

COMPLAINTS AND CONCERNS POLICY

Version 3

SEPT 2020

Standard Operating Procedure	St Helens CCG Complaints & Concerns Policy
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Version	3.0
Implementation Date	Sept 2020
Review Date	Sept 2023
Approved By	ELT Governance Committee
Approval Date	17/09/2020
Author/ Reviewer	Midlands & Lancashire CSU
Target Audience/ Distribution	All Staff: Via CCG Intranet

REVISIONS			
Date	Section	Reason for Change	Approved By
17/09/20	All	Full Policy review – Job titles updated and reference made to GDPR, 2018.	ELT Gov Committee
09/01/17	All	Full Policy review & update	Quality Committee

POLICY OBSOLETE		
Date	Reason	Approved By
17/09/20	Version 2, replaced Version 3	ELT Governance Committee
09/01/17	Version 1, replaced Version 2	Quality Committee

CONTENTS

		Page Number
1	INTRODUCTION	4
2	SCOPE	4
3	POLICY STATEMENT	4
4	DEFINITIONS	4
5	POLICY PRINCIPLES & PROCESSES	
5.1	Principles	5
5.2	Procedure	8
6	DUTIES & RESPONSIBILITIES	13
7	IMPLEMENTATION	14
8	TRAINING IMPLICATIONS	14
9	RELATED DOCUMENTS	15
10	MONITORING, REVIEW & ARCHIVING	15
11	EQUALITY IMPACT ANALYSIS	16

1. INTRODUCTION

This document sets out our approach to dealing with complaints about the services provided by NHS St Helens Clinical Commissioning Group (the CCG) and the services we commission. It provides a framework for how we will handle, respond to and learn from complaints and how this will influence future commissioning of services.

We will meet the legal requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. We will act in accordance with the NHS Constitution and in line with the Francis Report (2013) and Clywd Hart Review (2013) and we will be guided by best practice.

Midland and Lancashire Commissioning Support Unit (the CSU) manage complaints on our behalf and also offer a Patient Advice and Liaison Service (PALS). We are committed to working with the CSU to provide the best service for patients, their families and carers.

2. SCOPE

This policy is a Corporate policy. The policy applies equally to all CCG commissioned services.

3. POLICY STATEMENT

The CCG is committed to high quality patient care for all our local residents. This includes encouraging a culture that seeks and uses people's experiences of care to improve commissioned services. We are accountable to local residents for our commissioning decisions and will use the valuable insight from patients and their representatives to improve services.

We will take all complaints seriously and make sure they are properly investigated and responded to in an unbiased, non-judgmental, appropriate and timely way. We aim to deal with all complaints fairly for both the complainant and complained about. Where we can resolve complaints quickly and informally we will do so.

Our work will be underpinned by the NHS Constitution including the 'duty of candour' and the 'Compassion in Practice' 6Cs. There is also a range of documents and publications that will guide how we manage complaints and concerns which are set out in Section 4 of this document.

4. DEFINITIONS

Complaint – A complaint is an expression of dissatisfaction that requires a formal response. It is usually a problem which has not yet been resolved, or which concerns past treatment. It can be made face to face or over the telephone (verbal complaints) or by letter and e-mail (written complaints.)

Concern – A concern is a problem which can be dealt with more quickly and informally. This is usually by then of the working day after it is received.

Local Resolution is the investigation and resolution of complaints under the first stage of the NHS complaints procedure. It includes everything we do locally, before a complaint is considered by an Ombudsman.

A **Serious Incident (SI)** is an incident or near miss occurring on health service premises or in relation to health services provided, resulting in death, serious injury or harm to patients, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern.

The **Ombudsman** refers to the **Parliamentary and Health Service Ombudsman (PHSO)** who are the second stage of the NHS complaints procedure. If the CCG cannot resolve a complaint, the complainant has the option to approach the Ombudsman for a review. The Ombudsman will assess if the CCG has acted fairly in the complaint investigation and if the response has adequately addressed the complaint.

Local **advocacy services** are available to act on a patient's behalf throughout the complaint process including dealing with the Ombudsman.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 is the legislation which provides the framework for managing complaints in the NHS.

Ulysses is the CCG's risk management system which is used for the recording and reporting of incident, complaints, PALS, claims and organisational risks.

5. COMPLAINTS & CONCERNS POLICY: PRINCIPLES AND PROCESS

5.1 PRINCIPLES

A concern or complaint may be raised under this policy by:

- Anyone who is receiving, or has received NHS treatment or services, which are provided or commissioned by NHS St Helens CCG.
- A relative or friend on behalf of the patient, if they have consent.
- Anyone who is affected by or likely to be affected by the action, omission or decision of NHS St Helens CCG.

A complaint should be made within 12 months of:

- The date of the event that led to the complaint took place
- The date it came to the attention of the complainant

Where a complaint is received after the time limit we will decide whether to investigate. This will be based on the reason the complaint was not made sooner and whether it can still be fairly investigated.

Although the CCG delegates the management of the complaint process to the CSU it remains our duty to make sure that providers co-operate and the complaint is handled in a timely and user centred way.

Some types of complaints fall outside the scope of this policy. They include:

- Complaints about privately funded healthcare
- If a complaint is also part of an ongoing police investigation or legal action it will be discussed with the relevant police authority or legal advisor and only continue as a complaint if it does not compromise the police or legal action
- A matter that has already been investigated under the complaint regulations
- Matters which are being or have been investigated by the Parliamentary and Health Service Ombudsman
- A matter arising out of an alleged failure to comply with a request under the Data Protection Act 2018. A matter arising out of an alleged failure to comply with a request for information under the Freedom of Information Act 2000
- Concerns raised under the Public Interest Disclosure Act 1998 (whistle blowing)
- 'Service to service' complaints where a health organisation or local authority makes a complaint about another health organisation or local authority
- Complaints by staff working in the CCG about employment or contractual matters

In these circumstances, we will contact the complainant and explain the reasons for not dealing with the complaint.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 also apply to GPs, dentists, pharmacists, optometrists and prison healthcare providers. However, these service areas are commissioned by NHS England and so any complaint about these services will be their responsibility and are outside the scope of this policy.

The Complaint and Concerns Policy is not designed to blame staff, but to investigate complaints to provide a satisfactory outcome for the complainant, to learn any lessons and make improvements. If a complaint identifies information which indicates a need for disciplinary action this will be managed separately under the CCG's Disciplinary Policy and Procedures.

5.1.1 Principles of HANDLING Complaints

We will make sure that complaints are considered in accordance with the law and this policy. There are several documents and publications that give us helpful guidance in how to deal with complaints and concerns.

The Parliamentary and Health Service Ombudsman (PHSO) 2009 guidance setting out '*Principles of Good Administration, Principles of Good Complaints Handling and Principles for Remedy.*' These three sets of principles outline the approach to be taken by public bodies when delivering good administration and customer service, and how to respond when things go wrong. They underpin the Ombudsman's assessment of performance, their vision of good complaint handling and their approach to put things right.

The same six themes which apply to each of the three principle documents are:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement.

These documents also provide some specific rights for patients. These include:

- Have their complaint acknowledged and properly investigated
- Discuss how the complaint will be handled and when they can expect a reply
- To be kept informed of the progress and promptly told the outcome
- Have access to further redress through the PHSO, the Information Commissioners Office or legal channels including Judicial Review.

The PHSO also issued 'My Expectations for Raising Concerns and Complaints' which articulates a user led vision for raising complaints and concerns based around a series of 'I' statements across the life cycle of a complaint. For example, when someone is considering making a complaint they should be able to say 'I felt confident to speak up' and they would know they had a right to complain, they knew how to complain, they could receive support to complain and their future care would be unaffected. A summary of the 'I' statements is below.

Stage of Complaint	I Statement
Considering a complaint	I feel confident to speak up
Making a complaint	I felt that making my complaint was simple
Staying informed	I felt listened to and understood
Receiving outcomes	I felt my complaint made a difference
Reflecting on the experience	I would feel confident making a complaint in future

The 'Good Practice Standards for NHS Complaints Handling' published by the Patients Association in September 2013. The standards can be summarised as:

- Openness and transparency, including well publicised and accessible information that is understood by all parties to the complaint
- A consistent approach, centred on evidence based and complainant led investigations and responses
- A logical and rational approach
- Provide opportunities to give feedback on the complaints service
- Offer support and guidance throughout the complaint process
- Provide a level of detail which is proportionate to the complaint
- Identify the cause of the complaint and take action to prevent recurrence
- Using lessons learned to make changes and improvements
- Ensure that ongoing care is not affected by having complained

The CCG complaint system will enable patients and the public to readily make their own views known, without fear of discrimination and will ensure that lessons learned are widely disseminated.

The CCGs and the CSU will promote equality of access to the complaint service and will ensure that people from minority and disadvantaged communities are given full and equal access to the Complaints and Concerns process. We acknowledge that it may be difficult for some people to express their concerns and the CCG and CSU will encourage people to voice their opinions where appropriate. The PALS service will be an important point of contact, or referral, to facilitate this.

The handling of complaints will adhere to the principles of the Mental Capacity Act 2005 and the Data Protection Act 2018. Confidential patient information will not be disclosed to a third party unless the patient has given their consent. The CCG and CSU will assume a person has capacity to make their own decisions, and support them to do so. If we assess that a person cannot give consent we will seek evidence that the person complaining on the patient's behalf has the authority to do so. .

5.2 COMPLAINTS PROCEDURE (Local Resolution)

Each phase of the complaint and the associated actions are in the table below.

Complaint Phase	Action
Assessment	<ul style="list-style-type: none"> Complaint is assessed as being within the scope of our service and acknowledged Advocacy services offered Consider early and informal resolution - look at whether it can be resolved by the end of the next working day
Summary of complaint	<ul style="list-style-type: none"> Personal contact to agree a summary of the complaint and desired outcomes Explanation of process and timescales Consent sought
Investigation	<ul style="list-style-type: none"> Complaint sent for investigation with agreed timescale and desired outcome Investigation response of adequate quality received and accepted
Complaint Response	<ul style="list-style-type: none"> Co-ordinated response to complaint drafted for sign off Response agreed by senior management and sent out to complainant
Lessons Learned	<ul style="list-style-type: none"> Further actions identified to resolve the individual complaint Wider service improvements identified and implemented

If necessary, independent clinical reviews will be carried out. The CSU team will ensure that all of the points raised by the complainant are covered in the complaint response. Where a complaint involves more than one NHS or social care organisation, the CSU team will agree how the complaint will be managed and include all relevant information in a single, coordinated response.

Serious complaints should be notified to the Associate Director, Corporate Governance at the CCG without delay.

NHS St Helens CCG aims to provide a final response to complaints within 40 working days from receipt of valid consent. Sometimes agreed deadlines cannot be met. Where this is a delay, the CSU will contact the complainant, explain to them the reasons for the delay and discuss an extension in timescale. The CSU will escalate cases of excessive delay to the CCG.

The CSU will request an investigation response in Plain English which provides an honest, clear and constructive response to all the issues raised together with a lessons learned and service improvements log. Once the team receives this information the team will produce a draft response letter. The CCG will review the draft response to confirm they are with the way the complaint has been investigated and any action taken. The response will cover how the complaint has been handled, the conclusions reached on the basis of facts and evidence and an explanation of any actions the CCG intends to take as a consequence.

All written responses will invite the complainant to contact the CSU if they remain unhappy with their response. The CSU will make a further attempt to address any outstanding concerns. The response letter will always advise of the right to approach the PHSO. Where appropriate, the CCG will offer to meet with complainants where this could achieve local resolution. This could include using a mediation service.

If the complainant remains dissatisfied with the response received they have the right to ask the Ombudsman to review their complaint. They are independent of the NHS and will advise the complainant in writing of the outcome of their application.

All complaint files will be retained for a minimum of ten years. Archived files will be stored separately and securely for each CCG. To preserve confidentiality and paper complaint files will be held in a locked cabinet at the CSU. Data held electronically on the Ulysses database will be password protected and access restricted.

5.2.1 Patient Advice and Liaison Service (PALS)

PALS offer important support for both staff and patients in promptly and informally resolving concerns and enquiries. PALS staff will make initial contact with an enquirer within one working day enquiry and to give a final response as quickly as possible. Where a concern will not be resolved by the end of the next working day, this can still be handled through PALS but the enquirer will be informed that they may make their concerns a formal complaint at any time.

Wherever possible, PALS will aim to answer enquiries directly. However, in some cases this will involve referral to a person or service more appropriate for resolving the enquiry promptly and comprehensively. Appropriate consent will be sought. Enquirers will be given the option to return to the service if their enquiry if they are not satisfied with the response they receive.

PALS will respond to both general enquiries and those about an individual. Enquiries may be made personally or on behalf of someone but PALS will not discuss issues about an individual without their consent.

PALS is a confidential service and will not disclose personal information without appropriate consent of the person involved, unless it relates to an actual or potential criminal offence or to child protection.

If the PALS service identifies any safeguarding risks or threats to wellbeing they will address this in line with the relevant legislation and local protocols.

5.2.2 Multi Agency Complaints

Where a complaint involves more than one NHS or adult social care organisation, there should be full co-operation in seeking to resolve the concerns through each body's local procedures. A coordinated approach is required and a single response should be sent to the complainant.

Where a complaint is received which is solely concerned with another body, the CSU will, with the consent of the complainant, ensure that it is passed on without delay.

5.2.3 Negligence Claims

The complaints procedure should not stop where the complainant is taking legal advice. However, where legal action is started by the complainant then the CSU and/or CCG will seek legal advice to consider whether handling the complaint could adversely impact the legal action. The CSU and/or CCG will follow the legal advice.

5.2.4 Coroner's Cases

Where a death has been referred to the Coroner's office this does not mean complaint investigations need to be suspended. Investigations will continue and a copy of the final response will be sent to the Coroner for information.

5.2.5 NHS Litigation Authority (NHSLA)

If the CSU identifies a complaint which meets the NHSLA referral criteria, this will be raised with the CCG who will then report the complaint to the NHSLA.

5.3 Habitual or Unreasonably Persistent Complainants

There are times when nothing further can reasonably be done to help a complainant. As a last resort and after all reasonable measures have been taken to try and resolve the complaints under this policy, the following should be considered.

Complaints made by persistent complainants should be reviewed by the CSU to establish whether the same issues are being raised again. Complaints about matters unrelated to previous complaints should be approached objectively and without any assumption that they are bound to be frivolous, unreasonable or unjustified.

If a complainant is abusive or threatening, the CSU may require the complainant to communicate in a specified way that still allows the complaint to be investigated. For example, this could be in writing and not by telephone, or solely with one or more designated members of staff, or with a limit on the number of contacts each week. It is not reasonable to refuse to accept or respond to communications about a complaint until it is clear that all practical possibilities of resolution have been exhausted.

Complainants who behave unreasonably or are unreasonably persistent should be follow the procedure below:

- The CCG will review the complaint and make a decision as to whether or not it is appropriate for the CCG to investigate the complaint further.
- If the investigation is to continue, the CSU will handle the complaint in line with this policy and may restrict communication with the complainant.
- If the CCG decide that the complaint will not be investigated, the complainant will be advised of their right to approach the PHSO.

5.4 Serious Incidents (SIs), Never Events and Complaints

The procedure for investigating SIs and Never Events is separate from the complaints procedure and is managed in accordance with the CCG Management of Serious Incidents (SI) Policy. If during the course of investigating an SI, a complaint is also received, the incident procedure will normally take precedence. If a complaint investigation reveals the need to take action under the SI procedure, again the incident procedure will normally take precedence.

In these circumstances the complainant will be notified of the SI investigation and will be kept updated on the progress by the CSU. The issues raised in a complaint will not always be identical to those investigated under the SI procedure and a separate and full response to the complaint will be required.

5.5 Safeguarding of Children and Adults at Risk Policy and Complaints

All staff will follow the Safeguarding Children and Adults Policy. If at any point in the complaint investigation process a member of CCG or CSU staff suspect that a vulnerable person is being abused or is at risk of abuse, they should follow the Safeguarding Procedures and report concerns to a Line Manager and the respective Safeguarding Lead.

5.6 Risk Assessing the Complaint

By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken. The complaint will be risk assessed at the point at which it is entered onto the Ulysses system, which is the electronic data base for all Complaints. The system will calculate the level of risk by looking at the seriousness of the complaint and the likelihood of recurrence. The risk assessment of a complaint will be undertaken again when investigation reports are received and clinical review has been undertaken.

Step one: deciding how serious the issue is

Seriousness	Description
Negligible	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care.
Minor	Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.

Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.
Extreme	Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

Step two: deciding how likely the issue is to recur

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

Step three: categorise the risk

Seriousness	Likelihood of recurrence				
	Rare	Unlikely	Possible	Likely	Almost certain
Negligible	Low				
Minor		Moderate			
Medium			High		
High				Extreme	
Extreme					

5.7 Measuring Complainant Satisfaction with the Complaints and PALS Service

A process is in place to understand the experience and satisfaction of people using the complaints and PALS service. This will establish if the process of managing their complaint or concern was positive or not and to suggest areas that they think could be improved.

6. DUTIES & RESPONSIBILITIES

CCG

The CCG has delegated responsibility to the Executive Leadership Team for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.

NHS St Helens CCG will undertake a number of roles in relation to the management, resolution and investigation of complaints, these roles are:

- The thorough investigation of complaints received by the CCG or CSU
- To co-operate fully with other NHS and Social Care bodies to co-ordinate complaint investigations and responses
- To monitor whether commissioned providers adhere to the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009;
- To request and use information about complaints which is provided by healthcare providers commissioned by the CCG, when monitoring the quality of services commissioned
- To use information gained through complaints investigation, to inform the commissioning process, to ensure that the services commissioned meet the expectation and needs of the local population.

GOVERNING BODY

- The CCG Governing Body will take a lead role in ensuring that the complaints are handled effectively, and that services are improved as a result of the lessons learned.
- The Assurance Committee will feed information into the Governing Body and will receive a quarterly complaints report including trends, themes and improvement actions.
- The Governing Body will receive a copy of the Annual Complaints Report which will be submitted in accordance with Regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

(CLINICAL) ACCOUNTABLE OFFICER

- The (Clinical) Accountable Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
- The (Clinical) Accountable Officer is ultimately responsible for ensuring there is an effective process for the management, investigation and resolution of complaints and for ensuring that the CCG complies with the regulations. The (Clinical) Accountable Officer will sign all complaints responses sent by the CCG, except where this would lead to a significant delay. On such occasions, a suitable deputy will sign the letter.

ASSURANCE COMMITTEE

- The Assurance Committee is responsible for monitoring the CCG complaints process. They will identify any areas of concern with the process, investigation and outcome of complaints responded to by the CCG or commissioned providers.
- The Assurance Committee will raise identified concerns with the appropriate lead officer to ensure that action is taken.
- The Committee will receive reports on:
 - the numbers of complaints received and their outcomes;
 - themes and trends;

- actions taken as a result of complaints investigation including lessons learned;
- the time taken to respond to complaints by the CCG and main commissioned providers;
- Ombudsman investigations and action plans.

COMMISSIONING SUPPORT UNIT (CSU)

- The complaints process is managed by the CSU Complaints and PALS Service. They will make sure the system works effectively and efficiently and that deadlines are met.
- The team is responsible for ensuring investigations are completed, drafting a response to the complainant and keeping a log of lessons learned.
- The CSU will produce a quarterly report for the Assurance Committee.
- The CSU will be accessible to the public and to all staff for advice and support. Cover arrangements will be in place for periods of absence from work.
- The CSU will also provide a PALS service to act as an accessible guidance and information point about health services, as well as working to resolve informal concerns about commissioning decisions and commissioned services.

ALL STAFF

- CCG employees are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations and in particular.
- All staff must be aware of the correct procedure to follow should anyone wish to raise a concern or make a complaint. If a complainant wishes to make a formal complaint but is unable or unwilling to put it in writing, the person who receives the complaint should contact the CSU.
- In addition, staff must provide information reasonably required of them by the CSU during complaint investigations.

7. IMPLEMENTATION

This policy will be available to all staff, via the CCG staff Intranet, for use in the circumstances described on the title page.

All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

Detailed guidance on implementing the policy and assistance with writing policies may be obtained from the Corporate Governance Team or Human Resources.

8. TRAINING IMPLICATIONS

It has been determined there are no specific training requirements associated with this policy/procedure.

9. RELATED DOCUMENTS

Legislation and statutory requirements

Date Protection Act 2018

Equality Act 2010

Freedom of Information Act 2000

General Data Protection Regulations (GDPR) 2018

Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Public Interest Disclosure Act 1998

Other related policy documents

CCG's Disciplinary Policy

CCG Management of Serious Incidents (SI) Policy

NHS Constitution

Safeguarding Children and Adults Policy

Best practice recommendations

Clywd Hart Review (2013)

Francis Report (2013)

'Good Practice Standards for NHS Complaints Handling', Patients Association (2013)

10. MONITORING, REVIEW & ARCHIVING

Monitoring

The Corporate Governance Team will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded by the team.

Review

This policy will be reviewed every three years by Midlands & Lancashire CSU's Complaints Team. Where a review is necessary due to legislative change this will happen immediately.

The Corporate Governance Team will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governance Team will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'Revision' table on the summary page at the front of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor Accountable Director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

Archiving

The Governance Team will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2016.

11. EQUALITY ANALYSIS

EQUALITY IMPACT ASSESSMENT

Under the Equality Act 2010, Section 149: The Public Sector Equality Duty (2011), as a Public Body NHS St Helens CCG (Clinical Commissioning Group) has a duty to consider all Individuals when carrying out its day to day duties, including delivering its function and Services.

An Equality Impact Assessment (EIA) is the on-going process by which St Helens CCG can assess potential risk of Discrimination/Breach of the Equality Act 2010 when proposing any changes to its Function and Services it commissions. The Process ensures that when taking decisions, the decision makers do so in the full knowledge of their Statutory Public Sector Equality Duty under the Equality Act 2010.

The primary function of this assessment is to assist the CCG to identify at stages in the Project Management Approach any equality implications that may need further review, consultation, and specific actions to be implemented and to help make the process open and transparent.

In order to meet Equality Legislation we have to consider the issues of:-

1. Eliminating discrimination, harassment and victimization.
2. Advancing equality of opportunity.
3. Fostering good relations between different groups and people.

PSED	Lay Definition
Eliminate Discrimination	Identifying areas which may treat one group less favorably than another group when providing a Service, Typically comes from 'complaints', 'grievances', anecdotal evidence', statistical analysis.
Advance Equality of Opportunity	Remove or minimise disadvantages suffered by people due to their protected characteristics; Meet the needs of people with protected characteristics; and Encourage people with protected characteristics to participate in public life or in other activities where their participation is low. How do we ensure a level playing field is provided.
Fostering good relations between different people	Working with different people and communities to increase inclusivity and mutual understanding.

NOTE: Any Reports/ Documents that are linked to an Equality Impact Assessment are legal documents as they represent the thinking and position of the CCG and can be used as

evidence in court as part of a judicial review. In addition, it is a requirement that such documents are made public and will be available to the General Public via the CCG Website.

Project Title: Complaints & Concerns Policy	PMO No: N/A
Project Manager/Lead: CSU Head of Complaints and PALS	
Executive Sponsor/Lead: Associate Director Corporate Governance	
Clinical Lead: N/A	
Date: Sept 2020	
Version: 3.0	

Stage 1: Initial Scoping:

An EIA is required if the proposed idea is going to result in either:

- Transformation of a Service.
- Cessation/Decommissioning of a Service.
- Procurement of a Service.

What are the proposed key Changes or Initiatives?			
N/A – Policy review and update as per CCG Policy Management Schedule			
What is the rationality for the proposed Changes - What is the 'Legitimate Aim'?			
<input checked="" type="checkbox"/> Best Practice <input type="checkbox"/> NICE Guidance <input type="checkbox"/> National Driver (NHSE Mandate) <input type="checkbox"/> Local Driver (STP/LCS) <input type="checkbox"/> Financial/ Austerity measures <input checked="" type="checkbox"/> Other: (Please describe)			
Details: CCG Policy Management Schedule			
What are the expected Outcomes/Benefits to the Local Population?			
The CCG is committed to high quality patient care for all our local residents. This includes encouraging a culture that seeks and uses people's experiences of care to improve commissioned services.			
What is the potential impact on the Equality/Protected Characteristics Groups:			
<i>Does the Proposal have the potential to have a positive impact - benefit? Could it have a negative impact in terms of excluding, discriminating against any person or group? Is the impact neutral? When considering each protected group, think about barriers, access, effects-both intentional and unintentional? What actions can be taken to rectify/eliminate any potential negative impact- and ensure these are reflected in the project plan?</i>			
Protected Group/ Equality Group	Potential Impact (Describe)	Evidence Source	Proposed Mitigating Actions
Age (Children, Young People, Adults, Elderly)	Positive	See Section 9 documents	N/A
Disability	Positive	See Section 9 documents	N/A
Gender Reassignment	Positive	See Section 9 documents	N/A
Pregnancy and Maternity	Positive	See Section 9 documents	N/A
Race	Positive	See Section 9 documents	N/A
Religion or Belief	Positive	See Section 9 documents	N/A
Sex (Gender)	Positive	See Section 9 documents	N/A
Sexual Orientation	Positive	See Section 9 documents	N/A
Carers	Positive	See Section 9 documents	N/A

Marriage & Civil Partnership <i>(only a protected characteristic in terms of work related activities and NOT service provision)</i>	Positive	See Section 9 documents	N/A
Deprived Communities	Positive	See Section 9 documents	N/A
Vulnerable Groups (e.g. Homeless, Military Vets, Travelling Community)	Positive	See Section 9 documents	N/A

As a result of the Stage 1 Equality Impact Assessment what Consultation, Involvement and Engagement Activities are required? <i>(Provide a brief overview and then attach a completed Communication Involvement and Engagement Plan)</i>
N/A
Identify Key Stakeholders
Residents of St Helens accessing CCG commissioned services.
Is a Privacy Impact Assessment Required?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, attach a completed PIA Template – N/A
Quality Impact Assessment
Please ensure that a Quality Impact Assessment has also been completed – N/A

Stage 2: Decision making and implementation: For completion post- consultation

Date:

Has the Consultation involvement and Engagement Activity identified any further specific issues? Provide details of Issues and proposed Mitigating Actions		
Protected /Equality Group	Issues Raised	Proposed Mitigating Actions
N/A	N/A	N/A
Have Providers, Key Partners and Stakeholders been informed of the Issues and Proposed Actions? Identify Who and When		
N/A		
If the Proposed Actions will affect Procurement and/or Contracts identify who is responsible for implementing and the timescales		
N/A		
Communication and Engagement Plan		
N/A		
Conclusion: Recommendations for decision making: <i>(Brief summary paragraph to identify any implications, risks and required actions along with the recommendation on how to proceed and assurance that PSED are met)</i>		
N/A		
Submission for Approval:		
Committee Name: ELT Governance Committee		
Date: 17/09/2020		
Outcome/Decision: Has the Equality Impact Assessment and its recommendations been reviewed, understood and accepted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If no and if any warnings of discrimination or recommendations for mitigating actions have been discarded		

please indicate the reasoning for this:

N/A

Executive Lead Name and Signature: **Sarah O'Brien, 17/09/20**

For further advice if required please Contact:-

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