

**NHS FRIMLEY
CLINICAL COMMISSIONING GROUP**

Handling of NHS Complaints Policy

Policy number	CORP 007
Version	Version 1
Approved by	Quality Performance and Finance Committee
Document Author	Melanie Bessant CSU Complaints Team
Date of approval	25 May 2021
Next due for review	March 2024

Version control sheet

Version	Date	Author	Status	Comment
Version 1	09.04.2021	M. Bessant NHS SCW PACT	Approved	

Equality Statement

NHS Frimley Clinical Commissioning Group (CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who have shared a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;

Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.”

Contents

Contents

Equality Statement.....	2
Contents.....	3
1. Introduction	4
2. Purpose	4
3. Scope.....	5
4. Definitions.....	5
5. Roles and responsibilities.....	7
6. Process for reporting and managing complaints	8
7. Statutory requirements	14
7.1. Equality analysis.....	14
7.1.1. An equality impact assessment is attached in Appendix 1.....	14
7.2. Other requirements	14
7.2.1. Bribery Act 2010 – the CCG has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010. The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed, and an individual convicted of an offence can face a prison sentence of up to 10 years.....	14
8. NHS Constitution.....	15
10. Monitoring	15
11. Review and revision	16
12. Training considerations.....	16
13. References and links relating to this policy	17
Procedural Document - checklist for approval	18

1. Introduction

- 1.1. This policy sets out NHS Frimley CCG's process for dealing with Patient Advice and Liaison Service (PALS) enquiries and formal complaints.
- 1.2. NHS Frimley CCG has a responsibility to have a complaints policy in place, in line with national requirements (Statutory Instrument 2009 No. 309: The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009). All information will be treated as confidential and will be kept in accordance with the Data Protection Act 2018.

2. Purpose

- 2.1. NHS Frimley CCG is committed to providing an accessible, equitable and effective means for service users (and/or their advocate) to express their views about a commissioned service.
- 2.2. NHS Frimley CCG commissions a PALS and a Complaints Service which provides easy access for all people, including those with disability and/or language issues; is supportive and open; and results in a fair and proportionate local resolution. The purpose of a local resolution is to provide the opportunity for the complainant and service provider to facilitate a timely and appropriate resolution of the complaint; for the service provider to put things right for the complainant, whilst giving the opportunity to review and continually improve their services.
- 2.3. NHS Frimley CCG commissions the NHS South Central and West Patient Advice and Complaints Team (SCW PACT) to be the first point of contact for complainants. SCW PACT will engage with the complainant to agree how they would like their concern or complaint managed. If it is anticipated the comment/enquiry can be resolved promptly it is likely this will be directed towards the PALS process. However, if the comment or complaint requires an extensive investigation it is likely this will be directed towards the complaints process.
- 2.4. This policy will:
 - Be publicised and easy to access
 - Be simple to understand and use
 - Be fair and impartial
 - Be consistent with national guidance
 - Offer a thorough and effective mechanism for resolving concerns and complaints
 - Undergo regular review and amended in accordance with any change in national guidance
 - Ensure all complaints are dealt with in an honest, open, confidential, and sensitive way
 - Ensure that rights to confidentiality and privacy are respected
 - Guarantee that no complaint will form any part of a medical record and complainants will not be discriminated against, in any way as a result of making a complaint

- Provide complainants with a nominated SCW PALS Officer or SCW Complaints Manager who will offer the complainant support and guidance throughout the complaints process
- Ensure complainants are treated with respect and courtesy
- Ensure answers or explanations are provided within negotiated time frames
- Ensure responses are thoroughly investigated, evidence based and transparent and provide outcomes of the investigation
- Enable lessons learnt to be used to inform the improvement of the services.

3. Scope

3.1. NHS Frimley CCG commissions NHS SCW to provide a complaints management service for services provided directly by NHS Frimley CCG and those commissioned from local acute hospitals, mental health providers, community providers, the independent sector, and independent contractors. This policy sets out how SCW will support NHS Frimley CCG in the management of their PALS enquiries and formal complaints.

4. Definitions

Complaint	An expression of dissatisfaction that requires an investigation with the commissioner and/or service provider which necessitates a formal response
Concern	An experience or opinion that is of interest or importance to the service user that may require consideration and reply by the commissioner and/or service provider
Comment	A remark expressing feedback, opinion, or reaction to a CCG customer commissioned service
Compliment	A positive expression of praise or gratitude
Complaints Regulations	Statutory Instrument 2009 No. 309: The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Complaints Manager	Individual employed in the function of managing the complaints process, on behalf of the commissioner, in line with the Complaints Regulations
PALS Officer	Individual employed in the function of administering complaints or PALS enquires, on behalf of the commissioner, in line with the Complaints Regulations
Local Resolution	Resolution of a comment or complaint by the commissioner or provider
Independent Review	If a service user remains dissatisfied with the local resolution offered, they may contact the Parliamentary & Health Service Ombudsman and request a review of the local resolution process
Service user	The term 'patient', 'client' and 'service user' are used interchangeably to describe all those people for whom the NHS Frimley CCG commission and provide services
Advocate	An 'advocate' is a person who speaks for, or intercedes on behalf of another in the case of complaints. The complainant may choose anyone they wish to be their advocate; hence this may be (but not limited to) a relative, friend, or someone from an advocacy organisation such as SEAP, MP, or Solicitor
Complainant	The 'complainant' is the person making the complaint, this may be the patient or advocate
SCW	NHS South, Central & West
PACT	Patient Advice and Complaints Team. An integrated PALS and Complaints management team

PALS	Patient Advice & Liaison Service.
Commissioning organisation	Responsible for commissioning secondary services for their local population and includes CCGs
Responsible Officer	Nominated individual within the Commissioning organisation who is accountable for complaints, this must be at executive level and can often be a Director of Nursing or equivalent.
Child	Any individual under the age of 16, unless assessed as competent under Gillick competencies
Gillick Competency	The ability of a child between the age of 12 – 16 to understand and consent to treatment, in the opinion of a registered health / social care professional (Taken from Fraser Guidelines)
Commissioning Complaint	A complaint about a CCG directly provided service or service the CCG commissions on behalf of their local population.
PHSO	Parliamentary and Health Service Ombudsman: makes final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other public organisations.

5. Roles and responsibilities

- 5.1. **Accountable Officer** – – has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to.
- 5.2. **CCG Governing Body** – is responsible for ensuring that all policies in use in the organisation are ratified by the CCG Governing Body.

- 5.3. **Executive Director of Quality & Nursing** – has delegated responsibility from the Accountable Officer for ensuring compliance with the agreements made under the Complaints Regulations and for ensuring that action is taken if necessary, depending on the outcome of the complaint. They have the responsibility for the sign off of all complaints unless otherwise agreed.
- 5.4. **Directors of Quality** – has the responsibility for monitoring the effective management of complaints and to ensure that all investigations are dealt with effectively and appropriately.
- 5.5. **SCW PACT** – is the single point of entry for service users or advocates who require advice, assistance, or information. SCW PACT will make an initial assessment of the concern or complaint and a decision will be taken, in conjunction with the complainant, as to the best route for resolution.
- 5.6. **SCW Complaints Manager** – is responsible for managing procedures, on behalf of the CCG, for handling and considering complaints in accordance with the arrangements made under these regulations.
- 5.7. **SCW PALS Officer** – is responsible for supporting the complaints process and dealing with any PALS enquires.
- 5.8. **CCG Investigation Officer** – is responsible for undertaking a thorough investigation into the facts, preparing a report on the findings with the inclusion of any recommendations and for attending local resolution meetings, where necessary. There is an expectation for the Investigating Officer to liaise with the SCW Complaints Manager to provide an update on the progress of the investigation and anticipated timescales for delivery of their response of their investigation report.

6. Process for reporting and managing complaints

6.1. WHAT IS A COMPLAINT?

- 6.1.1. A complaint usually relates to dissatisfaction about a commissioned or directly provided service.
- 6.1.2. Complaints can be submitted about any of the following:
- An action or omission which is against the choices and wishes of a service user
 - The way in which care, treatment or service has been provided, or withheld, from a service user
 - Discrimination against a service user
 - The lack of access to or provision of a particular service
 - Attitude or behaviour of staff; or
 - The financial availability of a particular treatment, intervention, or equipment

This list is not exhaustive; it is an indication of the nature of potential complaints.

6.2. WHERE DO I COMPLAIN?

- 6.2.1. A complaint about any services provided or commissioned by NHS Frimley CCG should be directed to SCW PACT: scwcsu.palscomplaints@nhs.net
- 6.2.2. A complaint solely about primary care services (i.e., Dentists, Pharmacy, Opticians), specialised services, health and justice healthcare, and services for members of the armed forces falls under the remit of NHS England and should be directed to the provider of the service or NHS England, as the commissioner of those services.
- 6.2.3. A complainant raising concerns regarding General Practice should be encouraged to raise it directly with the Practice Manager at the GP surgery, as they are best placed to achieve swift local resolution. However, in line with the Complaints Regulations, complainants may wish to exercise provider / commissioner choice and SCW PACT can advise on the option's available dependent upon the nature of the complaint.
- 6.2.4. A complaint solely about Local Authority services should be directed to the local council.

6.3. WHO CAN COMPLAIN?

- 6.3.1. Service users can complain about the services which are provided or commissioned by NHS Frimley CCG. A service user may nominate an advocate to act on their behalf. Alternatively, an advocate may make a complaint regarding: someone who has died, a child, someone who is unable to make the complaint themselves because of physical incapacity or the lack of capacity within the meaning of the Mental Capacity Act 2005.
- 6.3.2. SCW PACT will ensure that the correct authority to act has been sought. A patient may nominate an advocate with written consent. Alternatively legal documentation in the form of a Lasting Power of Attorney (LPA), Court of Protection Deputy, Legal Guardian, Executor of the Will, Grant of Probate will be required where a patient lacks capacity or is deceased. In the absence of the above, the Next of Kin will be considered.
- 6.3.3. In addition, consent must be obtained where access to patient identifiable information held by a third-party organisation is required in order to investigate the complaint.
- 6.3.4. Consent is ideally obtained from the patient the complaint is pertaining to. However, there are a number of noticeable exceptions. A parent or legal guardian must consent for children under the age of 16, with an exception of children from the age of 12-16 who are able to align as Gillick Competent. As mentioned above, where a patient lacks capacity or is deceased NHS Frimley CCG must be satisfied the appropriate authority to act is in place. SCW PACT will issue a consent form to be signed by the patient or parent directly, or where an individual is acting on the authority of another, a signature with a copy of the appropriate legal documentation must be submitted. In the absence of

appropriate authority to act, any complaint investigation will be limited due to the inability to access medical and personal records and will naturally focus on relevant policies and/or guidelines.

- 6.3.5. NHS Frimley CCG will provide guidance to SCW PACT in supporting complainants who do not have English as their first language, unable to read English, or have communication barriers; this may include seeking support of a local advocate, where required.
- 6.3.6. A service user may raise a complaint anonymously. Should the complaint relate to medical care; the investigation will be limited due to the inability to access medical and personal records and will naturally focus on relevant policies and/or guidelines.

6.4. TIME LIMITS FOR COMPLAINTS

- 6.4.1. A complaint should not be made later than 12 months after the date on which the matter occurred or, the date on which the complainant became aware of the matter.
- 6.4.2. This time limit may be waived if the complainant had good reason for not making the complaint within the time limit, and it is still possible to investigate the complaint effectively and fairly. Any such decision will be made by the NHS Frimley CCG's Accountable Officer. The complainant will be notified of the outcome in writing and may be appealed with the PHSO.

6.5. SERIOUS COMPLAINTS

- 6.5.1. Should a complaint contain information pertaining to an episode or action, which in the opinion of the SCW Complaints Manager could be interpreted as a potential safeguarding issue, gross misconduct, or fraud, it should be immediately escalated to the NHS Frimley CCG's Executive Director of Quality and Nursing. If appropriate, the Safeguarding Policy and/or the service provider's Serious Incident Requiring Investigation (SIRI) procedure must be enacted.
- 6.5.2. If possible, the matter will be investigated under the complaints process. Where required, the matter may be referred to the appropriate agency such as: Human Resources, Police, Professional Regulatory Body, and/or Local Authorities and Safeguarding Leads. The appropriate agency will maintain ownership of the complaint and will liaise directly with the Executive Director of Quality and Nursing, unless SCW PACT is directly instructed by the agency to re-open the local resolution investigation.
- 6.5.3. For further information refer to NHS Frimley CCG's Safeguarding Policy.

6.6. COMPLAINTS THAT CANNOT BE DEALT WITH UNDER THIS POLICY

- 6.6.1. The following complaints will not be dealt with in line with the Complaints Regulations:

- A complaint made by a local authority, NHS body, primary care provider or independent provider
- A complaint made by an employee of a local authority or NHS body, about any matter relating to employment
- A complaint which is made orally and is resolved to the complainant's satisfaction within one working day
- A complaint which has previously been made and resolved, and where local resolution has been exhausted
- A complaint which is, or has been, investigated by the Parliamentary and Health Service Ombudsman; or
- A complaint arising out of the alleged failure to comply with a request for information under the Freedom of Information Act 2000

6.7. COMPLAINTS AGAINST PROVIDERS OF HEALTHCARE SERVICES

6.7.1. Under the Complaints Regulations a service user can choose to complain to either the provider or the commissioner of the service, but not to both organisations about the same matter. NHS Frimley CCG have contracts with numerous service providers and each of those has its own NHS Complaints Procedure.

6.7.2. Where a complaint encompasses more than one provider, the SCW Complaints Manager will contact the service user to discuss who the most appropriate body is to handle the complaint. Should a complaint span more than one provider, the SCW Complaints Manager will discuss and agree, in conjunction with the service providers, who is the most appropriate body to handle the complaint. It is likely the organisation the majority of the complaint relates to will lead on the co-ordination and formal response to the complaint.

6.8. COMPLAINTS AGAINST THE LOCAL AUTHORITY

6.8.1. The Local Authority shares the legislation governing the complaints procedure under the Complaints Regulations.

6.8.2. Where a complaint encompasses both the NHS and Local Authority; the SCW Complaints Manager will contact the service user to discuss and agree who the most appropriate body is to handle the complaint. It is likely the organisation the majority of the complaint relates to will lead on the co-ordination and formal response to the complaint.

6.9. PROCEDURE BEFORE INVESTIGATION

6.9.1. A comment, concern or complaint may be made verbally, or in writing. All comments concerns and complaints will be acknowledged within three working days by the SCW PACT.

6.9.2. The timeframe for response is negotiated with the service user. This is dependent on the complexity of the matter and the number of providers involved. As a guide, the PALS aim for a three working day response time to a standard enquiry; this can be extended to five working days where

information gathering is required. In terms of a complaint response, NHS Frimley CCG aims for a 25 working day response time; however it is recognised this not always possible for complex or multi-organisational complaints. In line with Complaints Regulations complainants will be kept informed of progress when the original response timescale cannot be achieved. The investigation will commence once SCW PACT is satisfied that the appropriate authority to act is in place.

- 6.9.3. At the time of acknowledgement, SCW PACT will discuss with the service user the most appropriate route for resolution, timeframe for response, and consent requirements. To support the service user to navigate the complaints process, the acknowledgement must include signposting to the appropriate advocacy agency.

6.10. INVESTIGATION

- 6.10.1. Concerns/ enquiries that require the supply of information from a commissioner or provider will fall into the PALS remit. SCW PACT aims to receive the information within 3-5 working days.
- 6.10.2. In terms of complaints, SCW PACT will liaise with the provider organisation or CCG department requesting they identify a suitable Investigating Officer.
- 6.10.3. During the investigation SCW PACT will liaise with the Investigating Officer and keep the service user informed, as far as reasonably practicable, as to the progress of the investigation. SCW PACT aims to receive the complaint investigation findings from the commissioner (commissioning function complaint) within 15 working days and from a provider within 25 working days.
- 6.10.4. The commissioner or provider has a responsibility to offer support to any staff members who have been cited within the complaint. For instance, the staff member may receive support via their line manager and have access to a union representative or an Employee Assistance Programme service. There is an expectation that the staff member will be treated fairly, with respect and compassion. It is recommended, the outcome and recommendations of the complaint is shared with the staff member.

6.11. RESPONSE

- 6.11.1. Comments and concerns will be responded to in a format agreed with the service user.
- 6.11.2. In terms of complaints, a written formal response to the service user will be signed by NHS Frimley CCG's Executive Director of Quality and Nursing or their nominated representative. Alternative methods of responding to complaints may be considered by SCW PACT in conjunction with the service user and Investigating Officer. This could be through an immediate response from front line staff or a local resolution telephone call or meeting with NHS Frimley CCG. The service user should have the option of receiving either an electronic recording of the meeting and/or a written summary.

- 6.11.3. The final response should invite the service user to inform the CCG if they have any outstanding concerns. In such cases, consideration should be given to arranging further action which might resolve the complaint.
- 6.11.4. The response must include the details of the PHSO for an independent review, for the service user to contact if they are dissatisfied with the local resolution.

6.12. OUTCOMES, SERVICE IMPROVEMENTS AND REDRESS

- 6.12.1. On conclusion of a complaint, any tangible outcomes or service improvements will be shared with the service user within their response. Should any service improvement plans be identified, their completion will be monitored by the CCG's Executive Director of Quality and Nursing or delegated nominee.
- 6.12.2. If a service user can demonstrate a financial loss that has been directly or indirectly incurred as a result of the incident, and the Investigating Officer together with the Executive Director of Quality and Nursing agree this cost is justified, a direct reimbursement may be made to the service user. An example of this would be a transport fare, a replacement item, or professional fees.
- 6.12.3. There may be occasions when, having investigated a complaint, the Investigating Officer and the Executive Director of Quality and Nursing believe there are grounds for making an ex-gratia payment. Redress of this nature includes a discretionary payment for distress, inconvenience, and loss of opportunity.
- 6.12.4. Upon completion of local resolution, the Investigating Officer together with SCW PACT will determine whether the complaint was well-founded.

6.13. UNREASONABLE OR PERSISTENT COMPLAINANTS

- 6.13.1. NHS Frimley CCG is committed to treating all service users equitably and recognises it is the right of every individual to pursue a complaint about an NHS service. On occasion, SCW PACT or the CCG may find the behaviour and/or expectations of the service user to be unreasonable or persistent. The threshold of a service user's behaviour or expectations is subjective, and it is acknowledged a service user may be contacting the CCG or SCW PACT at a difficult and distressing time. Every effort will be made to engage effectively with the service user in order to facilitate their right to complaint to seek local resolution.
- 6.13.2. For further information refer to CCGs Unreasonable and Persistent Complainants Policy.

6.14. LEGAL ADVICE AND PROCEDURES FOR COMPLAINTS INVOLVING LITIGATION

- 6.14.1. As necessary NHS Frimley CCG will arrange to seek legal advice from their solicitor on particular aspects of a complaint if there is the possibility of litigation ensuing. A complaint can run concurrently with a legal case;

however, the complaint process will pause upon instruction from a solicitor, Coroner, Police or Regulatory Body (i.e., General Medical Council, General Dental Council, and the Nursing and Midwifery Council). An investigation will only recommence on specific instruction from any of the professional bodies listed above.

6.15. REPORTING AND GOVERNANCE

6.15.1. SCW PACT maintains an electronic database of all comments, concerns, compliments, and complaints. SCW PACT provides monthly reports to the CCG in relation to service user feedback and experiences.

6.15.2. Under the Complaints Regulations, NHS Frimley CCG must prepare and publish an annual report each year which specifies the number of complaints received, the number which were well-founded, the number referred to the PHSO, and a summary of the complaint subject matter together with resulting actions.

6.16. RECORDS

6.16.1. The PALS and Complaints records are retained in line with the NHS Records Management Code of Practice 2016 and SCW Records Management Policy. A single copy of a complaint record is to be held by SCW PACT on behalf of NHS Frimley CCG. PALS and Complaints records are held separately from health records.

7. Statutory requirements

7.1. Equality analysis

7.1.1. An equality impact assessment is attached in Appendix 1.

7.2. Other requirements

7.2.1. **Bribery Act 2010** – the CCG has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010. The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed, and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see:

<http://www.justice.gov.uk/guidance/docs/bribery-act2010-quick-start-guide.pdf>.

7.2.2. Due consideration has been given to the Bribery Act 2010 in the review of this policy and no specific risks were identified.

- 7.3. **Data protection legislation – (as defined in the Data Protection Act 2018)**
 7.3.1. The implications of this legislation have been considered in the development of the policy

8. NHS Constitution

- 8.1 The CCG is committed to:

Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

- 8.2 This Policy supports the NHS Constitution as follows:
“The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population”.

9 Dissemination//Publication

- 9.2 The implications of this legislation have been considered in the development of the policy

10. Monitoring

- 10.1. The policy will be monitored for effectiveness in accordance with any new statutory requirements and any learning from serious reviews; changes to policy will be made in a timely manner.

Criteria	Measurable	Frequency	Reporting to	Action Plan/Monitoring
Contract Review meetings for SCW PACTs service delivery	SCW PACT and NHS Frimley CCG to highlight service user feedback or operational concerns	Monthly	NHS Frimley CCG	Action plans agreed during monthly meeting

Criteria	Measurable	Frequency	Reporting to	Action Plan/Monitoring
CCG PALS & Complaints Reporting	SCW PACT submit activity reports and KO41a	Monthly, Six Monthly and Annually	NHS Frimley CCG	NHS Frimley CCG to then submit reports for their organisation
KO41a Complaint returns	SCW PACT completes KO41a data returns to NHS Digital at the close of every quarter on behalf of NHS Frimley CCG	Quarterly	NHS Digital	Electronic submission of data direct to NHS Digital
NHS Complaint Regulations	All complaints acknowledged within 3 working days and all complainants provided with regular updates on progress and timescales.	On receipt of all new complaints	NHS Frimley CCG	Monitored through KPI monthly returns

11. Review and revision

- 11.1. This policy will be reviewed every three years by the Document Author to ensure continued validity and relevance, with a schedule of proposed amendments presented to the Governing Body for approval.

12. Training considerations

- 12.1 All NHS staff will be expected to have a working knowledge of the complaints procedure and will be familiarised with this Policy, which is also publicised on the NHS Frimley CCG website.

12.2 It is expected that the CCG Investigating Officer will be sufficiently trained and competent to undertake the investigation.

13. References and links relating to this policy

- Statutory Instrument 2009 No. 309 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- The Parliamentary and Health Service Ombudsman Principles of Good Administration, Principles of Good Complaints Handling, Principles for Remedy 2009
- The Department of Health A Guide to Better Customer Care 2009
- The Data Protection Act 2018
- The Equality Act 2010
- Mental Capacity Act 2005
- The Department of Health Records Management Code of Practice 2016

14. Appendix

14.1. Appendix 1.



Complaints Policy
Equality Impact Asses

Procedural Document - checklist for approval

Procedural document checklist for approval

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed: Policy framework for the development and management of procedural documents	Yes/No/ Unsure	Comments/Details
A	Is there a sponsoring director?		
1.	Title		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	Rationale		
	Are reasons for development of the document stated?		
3.	Development Process		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders, unions (where appropriate) and users?		
4.	Content		
	Is the objective of the document clear?		
	Is the target group clear and unambiguous?		
	Are the intended outcomes described?		
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
6.	Approval		
	Does the document identify which committee/group will approve it?		

Procedural document checklist for approval

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments/Details
	Policy framework for the development and management of procedural documents		
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details.		
8.	Process for Monitoring Compliance		
	Have specific, measurable, achievable, realistic and time-specific standards been detailed to monitor compliance with the document?		
9.	Review Date		
	Is the review date identified?		
10	Overall Responsibility for the Document		
	Is it clear who will be responsible for implementing and reviewing the documentation i.e. role of author/originator?		

Director Approval

On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	
Signature			

Committee Approval

On approval, Chair to sign and date.

Name		Date	
Signature			

