

Complaints & Feedback Policy

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This document may be made available to the public and persons outside of the ICB as part of the ICB's compliance with the Freedom of Information Act 2000.

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Appendix 1	NHS Gloucestershire ICB Complaints Procedure: Flowchart – Complaints Handling Process and Timeframes
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Appendix 3	Options for dealing with unreasonably persistent or vexatious complainants.
Appendix 4	Contact details for complaints and PALS teams covering individuals registered with GP practices in Gloucestershire
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Definition

- For the purposes of this document, a policy is an organisational, professional and/or clinical statement of intent, responsibility and accountability. It is not open to interpretation or professional judgement, and is non-negotiable. It is a documented framework enabling individuals or specific groups of staff to carry out actions.
- The Complaints and Feedback Policy aims to set out clearly NHS Gloucestershire Integrated Care Board (ICB) approach to the management of feedback, through a consistent, unambiguous approach to the handling of compliments, comments, concerns and complaints.
- A procedure is a step-by-step method of how to do something. It is the method by which the policy is implemented and is documented in Appendix One of this policy.

1. Executive Summary

- 1.1. It is the aim of NHS Gloucestershire Integrated Care Board (known as the ICB) to facilitate improvements in the quality of care, while maintaining a safe environment that is free from discrimination for all patients, staff and others affected by its activities.
- 1.2. This document should be used by staff in the ICB who are managing complaints. The policy will also be made available to the public for information via the ICB website.
- 1.3. This document gives staff a clear framework on how to deal with complaints and feedback about NHS staff and services in Gloucestershire. It also provides contextual information on national regulations as well as confirming how the ICB meets those regulations. It also incorporates the 'Vexatious Complainants' policy.
- 1.4. The ICB adopts the view that complaints should normally be investigated by the organisation which gave rise to the complaint. In the case of a decision about funding, this will normally be the ICB, or in relation to specialised commissioning NHS England. When complaints are about an aspect of care received, this is likely to be the provider of the NHS funded service.¹
- 1.5. The ICB will investigate provider complaints if requested to do so and, where appropriate, will co-ordinate responses to complaints about multiple providers.

¹ From 1st April 2019, complaints about Primary Care fall outside of the ICB remit. This position may change during the life of the policy due to developments in co-commissioning with NHS England. The policy will be updated as required. This part will need updating ref POD

- 1.6. The ICB may also request an investigation and response from a provider where feedback has been received which is not part of a complaint.
- 1.7. This policy document is supported by a procedure and communication materials which can be found in the Appendices.

2. Introduction

- 2.1. The purpose of the Complaints and Feedback Policy is to:
 - explain how the ICB promotes a patient's right under the NHS Constitution² to complain, have a complaint investigated and be given a full and prompt reply.
 - acknowledge and implement the Local Authority Social Services and National Health Service Complaints Regulations 2009.
 - demonstrate how it listens to people's views.
- 2.2. This policy covers complaints about the ICB and its staff, as well as complaints made to the ICB about providers of commissioned services. From 1 July 2023 this includes NHS community pharmacy, optometry, and dentistry (POD) providers.
- 2.3. The ICB will respond positively and constructively to all communication it receives about the decisions it makes, and the services it commissions.
- 2.4. The ICB recognises that sometimes things go wrong and that there is a need for a formal process through which people can raise concerns. This gives the ICB the opportunity to put matters right if need be and learn from past experience. Under the NHS Constitution people have the right to have their complaint dealt with efficiently.
- 2.5. The complaints function of the ICB is managed by the ICB Engagement and Experience Team. The team is accountable to the Associate Director of Engagement and Experience and is responsible at Board level to the Director of People, Culture and Engagement.
- 2.6. The ICB actively seeks people's views about the quality of the NHS funded services it commissions on behalf of Gloucestershire residents. The ICB works with others to ensure appropriate action is taken to improve services as a result of feedback.
- 2.7. All types of feedback are encouraged and welcomed. People have a right to be heard and for any concerns to be dealt with promptly, efficiently, and courteously. Under no circumstances should anyone be treated any differently as a result of making a complaint or raising a concern.

² <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

3. Considering Feedback

- 3.1. It is the aim of the ICB to facilitate improvements in the quality of care and service, while maintaining a safe environment that is free from discrimination for all patients, staff and others affected by its activities. In order to achieve this, the ICB encourages and welcomes feedback about the services it commissions.
- 3.2. The Complaints and Feedback Policy clearly sets out the ICB's approach to receiving feedback, through a consistent, unambiguous approach to the handling of compliments, comments, concerns, and complaints.
- 3.3. The ICB promotes an informed culture, which treats each case according to its individual nature, taking into account the expected outcome for the person providing the feedback, but at the same time being realistic about what can be achieved. The ICB's focus for complaints handling is on satisfactory outcomes with swift local resolution, whilst also promoting organisational and individual learning.
- 3.4. This policy is mainly concerned with the management of concerns and complaints, however the ICB recognises that all types of feedback (which include compliments and suggestions) must be managed appropriately and listened to in order to develop services.
- 3.5. Although in everyday language, terms such as 'complaint' and 'concern' may be interchangeable, in this policy:
- a **concern** is an expression of dissatisfaction requiring an oral response
 - a **complaint** is an expression of dissatisfaction requiring investigation and a written response
 - a **comment** or **suggestion** is an expression of views or ideas for service development for the ICB to act on or consider which may or may not require a response
 - a **compliment** is an expression of appreciation, approval, admiration, or respect, made in recognition of individuals, teams or services
- 3.6. Feedback may be provided about any matter reasonably connected with the exercise of the functions of the ICB, including any matter reasonably connected with the commissioning of services by the ICB or the process of commissioning those services. Where the feedback is about provision of services, the ICB may request an investigation and response from the provider of that service.

4. Purpose

4.1. The specific purpose of the policy is to:

- ensure that the ICB's desire to listen to and learn from feedback is documented.
- fulfil the need to implement a complaints management procedure that is easy to understand and simple to use, while giving the ICB robust assurance.
- support the ICB staff to conduct investigations which are thorough, fair, responsive, and open.
- demonstrate that the ICB will learn from complaints and use them to inform quality contract monitoring and future commissioning intentions.
- ensure that the ICB is accessible to everyone, including when required, through independent advocacy.
- demonstrate that the ICB will respect individuals' rights to confidentiality.
- satisfy the complainant by conducting a thorough investigation and providing a full explanation.
- ensure that patients are not treated differently as a result of making a complaint.
- reinforce positive behaviour by celebrating compliments; and
- ensure that the Board of the ICB Governing Body is accountable for improving the quality of services.

Where complaints are not about the ICB or its staff, and unless there are extenuating circumstances in which it would be inappropriate to do so, the ICB's approach will be to recommend that the complainant contacts the provider of the service being complained about in the first instance. This is because the service provider being complained about is normally best placed to investigate and respond direct to the individual making the complaint. Contact details for other providers' complaints and PALS can be found at Appendix 4.

In instances where the ICB has signposted complainants to providers, a record will be kept of the contact to inform quality contract monitoring and future commissioning intentions. At the same time, the ICB will also monitor providers' adherence to the statutory Duty of Candour³ which places a duty on organisations to be open with patients when things go wrong and when harm has been caused.

5. Accountabilities, Duties and Responsibilities

5.1. The **ICB Chief Executive Officer** or **Deputy** is accountable for ensuring effective management of complaints across the ICB and is the responsible

³ <https://www.cqc.org.uk/>

signatory for written responses to formal complaints. The **ICB Director of Primary Care and Place** is also a nominated signatory for complaints relating to NHS GP services, pharmacy, optometry, and dentistry (POD).

- 5.2. For the purposes of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Chief Executive Officer acts as the 'Responsible Person'.
- 5.3. The **ICB Director of People, Culture and Engagement** has the delegated responsibility for ensuring the efficient and effective implementation of this policy.
- 5.4. The **ICB Associate Director of Engagement and Experience** is responsible for ensuring that this policy remains relevant and accords with national guidance.
- 5.5. The **ICB Chair and Board Members** receive experience reports through the System Quality Committee (SQC) and Primary Care & Direct Commissioning Committee (PCDC). These reports include complaints information to support the monitoring of the effectiveness of the Complaints and Feedback process.
- 5.6. The **Board of the ICB** provides an important link between the ICB and the local community, enabling the organisation to reflect the interest of local people. While welcoming ideas, suggestions, and general comments, it is not the responsibility of the Board to deal with individual personal complaints. The Board has a duty to inform the Engagement and Experience Team of any concerns and complaints as swiftly as possible.
- 5.7. The approval of the **System Quality Committee** will be sought if any amendments are considered necessary to this policy. The Committee is also responsible for monitoring ICB compliance with this policy.
- 5.8. **Associate Directors** and **Senior Managers** are accountable for the thorough investigation of complaints within ICB directorates. They are responsible for ensuring the investigation is carried out in line with this policy and where an action is identified it is implemented. Associate Directors and Senior Managers are responsible for ensuring the draft response, together with any supporting evidence and administration documents, is returned to the Engagement and Experience and Team within 20 working days of receipt of complaint.
- 5.9. **Managers** are responsible for ensuring that staff in their areas are aware of the complaints and feedback policy. When requested to do so by their line manager they are to carry out a thorough investigation of a complaint and give a full response to the relevant Senior Manager or Associate Director. Managers are responsible for implementing changes identified through a complaint investigation. Managers are to offer and provide support to staff in their areas both with investigating complaints and where they are named in complaints. Good quality, thorough investigation reports must be prepared to

facilitate the drafting of comprehensive complaint responses.

- 5.10. The ICB PALS and Complaints Team is responsible for handling and administering the ICB complaints process, ensuring comprehensive responses are provided to the complainant within the required timescales.
- 5.11. From 1 July 2023 the South West Complaints Team is responsible for handling the complaints investigation process relating to GP services and Pharmacy, Optometry and Dental (POD) services. From 1 July 2023 The ICB PALS and Complaints Team is responsible for administering the GP services and POD complaints process, ensuring comprehensive responses are provided to the complainant within the required timescales.
- 5.12. The ICB, through the Associate Director of Engagement and Experience, provide regular reports to the System Quality Committee to keep the ICB Board informed of complaint themes and trends, the actions which have been taken to rectify problems and improvements in the quality of the services provided. The Associate Director of Engagement and Experience also ensures the ICB meets annual reporting requirements with respect to experience.
- 5.13. **All staff** have a duty to listen to concerns raised and to try to resolve these locally. Information for staff about how to deal with feedback about a local NHS service can be found at Appendix Two.

6. Policy Details

- 6.1. The Local Authority Social Services and NHS Complaints Regulations 2009 set out the NHS complaints process. In it there are two stages for dealing with complaints:
- Stage 1 - Local Resolution
 - Stage 2 - Parliamentary and Health Service Ombudsman (PHSO)
- 6.2. Complaints may be made about any matter reasonably connected with the exercise of the functions of the ICB, including:
- The function of commissioning health care or other services under an NHS contract or making arrangements for the provision of such care or other services with an NHS Trust, an NHS Foundation Trust, Any Qualified Provider, or an Independent Provider e.g., GP practice.
- 6.3. Matters excluded from consideration under these arrangements are:
- seeking compensation - claims for compensation cannot be sought through the complaints process
 - a complaint about private medical care – concerns should be addressed directly to the consultant in charge of the individual's care

- a complaint made by an employee about any matter relating to their employment.
- a complaint made by an NHS body, which relates to the exercise of its functions.
- a complaint, the subject matter of which has previously been investigated under these or previous Regulations; a complaint made by a primary care provider, which relates to the exercise of its functions by an NHS body or to the contract or arrangements under which it provides primary care services.
- a complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day.
- a complaint made by an independent provider, NHS Trust, or NHS Foundation Trust about any matter relating to arrangements made by an NHS body with that provider.
- a complaint which is being, or has been, investigated by the Parliamentary and Health Service Ombudsman; and
- a complaint arising out of the ICB's alleged failure to comply with a data subject request under the Data Protection Act 2018 or a request for information under the Freedom of Information Act 2000.

6.4. Should an employee have cause to raise a complaint in the public interest, then the ICB maintains a Whistleblowing and Freedom to Speak Up policy which can be accessed via the ICB staff intranet⁴.

7. Time Limits for Making a Complaint

7.1. Normally a complaint should be made within twelve months of the date on which the matter, which is the subject of the complaint, occurred or within twelve months of the date on which the matter, which is the subject of the complaint, came to the notice of the complainant.

7.2. Where a complaint is made after these times, the Associate Director of Engagement and Experience may choose to investigate if they are of the opinion that the complainant had good reason for not making the complaint within that period and it is considered to still be possible to investigate the complaint effectively and efficiently.

7.3. Those who wish to complain should be encouraged to do so as soon as possible after an event so that the investigation can be most effective.

⁴ <https://www.legislation.gov.uk/uksi/2009/309/contents/made>

⁵ <https://www.nhsglos.nhs.uk/about-us/how-we-work/our-policies-and-procedures/> Whistleblowing Policy

- 7.4. In any case where the Associate Director of Engagement and Experience decides not to investigate a complaint on the grounds that it was not made within the time limit, the complainant will be informed in writing with further guidance if necessary. The complainant can ask the Parliamentary and Health Service Ombudsman to consider their complaint.

8. NHS Complaints Advocacy

- 8.1. As part of the Healthwatch functions, Healthwatch Gloucestershire provides a signposting service to Independent Health Complaints Advocacy (IHCAS). This service supports people who wish to make a complaint about the commissioners or providers of NHS funded services.
- 8.2. The Healthwatch Gloucestershire website provides further information and is available at: <https://www.healthwatchgloucestershire.co.uk/talk-to-us/complaints>
- 8.3. The current provider of NHS Complaints Advocacy in Gloucestershire is POHWER Advocacy. This service supports people who wish to make a complaint about the service they have received from NHS providers. Further information is available at: <https://www.pohwer.net/Gloucestershire>

9. Parliamentary and Health Service Ombudsman

- 9.1. The Complaints & Patient Advice & Liaison Service (PALS) is the single point of contact in the ICB for the Parliamentary and Health Service Ombudsman (PHSO).
- 9.2. Any action plans requested by the PHSO are the responsibility of the relevant Director/Associate Director who will be held accountable for their creation and quality. In most cases, the PHSO gives three months for an action plan to be created and returned.

10. Who Can Complain?

- 10.1. Complaints may be made by:

- a patient or service user.
- the carer or representative of a patient (including elected representative such as a Member of Parliament), with the patient's consent; or
- any persons who are affected by, or likely to be affected by, the action, omission, or decision of the ICB or its staff.

Anyone can give feedback.

11. Representatives

11.1. A complaint may be made by a representative or advocate acting on behalf of a patient or any person who is affected by, or likely to be affected by, the action, omission, or decision of the ICB, where that person:

- has died.
- is a child who cannot demonstrate Fraser competence (see 12.4).
- is unable by reason of physical or mental incapacity to make the complaint personally.
- may be subject to the Mental Capacity Act Deprivation of Liberty Safeguards.
- has requested a representative to act on their behalf and given consent for this; or
- is a Member of Parliament acting on behalf of a constituent

11.2. Where the patient or person affected has died or is unable to raise concerns themselves, the representative must be a relative or other person who, in the opinion of the Engagement and Experience Team, has a sufficient interest in their welfare and is a suitable person to act as representative. The need to respect the confidentiality of the patient is a guiding principle.

11.3. If the Complaints & PALS Manager is of the opinion that a representative does not have a sufficient interest in the person's welfare or is unsuitable to act as a representative, that person will be notified of this in writing and the reasons for the decision will be provided.

11.4. In the case of a child, the representative must be a parent, guardian or other adult person who has care of the child. Where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation.

12. Confidentiality and Consent

12.1. All information about a complaint and all the people involved is strictly confidential and will only be disclosed to those with a demonstrable need to know. When the ICB investigates complaints, it is often necessary to review relevant information from the medical records of the person involved e.g., details of their treatment. The ICB will tell the complainant when information is accessed, it will only be accessed for the purpose of the investigation, information will be kept confidential, and the ICB will comply with all legal obligations under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

12.2. It is not always necessary to obtain the patient's explicit, written, consent to use personal information when investigating a complaint as the patient has 'implied' their consent by asking the ICB to investigate the matter.

- 12.3. The ICB Complaints & PALS Manager will request consent from patients between the ages of 15 and 18 where a complaint is made on their behalf. If this is not possible, the case will be referred to the Safeguarding Lead for their input prior to forwarding the case for investigation.
- 12.4. Fraser (formerly Gillick) competence states that a young person below the age of 16 can consent for their own medical treatment if they demonstrate sufficient understanding. The Fraser principle is adopted within the complaints process. Therefore, there is no minimum age for a young person to raise concerns about the care they have received. The young person will be offered support by PALS and signposted to any additional support such as Healthwatch Gloucestershire.
- 12.5. If, once consent has been requested, there is a delay obtaining consent, which affects the estimated date on which the final response can be sent, then the date the final response is due will be re-calculated and the complainant advised accordingly.
- 12.6. Where a complaint is made on behalf of an existing or former patient who has not authorised the complainant to act on their behalf, care must be taken not to disclose personal health information without the patient's explicit consent. Matters of a non-personal or non-clinical nature may be investigated and a response provided to the complainant.
- 12.7. Where a complaint has been made on behalf of a patient by a Member of Parliament it will be assumed that implied consent has been given. However, if the complaint relates to a third party, consent will need to be obtained prior to the release of personal information to the MP's office.
- 12.8. Where it is known that the complaint involves a vulnerable adult or vulnerable child, the Executive Lead for Safeguarding will be informed.
- 12.9. By ensuring that all complaints are dealt with in the strictest of confidence, the scope for patients, relatives or carers being treated differently as a result of the complaint will be minimised.

13. Cases Subject to Litigation

- 13.1. If a complainant has instigated formal legal action the complaints procedure should only continue if it would not compromise or prejudice a concurrent legal investigation. This decision will be made by the Director of People, Culture and Engagement, in discussion with the relevant authorities (for example local legal advisors or the NHS Litigation Authority). The default position in cases where the complainant has expressed an intention to take legal proceedings would be to seek to continue to resolve the complaint unless there are clear legal reasons not to do so.
- 13.2. In circumstances where the complaint investigation is halted due to legal action the complainant and person identified in the complaint will be advised

appropriately in writing.

- 13.3. In all cases, it will be important to ensure the potential implications for patient safety and/or organisational learning are investigated as quickly as possible to allow urgent action to be taken to prevent similar incidents arising.

14. Serious Allegations and Disciplinary Warning

14.1. Where a complaint is an allegation of any of the following:

- physical abuse
- sexual abuse
- possible safeguarding issues or emotional abuse
- financial misconduct
- criminal offence

This indicates the need for a referral to the disciplinary procedure, one of the professional regulatory bodies or an agency such as the police.

14.2. In such cases, the Complaints & PALS Manager will seek the advice of the Associate Director of Engagement and Experience.

14.3. Investigation under the complaints and feedback policy will only take place if it does not compromise or prejudice any concurrent disciplinary investigation. Where necessary other ICB policies and procedures may need to be applied and could preclude compliance with this policy. For example, relevant HR policies.

14.4. All staff have a personal and professional responsibility to ensure that their safeguarding knowledge remains up-to-date and have a responsibility to ensure that all concerns relating to possible safeguarding issues are referred immediately to the relevant safeguarding lead.

14.5. If any safeguarding issues arise from a complaint investigation, these will be immediately referred to the relevant safeguarding lead.

15. Valuing Diversity

15.1. The organisation recognises and values all people and welcomes feedback on all issues. The objective is to break down barriers irrespective of protected characteristics⁵. Assistance will be offered to those individuals with specific needs, e.g., interpreting services, to enable everyone who wishes to give feedback to be able to do so. Complaints can be made in a number of ways that are convenient to the complainant.

⁵ <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

16. Making a Complaint

- 16.1. The ICB advocates that all members of staff should be able to help those wishing to provide feedback, the Experience and Engagement Team is the central team responsible for administering complaints, comments, and compliments.
- 16.2. The team, including the PALS service, operates Monday to Friday normal working hours, and can be contacted by leaving a voice message on FREEPHONE 0800 0151 548 or 01452 566698. Messages will be responded to, in normal circumstances, within five working days. If response time are likely to be longer than this for an extended period e.g. due to staff absence, voicemail and email auto acknowledgement messages will be updated.
- 16.3. By email to glicb.pals@nhs.net, or in writing to:

Freepost NO: RTEY-EBEG-EZAT
PPE NHS Gloucestershire
Sanger House, 5220 Valiant Court
Gloucester Business Park
Brockworth, Gloucestershire, GL3 4FE

(From 01.09.2023)
Freepost NO: RTEY-EBEG-EZAT
PPE NHS Gloucestershire
Shire Hall, Westgate Street
Gloucester, Gloucestershire, GL1 2TJ

- 16.4. All written complaints will be acknowledged within three working days.

17. Investigating Officers

- 17.1. Investigating Officers (IO) should be identified by the ICB Complaints & PALS Manager. In the case of complaints relating to GP primary care and POD, the investigating officers should be identified by the South West Complaints Team. IOs should not be the subject of any part of the complaint.
- 17.2. The IO should carry out the investigation and draft a response based on the outcome of the investigation, ensuring all issues are covered, learning is identified, and proposed actions described. This investigation report and draft response should be provided within the timeframe identified by the Complaints & PALS Manager.
- 17.3. The IO can seek support and advice from the Associate Director of Engagement and Experience regarding the handling of an investigation. This includes advice and support with meetings, phone calls, report writing, or actions to be undertaken as a result of lessons learned.
- 17.4. Within 20 working days from receipt of the complaint, the IO should investigate and prepare a formal response and send this to the Complaints

& PALS Manager to review prior to sending to the Chief Executive Officer or Deputy for final review and sign off.

- 17.5. Further time is allotted for the Chief Executive Officer or Deputy to consider the investigation, approve the final response, and instruct the Experience and Engagement Team to send the response to the complainant or their representative. The signed response will be sent to the complainant using Royal Mail recorded delivery and/or by email as agreed with the complainant.
- 17.6. The ICB aims to respond to all complaints within 40 working days.
- 17.7. Where the investigation cannot be concluded and the response sent within the time agree initially agreed with the complainant, the ICB will discuss an extended timeframe with individual complainants.
- 17.8. Electronic copies of complaint responses will be filed securely; with signed copies of GP service and POD complaint responses shared securely with the South West Complaints Team.

18. Record Keeping

- 18.1. All statements, letters, phone calls and actions taken in an investigation are documented and kept in an electronic complaint file, which complies with the ICB Information Governance standards and is maintained by the ICB Engagement and Experience Team. A complete complaint file is required should the complaint be referred to the PHSO.
- 18.2. A secure database is maintained for all feedback received by the Complaints and Pals Service.
- 18.3. In accordance with the Department of Health Records Management Code of Practice complaint files will be kept for ten years, and then destroyed on a proactive basis.
- 18.4. Complaint files about babies, children, and young people, where there is the possibility of future legal proceedings, are kept until their 25th birthday. If the baby or child has died, the complaint file is kept for ten years.

19. Reporting

- 19.1. The ICB Chair and Board Members receive experience reports through the System Quality Committee (SQC) and Primary Care & Direct Commissioning Committee (PCDC). These reports include complaints information to support the monitoring of the effectiveness of the Complaints and Feedback process.
- 19.2. Patient experience feedback will also be provided to commissioning teams to inform commissioning processes.

20. Evaluation

The ICB PALS and Complaints team aim to evaluate the experience of complainants and other people who contact the service in order to track the quality of complaints

handling. The ICB is currently (as at August 2023) working with ICBs across the NHS SW Region to develop a region-wide evaluation survey to send to complainants⁶.

21. Media Interest

- 21.1. Staff are to refer any media interest in a complaint to the ICB Communications team. The Engagement and Experience Team will brief the ICB Communications Team immediately when any complainant expresses their intention to contact the media.

22. Fraud and Corruption

- 22.1. Any complaint which concerns allegations of possible fraud or corruption is to be passed immediately to the Director of Finance for consideration.

23. Support of Staff

- 23.1. Members of staff named in a complaint, either personally or by role, should be informed of the complaint by their line manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair, and timely and should not apportion blame. The management style and culture within the ICB will promote positive attitudes towards dealing with complaints.
- 23.2. Employees directly involved in complaints can seek support from their Trade Union or Human Resources. Staff members will be given the opportunity to be accompanied by a friend or Trade Union representative if they are required to be interviewed during the course of a complaint investigation.
- 23.3. Interviews with employees under the complaint procedure should not be viewed as disciplinary in nature. However, staff should be made aware that documentary evidence, including statements, obtained in the course of an investigation may be used as evidence in any resulting disciplinary proceeding.
- 23.4. Staff may wish to access the Employee Assistance Programme delivered by Care First. This is a free, confidential, advice and support service which is available to all ICB staff 24 hours a day. Information can be found on the ICB Intranet.

⁶ It is important to note that as of 28 May 2018 to be compliant with the General Data Protection Regulation (GDPR) which replaces the Data Protection Act 1998; individuals will have to opt into the survey and should not be sent a survey unless they have done so.

24. Unreasonably Persistent and Vexatious Complainants

24.1. Complainants (or anyone acting on their behalf) may be deemed to be 'unreasonably persistent or vexatious' complainants, where previous or current contact with them shows that they meet one or more of the following criteria:

- the complainant persists in pursuing a complaint where the ICB complaints procedure has been fully and properly implemented and exhausted.
- the complainant continually raises new issues or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response or whilst the complaint is being investigated (care must be taken not to discard new issues which emerge as a result of the investigation or the response. These might need to be addressed as either reviews of previous complaints or as separate complaints). Independent advocacy services could be called upon to assist in such circumstances, ensuring that all new and legitimate issues are answered.
- despite the best endeavours of staff to confirm and answer the complainant's concerns and, where appropriate, involving independent advice services, the complainant does not accept the response and/or where the concerns identified are not within the remit of the ICB.
- in the course of addressing a registered complaint, the complainant has had an excessive number of contacts with the ICB, which have placed unreasonable demands on staff. A contact may be in person or by telephone, email, letter, or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgement based on the specific circumstances of each individual case.
- the complainant has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this.
- the complainant is known to have recorded meetings, face-to-face or telephone conversations without the prior knowledge and consent of other parties involved and used these recordings without prior permission.
- the complainant has focussed on a matter to an extent which is out of proportion to its significance and continues to focus on this point. It is recognised that determining what is justified can be subjective and careful judgement must be used in applying this criterion.
- the complainant displays unreasonable demands or patient/complainant expectations and fails to accept that these may be unreasonable (e.g., insisting on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised good practice).

- the complainant has threatened or used actual physical violence towards staff or their families or associates on more than one occasion: or
 - the complainant has sent indecent, offensive, or potentially hazardous items to staff or their families or associates in the post, or has hand-delivered indecent, offensive, or potentially hazardous items to staff or their families or associates at any time.
- 24.2. The options for dealing with unreasonably persistent or vexatious complainants are detailed in Appendix 3.
- 24.3. Once complainants have been determined to be 'unreasonably persistent or vexatious' there is a mechanism for withdrawing this status. For example:
- 24.4. Staff should previously have used discretion in recommending 'unreasonably persistent or vexatious' status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Discussion will be held with the ICB's Chief Executive Officer or Deputy and subject to their approval, normal contact with the complainant and application of the ICB's Complaints Procedure will then be resumed.

25. Communication

- 25.1. This policy is published on the ICB website. However, unless there are extenuating circumstances, paper copies will not routinely be made available. This policy can be made available in other formats by contacting the ICB Engagement and Experience Team.
- 25.2. Information about the policy will be included in the ICB internal communications for all staff with a link to the ICB's intranet.
- 25.3. This policy will be placed on the ICB staff intranet.
- 25.4. Information for staff about How to deal with feedback about a local NHS service can be found at Appendix 2.
- 25.5. A public information leaflet Your Experience Counts is available. This can be found at Appendix 5.

26. Training

- 26.1. If any member of staff does not feel they have the necessary skills to investigate and deal with complaints, they should discuss this in the first instance with their line manager and training arrangements should be made through the appraisal system and the professional development plan.
- 26.2. The Engagement and Experience Team can provide informal complaints and customer care training to any individual member of staff or department.
- 26.3. Complaint response writing support is available through the Complaints & PALS Manager.
- 26.4. The Complaints & PALS Manager will monitor the quality of investigations and complaint responses and will highlight to the relevant Senior Manager additional training needs.

27. Policy Review

27.1. This policy will next be scheduled for review in August 2025, or sooner as required dependent on changes to national legislation or guidance.

Appendix 1: Complaints Handling Process and Timeframes



**ICB PALS
and
Complaints
Team**

**Listen to
understand
individuals'
concerns**

Appendix 2: How to deal with feedback about a local NHS service.

Information for ICB Staff

People may not always want to make a complaint; they may just want to let us to know about their experience and to be listened to.

If the individual wants to make a **formal complaint**, then they should contact the Patient Advice and Liaison (PALS) or **Complaints Team** for the relevant organisation in the first instance. In some organisations PALS may be the first point of contact for complaints and may be a good first point of contact for the complainant to discuss their concerns.

If the person wants to raise a **concern**, provide a **comment**, or register a **compliment**, then they should contact the relevant **Patient Advice and Liaison (PALS)** team.

If the complainant feels that the issue may constitute a criminal act and that the police should be involved, they are within their rights to contact the police to refer the matter/incident to them. It will then be a matter for the police to decide if they wish to take further action, which they will investigate accordingly. The organisation is not in a position to make a judgement and we should not attempt to persuade or dissuade a complainant from contacting the police.

During the out of hours period, if the nature of a complaint identifies that a possible serious criminal act has been perpetrated by a member of staff and you should contact the on-call Manager or Director immediately.

Dealing with a Concern

The ICB welcomes feedback. This helps us to learn how to improve the way we do things and put things right if we get them wrong. People will often not know how to or who to raise a concern with. All staff across the healthcare community have an important role to play in openly and actively encouraging patients, carers, and others to speak up, so that we can alleviate and resolve concerns promptly.

Equally, as a member of staff you may be unfamiliar with what you should do if a member of the public raises a concern with you. We want staff across the ICB to feel empowered to deal with any issue. Below are some top tips to help you to do this.

What is a concern?

Concerns are issues which can be resolved on-the-spot (usually within 24 hours) and are typically less serious issues than complaints. Concerns are made orally. For example, a concern might be raised in relation to some out of date information on a website; where the resolution is to arrange for an update or change to put matters right.

All staff have a duty to listen to concerns raised. On receiving a concern, you should inform a member of the Patient Experience and Safety Team who will log the concern – contact details below.

Top tips for dealing with concerns

- **Take time to listen.** Many concerns are the result of a misunderstanding. Taking time to speak to the person and understand exactly what they are unhappy about and how we can help to resolve the issue.
- **Take personal responsibility for dealing with the issue.** All staff should feel empowered to deal with any concerns. If you cannot deal with the issue yourself, seek support from your line manager or a more senior member of staff.
- **Resolve the issue as quickly as possible.** Generally, concerns are straightforward and can be resolved on the spot with an apology and action to put the matter right.
- **Keep the person informed of progress.** If the issue is going to take some time to resolve, keep the person informed of actions you have taken and tell them when you expect the issue to be resolved.
- **Seek advice from a senior member of staff.** If the person is still unhappy or the issue you are dealing with is too complex, seek advice from your line manager or a more senior member of staff.
- **Manage expectations and keep your promises.** If you promise to resolve an issue within a certain time frame - keep that promise. If, due to unforeseen circumstances, you cannot respond within the timeframe promised, let the person know why. Manage expectations and do not leave the person wondering what's going on.
- **Try to avoid a complaint.** The majority of people that raise a concern don't want to make a complaint; they just want their issue resolved promptly. Do not automatically direct the patient to the Patient Advice and Liaison Service (PALS) or advise the person to make a formal complaint. The majority of issues can be resolved within the department.

Dealing with a Complaint

If a written or verbal complaint is received it should be passed to the ICB Complaints & PALS Manager without delay. The Complaints and PALS Manager will identify an Investigating Officer, who will be expected to thoroughly investigate the complaint and provide a draft written response for review by the ICB Chief Executive Officer or Deputy before being sent to the complainant.

Obtaining Information for Complaint Investigations

Any member of ICB staff directly involved in a complaint may be asked to provide information in connection with an investigation. Staff asked to provide information will be supported in this process by the Investigating Manager and/or their line manager. Further advice and support can be obtained from the Patient Engagement and Experience Team.

Patient Consent

The Patient Engagement and Experience Team is responsible for ensuring that appropriate patient consent for the release of personal information is obtained.

A copy of any information that is collected is kept in the complainants' file and may be legitimately passed on if the complainant requests an Independent or Health Service Ombudsman's review of their complaint.

General Principles regarding Obtaining Information

Any written information you obtain or provide for a complaint should:

- Be written in ink or typed.
- Be legible and concise.
- Be factual, accurate and relevant.
- Avoid abbreviations.
- Explain any technical words, phrases or procedures and avoid jargon.

Format - the following format should be followed when obtaining information to ensure to consistency and completeness of investigations into a complaint:

Title - the title should indicate the date, place and time of the issue complained about.

Opening paragraph - please give the following information as it applied when the events under investigation occurred:

- Your Name
- Work Address
- Post in the CGG
- How you can be contacted most easily

Narrative of events – please provide a narrative of the events, keeping to the facts.

In date and time order state:

- When and what you did and why.

Final Checks - as an ICB, we must be 100% confident with what we are saying.

- Remember investigation records could be made public. Always re-read what you have written
- Once you are confident with the information, ensuring it has addressed all points included within the complaint, date and sign it
- Give the investigation information to the Complaints and PALS Manager for recording and preparing for review by the Chief Executive Officer or Deputy.

Complaint No:.....

I, currently employed by

as

Contact telephone number/extension:

Narrative/statement of events:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date.....

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Appendix 3: Options for dealing with unreasonably persistent or vexatious complainants

Where complainants have been identified as 'unreasonably persistent or vexatious', the Chief Executive Officer (or Deputy) will determine what action to take. The Chief Executive Officer (or Deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as 'unreasonably persistent or vexatious' complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g., GPs, independent health complaints advocacy services and Members of Parliament. A record will be kept for future reference in the complaint file of the reasons why a complainant has been classified as 'unreasonably persistent or vexatious'.

The Chief Executive Officer or Deputy may decide to deal with complainants in one or more of the following ways:

- Try to resolve matters before invoking this procedure by drawing up a signed 'agreement' with the complainant (if appropriate, involving a relevant advocate in a two-way agreement), which sets out a code of behaviour for the parties involved, if the ICB is to continue processing the complaint. If these terms are contravened, consideration would then be given to implementing other action as indicated in this section.
- Once it is clear that the complainant meets any one of the criteria set out in Section 24 of the ICB Complaints and Feedback Policy and Procedure, it may be appropriate to inform the complainant in writing that they may be classified as an 'unreasonably persistent or vexatious' complainant, copying this policy to them, and advising them to take account of the criteria in any further dealings with ICB. In some cases, it may be appropriate, at this point, to suggest that the complainant seeks independent advice or advocacy in processing their complaint, e.g. through POhWER.
- Decline contact with the complainant either in person, by telephone, by email, by fax, by letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party.
- If staff are to withdraw from a telephone conversation with a complainant, it may be helpful for them to have an agreed statement available to be used at such times.
- Notify the complainant in writing that the Chief Executive Officer or Deputy has responded fully to the points raised and has tried to resolve the complaint, but there is nothing more to add and continuing contact regarding the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered. They should be informed of their right to appeal and of their right to go to the Parliamentary and Health Service Ombudsman.

Appendix 4: Contact details for complaints and PALS teams covering individuals registered with GP practices in Gloucestershire

ICB PALS (from 01.09.2023)

Freepost NO: RTEY-EBEG-EZAT PPHNS Gloucestershire
PALS & Complaints
Shire Hall
Westgate Street Gloucester
GL1 2TG FREEPHONE 0800 0151 548 / 01452 566698
Email: glicb.pals@nhs.net
Website: <https://www.nhsglos.nhs.uk/>

ICB Safeguarding Contact

ICB Deputy Director of Nursing: 0300 421 1500

Gloucestershire Hospitals NHS Foundation Trust

Complaints Team Gloucestershire Royal Hospital
Great Western Road
Gloucester
GL1 3NN
Telephone: 0300 422 5777
Email: ghn-tr.complaints.team@nhs.net
Website: www.gloshospitals.nhs.uk/contact-us/feedback-and-complaints-pals

PALS Office

Gloucestershire Royal Hospital
Great Western Road
Gloucester
GL1 3NN
Freephone 0800 019 3282
Text: 07827 281266
Email: ghn-tr.pals.gloshospitals@nhs.net
Website: <http://www.gloshospitals.org.uk/en/Contact-Us/Contact-Us>

Gloucestershire Health & Care NHS Foundation Trust

FREEPOST RSKC-CSKU-KRZX
Edward Jenner Court
Gloucester Business Park
GL3 4AW
Telephone: 0300 421 8313
Email: experience@ghc.nhs.uk
Website: <https://www.ghc.nhs.uk>

Gloucestershire County Council (Social Care Complaints)

Gloucestershire County Council
Complaints Manager (Adult Social Care)
Complaints Team
Gloucestershire County Council
Shire Hall, Westgate Street
Gloucester
GL1 2TG
Telephone: 01452 425000
Email: corporatecomplaintsteam@gloucestershire.gov.uk

Healthwatch Gloucestershire

Kestrel Court
Waterwells Drive
Waterwells Business Park
Quedgeley
Gloucester
GL2 2AT
Freephone telephone number: 0800 652 5193
Local landline number: 01452 504989
Email: info@healthwatchgloucestershire.co.uk
Website: www.healthwatchgloucestershire.co.uk

Cross Border (England/Wales) Healthcare –There are approx. 9,000 patients living in the England-Wales border areas of Gloucestershire, who are registered with GP practices registered with the NHS in Wales. A nationally agreed Statement of Values and Principles (SVP) has been established to ensure smooth and efficient interaction between both NHS organisations in relation to patients living along the England-Wales border. The SVP aims to support better patient outcomes and avoid the fragmentation of care. It sets out how the NHS in both countries will act in the best interest of patients at all times, noting there will be no delay for patients in accessing healthcare services, whilst commissioning responsibilities are clarified . <https://www.nhsglos.nhs.uk/about-us/how-we-work/cross-border-healthcare>

While NHS Gloucestershire Integrated Care Board remains the legally responsible commissioning organisation for patients living in Gloucestershire who are registered with a Welsh GP practice, Aneurin Bevan University Health Board (ABUHB) commission and fund most secondary and community services for these patients. Primary Care is commissioned by ABUHB, although GICB does have a responsibility to ensure that patients are able to register with a GP practice in England, should the patient wish to do so. Where appropriate NHS Gloucestershire and ABUHB will work together to respond to, and resolve, any complaints from Gloucestershire residents registered with a Welsh GP practice. Appendix 3 of the SVP sets out the Dispute Resolution Process for NHS commissioners where there are disputes relating to the treatment of patients.

Appendix 5: Your Experience Counts

Information for the Public: <https://www.nhsglos.nhs.uk/have-your-say/your-experience/pals-feedback-and-enquiries/>

Appendix 6: Policies, Procedural Documents and Guidance Documents

The following is a list of policies, procedural documents or guidance documents (internal or external) which have informed the development of this policy.

Ref.	Document Title	Location
1	Access to Health Records Act 1990	www.legislation.gov.uk/ukpga/1990/23/contents
2	Complaint Handling in NHS Trusts (Patient Association)	www.patients-association.org.uk/complaints-management
3	Department of Health Code of Practice – Records Management	www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care
4	Everyone Counts: Planning for Patients 2013/14	www.england.nhs.uk/2012/12/everyonecounts/
5	Good Practice Standards for NHS Complaint Handling (Patients Association)	http://patients-association.com
6	Health and Social Care (Community Health and Standards) Act 2003	www.legislation.gov.uk/ukpga/2003/43/contents
7	Healthwatch Gloucestershire	https://www.healthwatchgloucestershire.co.uk/
8	Helping more people by investigating more complaints about the NHS	https://www.ombudsman.org.uk/

9	Information Commissioners Office	https://ico.org.uk/
10	Listening Responding Improving: a guide to better customer care.	https://webarchive.nationalarchives.gov.uk/20130104224337/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095439.pdf
11	NHS Governance of Complaints Handling (Parliamentary and Health Service Ombudsman)	https://www.ombudsman.org.uk/organisations-we-investigate/nhs-complaint-standards/complaint-handling-guidance
12	NHS Resolution	https://resolution.nhs.uk/
13	Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling	www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling
14	Parliamentary and Health Service Ombudsman Report: Care and Compassion February 2011	https://www.ombudsman.org.uk/publications/care-and-compassion
15	Social Services Complaints Procedure for Adults	www.citizensadvice.org.uk/health/nhs-and-social-care-complaints/complaining-about-social-care-services/social-care-complaints-procedure/how-to-make-a-complaint-about-adult-social-care-services/
16	Statutory Instrument 2006 No. 2084. The National Health Service (Complaints) Amendment Regulations 2006	http://www.legislation.gov.uk/uksi/2006/2084/made
17	Suffering in Silence	www.healthwatch.co.uk/report/2014-10-14/suffering-silence

18	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	http://www.legislation.gov.uk/ukssi/2009/309/contents/made
19	The Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report)	https://webarchive.nationalarchives.gov.uk/20150407084231/http://www.midstaffpublicinquiry.com/report
20	The NHS Complaints Procedure	www.nhs.uk/using-the-nhs/about-the-nhs/how-to-complain-to-the-nhs/

Appendix 7: Equality and Engagement Impact Assessment

Please refer to the Guidance for Completion of the Equality and Engagement Impact Assessment. If you require any assistance in completing this form, please contact the Patient Engagement and Experience team.

Title of service, policy, or programme:	NHS Gloucestershire ICB Complaints and Feedback Policy		
Name and job title involved in the completion of this assessment:	Becky Parish Associate Director, Engagement and Experience NHS Gloucestershire ICB		
Date of this assessment: <i>(It is good practice to undertake an assessment at each stage of the project)</i>	02/08/2023		
Stage of service, policy or programme change <i>(Earlier versions of this impact assessment should be included in your submission)</i>	Development <input type="checkbox"/>	Implementation <input checked="" type="checkbox"/>	Evaluation/review <input type="checkbox"/>

1. Outline	
<p>Give a brief summary of your policy, service, or programme. Include reference to the following:</p> <p>Is this a new or existing policy, service, or programme?</p> <p>If it is not new, detail any proposals for change.</p>	<p>ICB Complaints handling and administrative service.</p> <p>This is an existing service.</p> <p>NEW: Primary care complaints handling by South West Complaints Team from 1 July 2023.</p>
<p>What aims/outcomes do you want to achieve?</p>	<p>The purpose of the Complaints and Feedback Policy is to:</p> <ul style="list-style-type: none"> • explain how the ICB promotes a patient's right under the NHS Constitution to complain, have a complaint investigated and be given a full and prompt reply. • acknowledge and implement the Local Authority Social Services and National Health Service Complaints Regulations 2009. • demonstrate how the ICB listens to people's views.
<p>Give details of any evidence, data or research used to support your work. Consider the following:</p>	<p>National guidance (see Appendix 6)</p>

Health Needs Assessment	
JSNA/Inform data	
National/regional data	
Patient experience data	

2. Engagement	
<p>What relevant patient experience data/feedback is already available?</p> <p>Include information from any relevant national/regional patient groups, e.g., Healthwatch, national surveys</p>	<p>South West Complaints Working Group – project to plan for the implementation of new complaints administrative and handling process post-delegation of commissioning responsibility for POD services from 1 July 2023.</p>

<p>How have patients, carers and families, staff been involved in shaping your proposals.</p> <p>If your policy/programme is currently being developed, please explain any further plans for engagement and/or consultation.</p> <p><i>(*Plans for additional engagement should also be included in the Section 5: Action Plan below)</i></p>	<p>Evaluation of new complaints process planned.</p> <p>South West Complaints Working Group working on shared evaluation survey.</p>
<p>If your plans/policies are implemented, please explain:</p>	
<p>Any impact on the way in which services are delivered?</p> <p>E.g., Change in location, frequency of appointments.</p>	<p>The change relates to the delegated responsibility for commissioning POD services from NHSE to ICBs from 1 April 2023 and new complaints handling arrangements from 1 July 2023.</p> <p>A new South West Complaints Team established to support handling of POD complaints from 1 July 2023.</p> <p>Close Liaison between ICB PALS and Complains Team and South West Complaints Team.</p> <p>NEW: ICB Executive sign off all primary care complaints responses from 1 July 2023</p>
<p>Any impact on the range of health services available?</p>	<p>N/A</p>

<p>Have you considered whether any change could be considered significant variation? If yes, formal public consultation will be required <i>(See Guidance or ask your Engagement Team for advice).</i></p>	<p>N/A</p>
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3. Equality considerations

This is the core of the Equality Impact Analysis; what information do you have considered any potential or existing *impact on protected groups, as defined by the Equality Act 2010*. Consideration should also be given regarding wider inequalities that people may experience because of social, domestic, environmental, and economic circumstances, e.g., Unpaid carers, rural isolation, areas of deprivation. If your proposals contain more than one solution for service delivery, you should consider the potential impact for **each** of the solution in this section.

(Please complete each area ⁷)	What key impact have you identified at this stage?			Explain any positive or negative impact below. What action, if any, has been taken to address these issues?	Further action required?
	Positive Impact <input checked="" type="checkbox"/>	Neutral impact	Negative Impact		
				Local executive sign of all primary care complaint responses provides local oversight of patients experience and complaint investigation outcomes providing greater opportunity for learning and informing of local strategy development and monitoring.	(*Include details in Section 5: Action Plan below) N/A

⁷ Positive Impact: will actively promote the values of the ICB and ensure equity of access to services;

Neutral Impact: where there are no notable consequences for any group;

Negative Impact: negative or adverse impact for any group. If such an impact is identified, you should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures.

Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As above	
Other considerations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As above	

4. Monitoring and review			
If you are at the implementation or evaluation stage of your policy development/service or programme change:			
Has an earlier Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
If yes, please include details of any action plan below:			
What issues/actions have previously been identified?	N/A		

Are any further actions required?	No

5. Action Plan			
Issues/impact identified in Section 2, 3 or 4 above	Explain any further actions required	How will you measure and report impact/progress	Timescale for completion
When will the proposal be next reviewed?	N/A		

5. Completion:	Name and Job title	Date
Completed by:	Becky Parish	02/08/2023

Equality Lead:	Caroline Smith	07/08/2023
Project Sponsor:	Tracey Cox	
Policy/programme signed off by: <i>(E.g., Governance and Quality, Governing Body, etc)</i>	System Quality and Governance Committee	