evidence if the work could unlawfully discriminate:

- Include who is discriminated (e.g. disabled adults) and how. Include detailed reasons if it is lawful

Aim B. Advance Equality of Opportunity – Please evidence if the work:

- Minimises disadvantage – Does the work address any poorer outcomes for particular protected groups?
- Meets different needs – Does the work meet different protected groups' social, cultural or other needs?
- Encourages participation – Does the work target under-represented groups to increase involvement?

Aim C. Foster Good Relations – Please evidence if the work:

- Tackles prejudice – Does the work increase contact between groups to reduce negative attitudes?
- Promotes understanding – Does the work educate people about groups to change negative attitudes?

2. Human Rights Analysis

Mark **'X'** against the relevant rights which are safeguarded (**+**) or breached (**−**) by the work:	+	−
Article 2. Right to life (e.g. The Deteriorating Patient policy, DNACPR or Clinical competencies)		
Article 3. Prohibition of torture, inhuman or degrading treatment (e.g. Consent or Safeguarding)		
Article 5. Right to liberty and security (e.g. Deprivation of Liberty or Restrictive Interventions)		
Article 8. Right to respect for private and family life, home and correspondence (e.g. Confidentiality, health records, carer involvement, correspondence or staff leave)		
Article 9. Freedom of thought, conscience and religion (e.g. End of Life Care or Prescribing)		
Article 10. Freedom of expression (e.g. Patient information or Raising Concerns policy)		
Article 12. Right to marry and found a family (e.g. Pregnancy testing procedure)		

3. Monitoring

Please describe how any impacts will be monitored: (e.g. annual policy review, audit, performance metric)

1.12.1 Outcome

Choose the final outcome(s) **a-d** of the analysis with an '**X**' and explain the reasons in the space below:

☐ **(a)** Continue the work ☐ **(b)** Change the work ☐ **(c)** Justify and continue the work ☐ **(d)** Stop the work	Detailed reasons *(copy this statement into your main paperwork and any committee papers – this is what you want the decision-makers to see)*:

Please score any risks to equality or human rights below and update your risk register:

Consequence score:	x	Likelihood score:	=	**Equality and Human Rights Risk Score:**

Assurance Statement: I have reviewed the evidence with rigour and an open-mind and am satisfied there has been due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations, and there is compliance with Section 149 of the Equality Act 2010.		
Analysis Lead(s) names:		Date:
Ratifying committee / body:		Date:
Reviewer (office use):	Decision:	Date:

4. Improvement Plan

Description of actions	Date	Person	How will this be Delivered?
Add more rows if necessary			

1.13 Guidance

Equality and Human Rights Analysis (EHRA)

An EHRA is a tool to understand SPC's impact on diverse people and to eliminate discrimination, advance equality of opportunity, foster good relations and safeguard their rights.

Title

Insert the title(s) of the work in the space. For the sake of simplicity, analyse related work and documents together (within reason). Include any unwritten practices within the analysis.

All of SPC's public functions (including those delivered in partnership) should be analysed. This includes development and review of services and all documents listed in the 'Management of Policies, Procedures and Guidelines Policy'.

SPC remains accountable for outsourced services, which should require external providers to analyse, report and monitor their impact upon equality.

Aims

Describe what the work seeks to achieve. This should be in plain language and avoid jargon.

5. Evidence:

➲ This section describes all the relevant evidence about how the work affects people positively and negatively. The greater the work's aim is to advancing equality the more evidence to consider (i.e. of potential / actual discrimination, disadvantage, unmet needs or

Local intelligence is available from Brighton and Hove Connected, West Sussex JSNA and East Sussex in Figures. National data is available from the Health & Social Care Information Centre (HSCIC) and research from the National Institute for Health and Care Excellence (NICE).

- AGE:

- Age can refer to either a particular age or an age group. An age group includes people of the same age or an age range (e.g. 65-74 yrs.)

➢ Disability:

- A disabled person has a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Effects might include (but are not limited to):
  - Behavioural and Emotional
  - Hearing
  - Manual Dexterity
  - Memory or ability to concentrate, learn or understand (Learning Disability)
  - Mobility and Gross Motor
  - Perceptions of Physical Danger
  - Personal, Self-Care and Continence
  - Progressive Conditions and Physical Health (such as HIV, cancer, MS, fits etc.)
  - Sight
  - Speech.

  Carers:

  It is direct discrimination to treat someone less favourably because of their association with someone who has any of the protected characteristics (not just disability) e.g. a parent or partner. The association does not need to be a permanent one (e.g. an occasional respite carer).

➢ Gender Reassignment:

- Gender reassignment is the process of transitioning from one gender to another. It does not require someone to undergo medical treatment. A transsexual person is someone who has undergone gender reassignment, although the term 'Trans*' is preferred by many community members.

➢ Marriage and Civil Partnership:

- If a person is married or is a civil partner.

➢ Pregnancy or Maternity:

- Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the work context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

- Race:
  - Colour
  - Nationality, e.g. British or Afghan citizenship
  - National Origins, i.e. country of origin
  - Ethnic Origins, e.g. Romani background or Chinese heritage or social caste.
- A racial group could be "black Britons" including people who are both ethnically black and British citizens.
- Religion or Belief (including none):
- Religion has the meaning usually given to it and includes Buddhism, Christianity, Hinduism, Islam, Judaism, Sikhism etc. The main part of the definition is that the religion must have a clear structure and belief system.
- A belief can be either religious or philosophical, including a lack of belief (e.g. Atheism). Denominations within a religion can be a religion or a belief.
- Sex:
- A woman or a man
- Sexual Orientation:
  - Bisexual people
  - Gay men and women / lesbians
  - Heterosexual people.
- Other Characteristics
- You may wish to evidence how your work impacts people with other characteristics linked to health outcomes or care needs, such as: serving military personnel and veterans, homelessness, income, sex-workers etc.

6. Equality Analysis

This section describes how the work potentially or actually impacts people either positively or negatively against the three aims of the equality duty, referencing evidence.

The analysis should consider each of the three aims of the equality duty (Section 149 of the Equality Act 2010):

> **(1)** A public authority must, in the exercise of its functions, have due regard to the need to—
>
> (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
>
> (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

'Due regard'

Means the weight given to meet the duty should be in proportion to the work's relevance.

Aim A. Eliminate Discrimination

Describe any negative impacts of the work that could discriminate, harass, victimise or cause other prohibited conduct:

- Direct Discrimination – Less favourable treatment of a person because of a protected characteristic. I.e. not providing or withdrawing a treatment or subjecting someone to a detriment, e.g. restraining them, because of a protected characteristic
- Impacts on people who are associated with people or perceived to have protected characteristics are also protected from direct discrimination (e.g. carers, family, friends, associates etc)
- Indirect Discrimination – The unjustified application of a provision, practice or criteria to everyone that puts certain people at a disadvantage. E.g. clinic opening times clashing with religious prayer times
- Discrimination arising from disability – The unjustified unfavourable treatment of a disabled person because of something arising in consequence of their disability. E.g. excluding a person from a particular therapy due to them having to lie on the floor because of their disability

- Failure to make Reasonable Adjustments A failure to take reasonable steps to avoid substantial disadvantage put upon a disabled person by:
  - Provisions, criteria or practices
  (e.g. list orders, assessment criteria or consent practices); or
  - Physical features (e.g. clinic fixtures); or
  - Lack of auxiliary aids (e.g. hearing loops).

Not providing accessible information is a failure to make a reasonable adjustment. All failures are unjustifiable, but there are limits to 'reasonableness'.

- Pregnancy and maternity discrimination: non-work cases – Treating a woman unfavourably because of her pregnancy or within 26 weeks of her giving birth. E.g. not allowing women sitting in reception areas to breast-feed or a clinically unjustified contra-indication of pregnancy to access a therapy
- Pregnancy and maternity discrimination: work cases – Treating a woman at work unfavourably because of her pregnancy, or because of illness suffered as a result of pregnancy, or because she is on or is applying for maternity leave

- Harassment – Unwanted conduct that has the purpose or effect of violating another person's dignity; or creating an intimidating, hostile, degrading, humiliating or offensive environment for a person. E.g. not providing single-sex changing areas
- Victimisation – Subjecting a person to a detriment because they have taken (may take) or are perceived to have taken proceedings under the Equality Act or given evidence or made allegations (in good faith)
- Gender reassignment discrimination: cases of absence from work – Less favourable treatment of a Trans* person taking work absence related to gender reassignment, than if their absence had been because of sickness or injury, or than if the absence had been for some other reason and their treatment was unreasonable.

Lawful discrimination

Exceptions, exclusions or statutory authority

- **Exceptions** listed in the Equality Act 2010 e.g. single sex services or refusing a service because there is a real risk to a pregnant women's health and safety
- **Exclusions** e.g. the age discrimination ban in services does not apply to under 18's
- **Statutory authority** of discrimination set in law

Objective justification

Less favourable treatment can sometimes be 'objectively justified' as a *proportionate means of achieving a legitimate aim*. This may include:

- Indirect discrimination
- Discrimination arising from disability
- Direct age discrimination

It is important to document the reasons for justifying discrimination and the robust supporting evidence. It is normally insufficient to justify on cost savings alone. A judge or tribunal panel must be satisfied that the Trust had 'due regard' to the aims of the equality duty if the work is challenged in court.

For more information please refer to the statutory codes of practice published by the Equality and Human Rights Commission, which is the national enforcement agency.

Aim B. Advance Equality of Opportunity

Describe whether the work includes or lacks provisions to advance equality for people with protected characteristics where there is evidence to suggest that they:

- Suffer a connected disadvantage; or
- Have different needs; or
- Participate in an activity in disproportionately low numbers.

Statements that the work universally benefits all people without any analysis or rationale will not usually be adequate.

Describe any positive impacts of the work to:

+ Enable or encourage people to overcome or minimise a connected disadvantage
  e.g. a new geriatrician post for older people
+ Meet people's different needs
  e.g. a learning disability health facilitator
+ Enable or encourage participation in activities
  e.g. the Black and Minority Ethnic (BME) and Travellers Team'

Positive action in a work context may include particular activities to encourage applicants.

+ Also describe any reasonable adjustments for disabled people to overcome substantial disadvantage, i.e. changing provisions, criteria and practices, physical features and providing auxiliary aids.

Describe any negative impacts where the work misses opportunities to address:

➢ Disadvantage
  e.g. frailty, poverty, lack of transport or skills
➢ Unmet needs
  e.g. communication, dietary or modesty
➢ Low participation
  e.g. therapy adherence or non-concordance

Aim C. Foster Good Relations

Describe how the work includes or lacks provisions to foster good relations, e.g.

+ A pain assessment policy requires staff be competent with cultural indicators of pain

➢ A dignity strategy ignores increased reports of perceived prejudice in an annual survey

7. Human Rights Analysis

This section describes how the work impacts on people's fundamental rights and freedoms in the European Convention on Human Rights.

Human rights provide minimum legal standards of care and employment for the Trust. Analysis leads should just take a common sense view:

+ If the work safeguards or promotes a human right, then mark it with an '**X**' in the corresponding positive (**+**) box

− If a feature of the work has potential to unlawfully interfere with a human right then mark it with an '**X**' in the negative (**−**) box

Consider how the work safeguards basic values:

- **Fairness** (i.e. allocation of resources, e.g. care)
- **Respect** (i.e. valuing people's dignity)
- **Equality** (i.e. the equal dignity of all people)
- **Dignity** (i.e. human life as valuable)
- **Autonomy** (i.e. independence and privacy).

Article 3 (prohibition of torture, inhuman or degrading treatment) is an 'absolute' right' and can never be restricted. Other human rights can be limited in specific circumstances or qualified where general conditions are met. Further human rights in healthcare guidance is published by the Equality and Human Rights Commission.

8. Monitoring

This section describes the ongoing arrangements to monitor the work's impacts.

Consider how the work will be monitored (e.g. performance metric or quality indicator), who will do this (e.g. which committee) and how often (e.g. quarterly). Monitoring arrangements can be as simple as a regular three-yearly planned policy review or a regular contract review meeting agenda item.

9. Outcome

This section details the outcome(s) of the analysis and the reasons for this. It also scores any equality or human rights related risks.

Mark at least one outcome(s) and then describe in the space provided the reasons for that choice. Merely stating that a policy universally applies to everyone is unlikely to be sufficient to demonstrate the advancement of equality for most of the Trust's work – and a more detailed rationale should usually be included.

Outcome a: Continue the work

Choose this outcome when the analysis demonstrates that the work shows no potential for discrimination (or unlawful breach of human rights) and all relevant opportunities to advance equality and foster good relations between different people have been proportionately undertaken.

Outcome b: Change the work

Choose this outcome when the analysis identifies changes required to the work (in line with the improvement plan at section six), to ensure it does not miss opportunities to advance equality or foster good relations.

Outcome c: Justify and continue the work

Choose this outcome when the work discriminates (or a human right is limited or qualified) but it is not unlawful and a detailed justification explaining why has been included. Seek advice from the Equality and Diversity service if this is the outcome chosen.

Outcome d: Stop the work

If the work contains unlawful discrimination that cannot be removed or objectively justified, then stop it in order to avoid being sued for breach of the Equality Act 2010.

If the work contains potentially unlawful human rights breaches, then stop it in order to avoid being sued for breach of the European Convention on Human Rights.

Document the reasons for the outcome selected and the information used to make this decision. Copy this paragraph into the committee papers and ensure the ratifying or approving committee members have sight of this outcome when making a decision about the work.

Equality and Human Rights Risk Score

Consider the work's negative impacts with the risk to the SPC, including legal compliance with the Equality Act 2010 and the European Convention on Human Rights.

Score (between 1 to 5) the levels of both overall consequence and likelihood. Multiply these two scores together to get the Equality and Human Rights Risk Score.

Do not average out the scores at the expense of losing the true extent of the risk. Add the risk to the risk register as appropriate.

Refer to the SPC's risk management table of consequences and risk matrix for further guidance on risk scoring, including quality of care and statutory compliance.

Assurance Statement

This is an acknowledgement by the lead(s) signing-off the analysis of their obligations. 'Due Regard' is the legal instruction that SPC must take to remain compliant with Section 149 of the Equality Act 2010.

Analysis Lead(s) Sign-off

The analysis lead(s) signing off the assurance statement is the senior responsible officer for the work and might include (if different) someone else who wrote the analysis.

The lead(s) must insert their name and the date the analysis was completed in the space provided, as well as the name of the **final** ratifying committee or body where the papers are tabled for a decision and the meeting date the work is due to be ratified or decided upon.

Analysis Lead Responsibilities

- Analysis of your work's impact on people with protected characteristics to eliminate discrimination, advance equality and foster good relations. This must start at the earliest point in the work's development and continue throughout.
- Notifying SPC Board prior to ratification or approval of your work's impacts on the SPC duty to have 'due regard' to the advancement of equality.

10. Improvement Plan

This section records agreed improvements to advance equality from the analysis.

Copy the identified improvement actions back into relevant action plans for delivery or escalate the issues identified to your management team for managing their delivery.

Send this form along with the main paperwork for consultation and ratification or approval.

11. Related Guidance

Training is available to analysis leads (policy-writers, senior responsible officers, strategy authors) by contacting the Equality and Diversity service.

Equality and Human Rights Commission guidance:

- Meeting the Equality Duty in Policy and Decision-Making (2014)
- Human Rights: Human Lives. A Guide to the Human Rights Act for Public Authorities