

Complaints, Concerns and Compliments Policy

Version: 4

Summary:	This document sets out the policy for receiving and handling complaints, concerns and compliments.	
Keywords (minimum of 5): <i>(To assist policy search engine)</i>	Complaints, PALS, Advice, Concerns, Comments, Compliments, Experience, Feedback, Organisational Learning, Customer experience	
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Version Control

Change Record

Date	Author	Version	Page	Reason for Change
March 2012	Gemma Seymour	Draft	All	Merging of former HPFT and HCHC Policy
May 2016	Cathy Lakin	1	All	Changes throughout.
July 2016	Briony Cooper	1	All	Review, change name, add 1.7 change roles and responsibilities to reflect line management changes
June 2017	Laura Butler	3	All	Re-write, name change.
August 2018	Kate Oliver	4	5 & 12	Information added about advocates & representatives for complainants under scope - under section 2.2. Referenced the following document - Policy Compliance with Code of Practice: Mental Health Act 2015 under supporting documents.

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Complaints, Concerns and Compliments Policy

1 Introduction

- 1.1 This procedure should be read in conjunction with the Complaints and Patient Experience Procedure- SH NCP 11.
- 1.2 Southern Health NHS Foundation Trust (the Trust) strives to provide high quality care and treatment to all its service users, however, we recognise that we will not always meet people's expectations.
- 1.3 The Trust considers all feedback important. The experience of each person who comes into contact with this Trust will be unique. Listening to people's experiences is a vital tool in gauging how well the Trust is providing services and how we can improve for the future.
- 1.4 It is therefore important that the Trust has a clear process for feedback to ensure that any concerns and complaints are dealt with efficiently and effectively. The way in which people's feedback is dealt with must take their preferences into account and ensure that they are placed at the centre of all work carried out to investigate their issues and feedback to them.
- 1.5 The Trust is committed to listening carefully and responding immediately, whenever possible, to resolve any issues. This policy allows a more formal response if this is not possible.
- 1.6 This procedure outlines the process by which the Trust deals with Complaints, Concerns and Compliments. It adheres to
 - The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (hereafter referred to as the Regulations).
 - The principles of good complaint handling as defined by the Parliamentary and Health Service Ombudsman (PHSO)¹;
 - Getting it right
 - Being customer focused
 - Being open and accountable
 - Acting fairly and proportionately
 - Putting things right
 - Seeking continuous improvement.
 - The recommendations made in 'My Expectations for raising concerns and complaints (2014)' (please see appendix 4 of the Procedure);
 - I felt confident to speak up
 - I felt that making my complaint was simple
 - I felt listened to and understood
 - I felt that my complaint made a difference
 - I would feel confident making a complaint in the future.
- 1.7 During any complaint process, all staff must follow the principles of Duty of Candour, which can be viewed under appendix 3 of the Procedure.

¹ Principles of Good Complaint Handling, available at <https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling>

2. Scope

2.1 This policy provides a robust framework for all staff employed by the Trust, either directly or indirectly (including non-executive directors, volunteers, governors and students) in the investigation of concerns and complaints.

2.2 Complaints or concerns can be raised:

- by anyone who has been, or is likely to be, affected by any action or inaction by the Trust.
- on behalf of service users, by someone who has the consent of the service user. If the service user is unable to provide consent, the best interests of the service user will be considered on an individual basis.
- The Trust recognises that some complainants will require the support of a representative/advocate during the process. The Trust suggests that a representative/advocate is sourced through a recognised support service such as Healthwatch; however we recognise that this should be the personal choice of the complainant.

Someone who is acting as a representative/advocate, on behalf of a complainant, must have sufficient interest in the person's welfare, and must be acting in their best interests. If it is thought that this is not the case, the Complaints and Patient Experience Manager will escalate their concerns to the Associate Director of Quality Governance. Together they will decide if the person is an appropriate representative/advocate for the complainant. If it is felt the representative/advocate is not suitable both parties will be informed of the decision in writing, however, reasons for the decision making may not be given if this is thought to breach the personal information of the representative/advocate.

Representatives/advocates who are subject the Trust's "Identifying and Managing Persistent/Unreasonable and/or Habitual Complaint" policy are not seen as a suitable representatives/advocates to act on someone else's behalf.

If during the course of the complaint, a representative/advocate becomes unwell or is felt not to be representing the best interests of the complainant, the Trust will request a new representative/advocate to support the complainant with their complaint, as delays in the process can be very distressing for all concerned. Notification of this decision making will be made in writing to both parties, with the Trust sharing the reason for the decision if it does not breach the personal information of the representative/advocate.

2.2.1 A complaint or concern can be raised in person, or by a third party acting on behalf of a service user if the service user;

- has passed away
- is a child (defined under the Regulations as someone under 18)*
- is unable to give their own feedback, due to a confirmed lack of capacity
- has requested a representative, such as an advocate, to act on their behalf
- has given consent for a relative or friend to act on their behalf.

*The Regulations state that, if a complaint is made on behalf of a child, it must be confirmed that there are reasonable grounds for the complaint being made by a representative, instead of the child. If grounds cannot be confirmed, the representative should be notified that the complaint cannot be taken forward.

2.2.2 Occasionally, a complaint or concern may be received where the complainant has no obvious connection with the service user. In such cases, the following must be clarified, before a decision is made over whether an investigation will be carried out, and/ or a response shared;

- does the service user know that a concern or complaint has been raised about their care?
- is the service user happy with the third party raising feedback on their behalf, and to receive information in response?

2.2.3 The Regulations do not cover complaints or concern raised by staff members Any staff member with concerns may raise them through their management structure, or through the Trust's Speak Up (whistleblowing) service. For details of the Trust's Speak Up policy, please view SH HR 12 and 13, which can be found on the staff intranet; <http://www.southernhealth.nhs.uk/workday/policies>

2.3 The following complaints are exempt from being dealt with, as set out in the Regulations (section 8 (A-H)) and are outside of the scope of this policy, except from point C.

Extracted from Regulations, Section 8;

- A. A complaint made by a responsible body
- B. A complaint made by an employee of a local authority or NHS body about any matter relating to that employment.
- C. A complaint which is made orally and is resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made.
- D. A complaint the subject matter of which is the same as that of a complaint that has previously been made and resolved in accordance with sub- paragraph C.
- E. A complaint the subject matter of which has previously been investigated under these regulations; the 2004 regulations; the 2006 regulations; or a relevant complaints procedure in relation to a complaint made under such a procedure before 1 April 2009.
- F. A complaint the subject matter of which is being or has been investigated by a local commissioner under the Local Government Act 1974 or a health service commissioner under the 1993 Act.
- G. A complaint arising out of the alleged failure by a responsible body to comply with a request for information under the Freedom of Information Act 2000.
- H. A complaint which relates to any scheme established under section 10 (superannuation of persons engaged in health services etc) or section 24 (compensation for loss of office etc.) of the Superannuation Act 1972 or to the administration of those schemes.

2.4 For complaints which span organisations, e.g. complaints concerning Adult Services or other NHS organisations, the Trust will work with these bodies to ensure that the complaint is dealt with in line with the Regulations. At the outset of the complaint, an agreement will be made between the complainant and all bodies as to which organisation will lead the complaint and coordinate a response.

2.5 Under the Regulations, complainants have the right to approach the relevant Clinical Commissioning Group (CCG), in their role as commissioner, to raise their complaint or concern for them. Complaints and concerns received via CCGs will be treated in the same manner as all other complaints. Responses will be sent to the relevant CCG to pass on to the complainant.

2.6 Complainants can also approach the Care Quality Commission (CQC) to raise their complaint. Complaints received via the CQC will be treated in the same way as all other complaints. The CQC will be asked to confirm whether complaint responses should be sent directly to complainants or sent to the CQC to pass on. All complaints received via the CQC should be reported to the Head of Compliance, Assurance & Quality for information and monitoring.

2.7 Any complaints or concerns received in connection with fraud, bribery or corruption should be referred to the Trust's Anti-fraud, Bribery and Corruption Policy, Please view SH FP 4.

- 2.8 The complaint regulations state that a complaint should be raised within 12 months of an issue, or within 12 months of a person being aware of the issue. This time period is discretionary. An investigation can still be carried out for an issue which occurred more than 12 months ago, if there is a clear reason why the person was unable to raise the complaint before (e.g. illness of the complainant, grief regarding the event). It would also need to be ensured that an effective and fair investigation can be carried out. If the issue occurred more than 12 months ago, the Trust needs to be open and honest with the complainant regarding what is realistic in terms of an investigation, including explaining that staff members involved may have left the organisation and that people may no longer recall the events. Agreement must be gained, from the Complaints and Patient Experience Manager, before taking forward an investigation into any complaint over 12 months old.

3 Purpose

3.1 This policy aims to ensure;

- The Trust is open to feedback from anyone who comes into contact with its services and will respond in a proportionate, appropriate and fair manner in accordance with all relevant regulations and best practice guidance.
- That processes to deal with complaints and concerns ensure that the person raising feedback is fully involved in collaboratively agreeing how their issues will be dealt with, and their response shared with them.
- The Trust learns from the experiences of those who use our services and embeds any changes in practice identified as a result of feedback.
- That staff involved in any feedback are treated fairly.
- That any staff member who is asked to investigate a concern or complaint has a clear process to follow to support their investigation.

3.2 The Trusts main objectives, with regard to complaints and concerns are;

- To promote feedback from anyone who comes into contact with services, to enable the Trust to learn from people's experiences and improve for the future.
- To have an efficient and timely complaints and concerns process.
- To ensure that all complainants are dealt with courteously and sympathetically and that they are involved in all relevant decisions about how their complaints are dealt with.
- That no one will be treated negatively as a result of raising a complaint or concern, or of having a complaint or concern raised on their behalf.
- That systems are in place to ensure that service users, carers and relatives are assured that the Trust acts appropriately on all feedback and makes any identified changes and improvements.
- That the complaints and concerns process is fully accessible and that alternative formats are provided to meet each individual's needs.

4 Definitions

4.1 The following are the Trust's accepted definitions of a complaint and concern;

- **A complaint** is an expression of dissatisfaction with a service which has personally affected an individual and which requires a proportionate investigation and a formal response in order to promote resolution between the parties concerned. It is usually historic (i.e. happened in the past) and cannot be immediately remedied.
- **A concern** is an expression of worry or disquiet about an event or incident which is usually current and can be addressed within a short period of time.

- **A compliment** is a positive comment received from someone who has come into contact with the Trust. It will contain sufficient detail to enable the Trust to understand what has been liked or valued by the person.

5 Duties and Responsibilities

5.1 Chief Executive

The Chief Executive;

- has overall responsibility, and accountability, for the effective implementation of the Complaints, Concerns and Compliments Policy.
- has responsibility to provide a signed letter of response to formal complaints.
- must nominate a suitable deputy if they are ever in a position to provide a signed letter of response to formal complaints.
- must designate a member of the Trust's Board of Directors to ensure compliance with the Regulations and ensure that actions are taken as a result of concerns and complaints, wherever appropriate.
- designates authority to manage the concerns and complaints procedures, to the Complaints and Patient Experience Manager.

5.2 Committee with overarching responsibility for complaints handling and ensuring the organisation learns from complaints

5.2.1 The Quality and Safety Committee (QSC) a sub- committee of the Trust Board- has overarching responsibility for the management, and monitoring, of complaints.

5.2.2 The Patient Experience, Engagement and Caring Group will analyse all feedback including complaints, concerns and compliments, to identify trends and themes that have been validated by the divisions on a quarterly basis. This will be reported to QSC, and then to Trust Board level.

5.3 Commissioning Manager

The commissioning manager;

- is the area's designated complaints lead.
- will commission complaint investigations and appoint a trained and competent independent investigating officer.
- will ensure that information about how to make a complaint is available to all people who come into contact with Trust, by making sure posters and leaflets regarding the Complaints and Patient Experience Team are accessible in their areas of responsibility.
- will take responsibility for ensuring compliance with the Complaints, Concerns and Compliments policy, during any investigation.
- will ensure that actions identified during complaint investigations and included on the Trust's Safeguard database, Ulysses, are carried out and can be evidenced.
- is responsible for ensuring there are appropriate numbers of staff within their areas who are trained and competent to carry out complaint investigations.
- will take responsibility for the quality of final responses and completed investigating officers' reports and will ensure they are approved before being sent to the Complaints and Patient Experience Team. This will include ensuring that timeframes are met.
- will take forward any concerns, to address locally, or delegate responsibility for dealing with concerns to staff within teams.

5.4 Trust employees, including voluntary and temporary staff

All staff;

- will aspire to best practice in seeking, listening and responding to feedback about their service, in order to learn and improve.

- will promote a culture which is open and honest and that ensures that questions about care are welcomed as an opportunity to improve and learn.
- will actively seek feedback from people in contact with services, and aim to resolve issues early. Where this is not possible, they will refer issues to the Complaints and Patient Experience Team as soon as possible.
- need to complete mandatory customer care and complaints training.
- must comply with any request to supply information to an investigating officer undertaking a complaint investigation.
- must ensure that a service user's care is not negatively affected by them making a complaint, or having a complaint raised on their behalf.
- must ensure that no information pertaining to a complaint is stored on a service user's clinical files.
- are entitled to receive support in managing complaints, or if they are the subject of a complaint. Managerial support, or clinical supervision should be sought, whenever required. Support is also available through Human Resources (HR), the Complaints and Patient Experience Team and Workplace Options (Trust Employee Assistance Programme), as appropriate.

5.5 **Complaints and Patient Experience Team Manager**

The Complaints and Patient Experience Team Manager;

- is responsible for managing the Complaints and Patient Experience Advisors, who deal with the day to day handling of concerns and complaints and will ensure that the Complaints and Patient Experience Advisors receive clinical supervision and managerial support to assist challenging case management.
- is responsible for ensuring that procedures to manage concerns and complaints adhere to national guidance.
- is responsible for analysing trends, providing in depth reports to clinical services and Trust committees and ensuring that learning from concerns is shared across the organisation to improve the quality of services.
- will send Trust complaints data to The Information Centre for Health and Social Care on a quarterly basis, through the KO41a return system, and provide monthly Director of Nursing reports.
- Is responsible for ensuring information about how to give feedback or make a complaint is easily available to the public. This information should be developed with service users, carers and staff.

5.6 **Complaints and Patient Experience Advisors**

The Complaints and Patient Experience Advisors will work with clinical teams, on a day to day basis handling concerns and complaints, including;

- raising any immediate safeguarding or safety issues with relevant services or teams.
- acknowledging concerns and complaints, within 3 working days.
- discussing matters with complainants to confirm the issues to be addressed, which will be the terms of reference for an investigation.
- agreeing the process to be undertaken to take a concern or complaint forward, with the person raising the issue.
- obtaining consent of service users, where necessary.
- requesting a proportionate investigation, via the relevant commissioning manager.
- ensuring that directors are made aware of concerns and complaints within their area of responsibility.
- supporting investigating officers to ensure that investigations are completed on time and to a satisfactory standard.
- supporting complainants, and staff, throughout the complaints process.
- creating and maintaining an electronic record on Safeguard Ulysses, to contain all information relating to the concern or complaint.

- drafting responses for each complaint, based on the completed Investigating Officer's report submitted by investigating officers.
- ensuring a satisfaction survey is sent to complainants one month after they have been sent their final response. A survey will not be sent if the complainant has been bereaved and a survey is likely to cause upset, or a complaint is ongoing or if the complaint has been raised by a third party (MP, Advocate or CCG).

5.7 Investigating Officer

The Investigating Officer;

- will be appointed by the appropriate Commissioning Manager.
- should be a suitably senior member of staff, who has completed Investigating Officers' training.
- Be from another service to the one providing care to the service user in question, unless there is a particular (and documented) reason why someone from that service should investigate (such as the need for specialised knowledge).
- must declare, as soon as possible, if they do not feel they are an appropriate person to investigate a complaint, e.g. due to any partiality to any persons involved in the complaint (staff or complainant).
- has a responsibility to complete the investigation they have been assigned, in line with policy and within the specified timeframe.
- will ensure that they carry out investigations in line with the wishes of the complainant, including meeting the complainant as requested.
- must highlight any issues which may affect their investigation, or the identified timeframe, to the Complaints and Patient Experience Manager as soon as possible.
- will be responsible for notifying any staff members of a complaint made against them and for giving them/ arranging for them to receive appropriate support to enable them to share their information.
- will ensure that their completed investigating officer's report is approved by the appropriate Commissioning Manager, and any involved staff, before submission to the Complaints and Patient Experience Team.
- will undertake any reflective practice and supervision to support challenging case management.
- will upload any documents relevant to their investigation to the Safeguard Ulysses system; including statements, interview notes, meeting notes and recordings.

6 Training Requirements

- 6.1 All new starters will complete mandatory customer service and complaints e- learning as part of their organisational induction programme.
- 6.2 All staff who undertake complaint investigations must have completed Investigating Officers' training, including any appropriate refresher training, to ensure that they have the skills and knowledge to fulfil the role of investigating officer.

7 Records and Monitoring Compliance

- 7.1 Records of complaints, including all correspondence, communication and any investigation paperwork will be retained for at least 10 years following the last communication related to the complaint and/ or actions resulting from the complaint.
- 7.2 No information relating to a complaint should be recorded in any service user's clinical files, electronic or paper.

- 7.3 Complaint, concern and compliment data is shared widely alongside other feedback within the following reports;
- To Divisions Governance meetings.
 - Division Quality reports to QSC (quarterly)
 - KO41a (quarterly)- complaints only
 - Director of Nursing reports (monthly)
 - Caring sub group to QSC (quarterly)
 - Annual Complaints report (annual)
 - Integrated Patient Experience of services report (every 2 months)
 - Complaints Plan Update (quarterly).

8 Compliments

- 8.1 Compliments are valued by staff and the Trust, providing important feedback on what is valued by the patient, or their family/ carer, and will inform best practice and service improvement.
- 8.2 Compliments can be recorded on Ulysses by service staff, enabling the information to be retained and shared.

9 Policy Review

- 9.1 This policy will next be reviewed, via the Caring Group, in 2 years from the date of ratification, or when there has been a significant change, or when it is believed to no longer be relevant.

10 Associated Documents

- This policy should be read in conjunction with the Complaints, Concerns and Compliments Procedure (NCP 10).
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 available at http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf
- Serious Incident Management – see Southern Health Policy For Managing Incidents and Serious Incidents Requiring Investigation SH NCP 16
- Data Protection, Caldicott and Confidentiality – See Southern Health Policy Data Protection and Confidentiality SH IG 18
- Duty of Candour Policy and Procedure SH NCP12 and 13
- Identifying and Managing Persistent and Unreasonable Complaints and Complainants Policy SH NCP 39
- Protocol for the Handling of Inter-Organisational Complaints in Hampshire and the Isle of Wight – currently being reviewed by NHS England

11 Supporting References

- *The Data Protection Act 1998*. London: The Stationery Office. Available at: <http://www.legislation.gov.uk/ukpga/1998/29/contents>
- *Freedom of Information Act 2000*. London: The Stationery Office. Available at: <http://www.legislation.gov.uk/ukpga/2000/36/contents>
- *My Expectations for raising concerns and complaints*; Local Government Ombudsman, Healthwatch and Parliamentary and Health Service Ombudsman, (November 2014)

Available at: <http://www.healthwatch.co.uk/resource/my-expectations-raising-concerns-and-complaints-report>

- Publications from the Office of the Parliamentary and Health Service Ombudsman, all available at www.ombudsman.org.uk
 - *Principles of Good Administration (February 2009)*
 - *Principles for Remedy (February 2009)*
 - *Principles of Good Complaint Handling (February 2009)*
- *Listening, Improving and Responding; A guide to better customer care (DoH 2009)*. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095439.pdf
- *NHS Constitution (DH 2009)*. Available at: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>
- **Policy Compliance with Code of Practice: Mental Health Act 2015**

Appendix 1

Training Needs Analysis

If there are any training implications in your policy, please complete the form below and make an appointment with the LEaD department (Louise Hartland, Quality, Governance and Compliance Manager on 02380 874091) before the policy goes through the Trust policy approval process.

Customer Care (mandatory)	Once only	Face to Face – 1 hour	e-Video / e-Assessment Face to face	Complaints and Patient Experience Advisors	LEaD	Strategic– Associate Director of Governance Operational – Complaints and Patient Experience Manager
Directorate	Service	Target Audience				
MH/LD	Adult Mental Health	All Staff				
	Specialised Services	All Staff				
	Learning Disabilities	All Staff				
Business Units 1-3 & 5	Older Persons Mental Health	All Staff				
Business Units 1-3	Adults	All Staff				
Business Unit 4	Childrens Services	All Staff				
Corporate	All	All Staff				

Training Programme	Frequency	Course Length	Delivery Method	Facilitators	Recording Attendance	Strategic & Operational Responsibility
Investigating Officer Training (non-mandatory)	2 day Investigating Officer Training followed by Refresher Training every 2 years	Initial Face to Face – 2 days Refresher Face to Face – 7.5 hrs	Face to face	Various, including Complaints and Patient Experience Team members	LEaD	Strategic – Director of Nursing, Allied Health Professionals and Quality Operational – Associate Director of Governance
Directorate	Service	Target Audience				
MH/LD	Adult Mental Health	Any staff member who is required to undertake complaints and /or investigations				
	Specialised Services	Any staff member who is required to undertake complaints and / or investigations				
	Learning Disabilities	Any staff member who is required to undertake complaints and / or investigations				
Business Units 1-3 & 5	Older Persons Mental Health	Any staff member who is required to undertake complaints and / or investigations				
Business Units 1-3	Adults	Any staff member who is required to undertake complaints and / or investigations				
Business Unit 4	Childrens Services	Any staff member who is required to undertake complaints and / or investigations				
Corporate	All	Any staff member who is required to undertake complaints and / or investigations				

Appendix 2

Southern Health NHS Foundation Trust Equality Impact Assessment/ Equality Analysis Screening Tool

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effort or the potential effort of your functions, policies or decisions. The form is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity and foster good relations** with respect to the characteristics protected by equality law.

For guidance and support in completing this form please contact a member of the Equality and Diversity team.

Name of policy/service/project/plan:	Customer Experience (Complaints) Policy and Procedure
Policy Number:	SH NCP 10
Department:	Customer Experience Team
Lead officer for assessment:	Cathy Lakin, Customer Experience Team Manager
Date Assessment Carried Out:	9 May 2016

1. Identify the aims of the policy and how it is implemented.	
Key questions	Answers / Notes
Briefly describe purpose of the policy including <ul style="list-style-type: none"> ● How the policy is delivered and by whom ● Intended outcomes 	This policy describes how staff are expected to respond to complaints or concerns raised by users of the service, their carers or other relatives. It is in keeping with Southern Health NHS Foundation Trust (Southern Health) aim to provide high quality, safe services which improve the health, wellbeing and independence of the people we serve. This policy is aimed at all Southern Health staff and may also be of interest to service users wishing to make a complaint.
Provide brief details of the scope of the policy being reviewed, for example: <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement? 	Review of current Policy, it is a national requirement to have a Complaints Policy.

2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data**
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	The Equality and Diversity team will report on Workforce data on an annual basis
2.2	What equalities training have staff received?	All Trust staff have a requirement to undertake Equality and Diversity training as part of Corporate Induction (Respect and Values) and E-Assessment
2.3	What is the equalities profile of service users?	The Trust Equality and Diversity team report on Trust patient equality data profiling on an annual basis
2.4	<p>What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?</p> <ol style="list-style-type: none"> 1. EDS: 2.4 Patients and carers complaints about services and subsequent claims for redress, should be handled respectfully and efficiently <ul style="list-style-type: none"> ● The Trust is developing its EDS Strategy and Action plan and will work to improve its complaints and PALS performance. ● We are in the process of reviewing our equality monitoring information for our complaints process to make it more 	<p>The Trust is preparing to implement the Equality Delivery System which will allow a robust examination of Trust performance on Equality Diversity and Human Rights. This will be based on 4 key objectives that include:</p> <ol style="list-style-type: none"> 1. Better health outcomes for all 2. Improved patient access and experience 3. Empowered, engaged and

	<p>robust and to see how we can better promote equality monitoring to our patients. The Trust collates feedback from complainants and feedback cards</p> <ul style="list-style-type: none"> The Trust will also use the National Patient Survey to help us improve services and the patient experience. The Trust uses the Southern Health Patient Experience Survey for Integrated Community Services and Adult Mental Health teams <p>2. The Complaints and Patient Experience Team aims to be as accessible as possible to all users of the Trust's services</p> <ul style="list-style-type: none"> Providing literature in alternative formats, forms and languages to meet the needs of individuals' requirements. Using trained interpreters, Language Line, British Sign Language Undertaking any training required in order to treat all clients in an appropriate and sympathetic manner Ensuring that those with physical or mental impairment have equal access to the service 	<p>included staff</p> <p>4. Inclusive leadership</p>
2.5	<p>What engagement or consultation has been undertaken as part of this EIA and with whom?</p> <p>What were the results?</p>	TO BE COMPLETED AFTER CONSULTATION
2.6	<p>If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?</p>	NA

In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:

In the case of negative impact, please indicate any measures planned to mitigate against this.

	Positive impact (including examples of what the policy/service has done to promote equality)	Negative Impact	Action Plan to address negative impact			
			Actions to overcome problem/barrier	Resources required	Responsibility	Target date
Age	<p>ICAS information is provided to complainants</p> <p>Large font leaflets</p> <p>Southern Health NHS Foundation Trust welcomes complaints from children and young people</p> <p>The Trust will use data from a variety of sources to improve its services for all age groups</p> <p>The Trust will benchmark nationally to ensure that it monitors the numbers of complaints from older patients and service users</p>	<p>Individuals may have some difficulties using this policy due to the effects of the aging process.</p> <p>Older patients and service users may be less likely to make a complaint about their care</p>	<p>The Trust will respond positively to requests for information in alternative formats</p> <p>A complaint can be made on a child's behalf (see point 6 in the Customer Experience (Complaints) Policy), but if you are able to obtain their written consent this is recommended following The Children Act 1983</p> <p>Making a complaint will not affect a child's care</p> <p>Monitor the numbers of complaints from</p>			

			the older population, benchmark and act if numbers are not comparable.			
Disability	<p>There is an easy read leaflet which outlines how to make a complaint and this relates to the Policy and Procedure</p> <p>Southern Health NHS Foundation Trust will respond positively to requests for information in alternative formats such as large font, easy read, Braille, audio tape and alternative languages.</p>	Support may be needed to help those with a disability to make a complaint.	Healthwatch and SEAP provide advocacy services and these services are outlined in the communications from the Customer Experience Team			
Gender Reassignment	It is both good practice and compliant with the law to respect a trans person's identity and amend and protect all records accordingly in line with the individual's confirmed gender	The Complaints, concerns and compliments procedure has not identified any negative impacts at this stage of screening; however, the analysis of numbers and nature of complaints from an equalities perspective may provide further				

		insight into the Procedure's effectiveness.				
Marriage and Civil Partnership		The Complaints, concerns and compliments procedure has not identified any negative impacts at this stage of screening; however, the analysis of numbers and nature of complaints from an equalities perspective may provide further insight into the Procedure's effectiveness.				
Pregnancy and Maternity		The Complaints, concerns and compliments procedure has not identified any negative impacts at this stage of screening; however, the analysis of numbers and nature of complaints from an equalities perspective may provide further insight into the Procedure's effectiveness.				

Race	The Trust will respond positively to requests for information in alternative formats	Patients from black, ethnic and minority (BME) communities may not have English as their first language and this may pose a barrier to making a complaint or compliment.	Access to communications. Language Line			
Religion or Belief		The Complaints, concerns and compliments procedure has not identified any negative impacts at this stage of screening; however, the analysis of numbers and nature of complaints from an equalities perspective may provide further insight into the Complaints and PALS Procedure's effectiveness.				
Sex		The Complaints, concerns and compliments procedure has not identified any negative impacts at this stage of screening; however, the analysis of numbers and nature of complaints from an equalities perspective				

		may provide further insight into the Procedure's effectiveness.				
Sexual Orientation		The Complaints, concerns and compliments procedure has not identified any negative impacts at this stage of screening; however, the analysis of numbers and nature of complaints from an equalities perspective may provide further insight into the Procedure's effectiveness.				