

Directorate of Nursing & Quality

**POLICY FOR THE REPORTING AND
MANAGEMENT OF
COMPLAINTS, COMMENTS, CONCERNS AND
COMPLIMENTS**

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
V2.0	YHCS	Updates per changes to national guidance and good practice		
V3.0	CCG	<p>Amendments requested at the CCG Quality Group on 23 July 2015:</p> <ul style="list-style-type: none"> • 7.Roles/Responsibilities/Duties (page 6) <ul style="list-style-type: none"> ○ ‘Head of Programme Management and Integrated Governance’ to be amended to the ‘Director of Risk and Quality Assurance’ • 8.1. Complaints Procedure (page 7) <ul style="list-style-type: none"> ○ Amendment to be made: ‘A complaint must be made no later than 12 months after the date the incident occurred, however in exceptional circumstances the time limit may be waived if it is considered by the Chief Officer or Delegated Executive that the complainant had good reason for not making the complaint within the timeframe and it is possible to investigate effectively and fairly’ 	CCG Quality Group 23 July 2015	
V4.0	CCG	Updated per changes to national guidance and good practice		
V5.0	CCG	Updated per changes to national and local good practice		
V6.0	CCG	Update to incorporate changes requested by members of the Quality Group	17 October 2017	
V7.0	CCG	Substantial Review and Updates	October 2020	

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1.0 INTRODUCTION

The NHS North Lincolnshire Clinical Commissioning Group (CCG) is committed to commissioning and providing high quality services that are safe, effective and deliver a positive experience for the population of North Lincolnshire. The CCG is also committed to working in partnership with patients, providers, employees and members of the public to improve the quality of health services delivered. However, it is acknowledged that some people will occasionally be dissatisfied with the services or the care they receive.

This policy describes how NHS North Lincolnshire CCG manages, responds to and learns from complaints, comments, concerns and compliments made about services and the way in which they are commissioned.

In doing so, the CCG meets the requirements of regulations (2009)¹, conforms to the NHS Constitution (2015)² and reflects the recommendations from the Francis report (2013)³

The CCG recognises the importance of using the information gained through these mechanisms to improve and develop services, with the aim of maintaining and improving safety, effectiveness and patient experience.

NHS North Lincolnshire CCG will ensure it responds in a timely, appropriate and transparent way to all complaints and concerns.

2.0 ENGAGEMENT

A review of this policy has been undertaken by the CCG's Nursing & Quality Directorate. Comments have also been sought from Directors and Heads of Service within the CCG to ensure that the CCG's approach and commitment to handling, investigating and learning from complaints, comments, concerns and compliments is robust and in line with the CCG strategy.

3.0 SCOPE

This policy applies to the handling of, and learning from, complaints, comments, concerns and compliments, ensuring they meet the national requirements¹ and are used to facilitate learning, and make service improvements, relating to the business of NHS North Lincolnshire CCG and the commissioning decisions it makes regarding;

- The operation and commissioning intentions of the CCG.
- Services commissioned by the CCG
- Services hosted by the CCG

Complainants have the choice to make a complaint to either the provider or the commissioner of the service.

¹ The Local Authority Local Authority Social Services and National Health Service Complaints [England] Regulations (2009¹),

² The NHS Constitution, The NHS Belongs to us (2015)

³ Report of the Mid Staffordshire NHS Trust Public Enquiry (2013)

3.1 Areas for complaint

A complaint can be made about anything that is connected with the CCG's exercising of its health function. This could include:

- Quality or level of service
- Changes to a service
- A decision
- Failure to follow correct procedure
- Delay
- A service not being provided
- Application of assessment and eligibility criteria
- Attitude or behaviour of staff
- The impact for an individual regarding the application of a CCG Policy

3.2 Limitations for making a complaint

The following complaints will not be dealt with under this policy:

- Complaints and grievances by members of staff relating to both CCG and employees of providers from services that we commission. These will be dealt with through the appropriate HR processes.
- A complaint from another responsible body, for example a hospital; trust, GP practice or independent provider
- Complaints solely about primary care contractors. These complaints will be investigated by NHS England. The CCG can receive comments and compliments regarding General Practitioners (GP) services; but it does not have responsibility for handling complaints regarding GP services, as this is undertaken by NHS England
- Complaints regarding direct payments/personalised budgets. Patients/service users and their representatives cannot raise issues under this policy about services that they arrange and pay for themselves through a direct payment or a personal budget. The only issues that can be dealt with under this policy are those that relate to the CCG's role in Direct Payments or Personalised Budgets
- A complaint regarding the Individual Funding Request (IFR) outcome decision cannot be made. An appeal against a decision made by the CCG IFR Panel can **only** be made by a referring clinician. Patients cannot appeal a decision. The IFR Policy must be followed in relation to an appeal against a decision
- Complaints about the non-disclosure of information requested under the Freedom of Information Act 2000 or the failure to comply with a Data Subject Access request made under the Data Protection Act 1998
- A complaint where the subject matter has previously been investigated and local resolution achieved under the Complaints Regulations.
- Matters that are either under investigation by another NHS body or the Parliamentary Health Service Ombudsman

Additionally, the CCG will consider declining to handle a complaint;

- In which the CCG is not satisfied that the third party is a suitable person for making a complaint on behalf of the patient/service user.
- If some aspects of a complaint are being addressed through other processes, it does not mean that the entirety of the complaint should not be progressed. Issues that can be considered under the Complaints Policy, as long as they do not compromise any other process, can still be addressed this way. It is possible for two procedures to run in parallel.

- If at any point in dealing with a complaint it becomes apparent that there are issues that should be addressed through other procedures, this part of the complaint will be suspended and moved to the appropriate policy or process and the complainant informed in writing.
- Where a complaint leads to the identification of a Serious Incident (SI), the CCGs' Serious Incident Policy will be followed. A response will still be provided for the complaint; however an investigation will also take place into the SI.

Complaints, comments, concerns and compliments, can be made by a person who is affected by, is likely to be affected by, or is aware of, either through direct experience or observations, action, omission or decision of NHS North Lincolnshire CCG.

The responsibilities defined in this document apply to all employees (including those on permanent, temporary, honorary or secondment contracts), students, contractors and sub-contractors. All employees should make themselves aware of their responsibilities outlined within this document as part of their duties

4.0 POLICY PURPOSE AND AIMS

The purpose of this policy is to define the CCG's approach to handling, investigating and learning from complaints, comments, concerns or compliments that are received into the organisation.

This policy identifies the key components of the handling, investigating and learning process to ensure that complaints, comments, concerns and compliments are dealt with in accordance with the best practice framework developed by the Parliamentary Health Service Ombudsman, Local Government Ombudsman and Healthwatch (2014)⁴ in their "My expectations for raising concerns" report: The report covers five aspects of the complaints process;

- **Considering a complaint:** ensuring people are given information about how to complain, that they will be supported to do so and reassured their care will not be compromised
- **Making a complaint:** ensuring all staff can help, and that making a complaint is easy and convenient
- **Staying informed:** keeping people up to date and ensuring the response is personal
- **Receiving outcomes:** resolving complaints and receiving an appropriate outcome
- **Reflecting on the experience:** ensuring complaints are handled fairly and consistently, and that people understand how their feedback has helped to improve services.

In line with the NHS Constitution (2015)⁵, the CCG wants everyone who is involved to feel confident in the process and will achieve this through a procedure that ensures;

- Concerns are taken seriously
- Complainants feel confident to speak up and feel listened to and understood
- Complaints are dealt with promptly and effectively
- There is a clear outcome for complainants
- Complaints are dealt with fairly
- All those involved in the process are treated with dignity and respect

⁴ My Expectations for raising concerns and complaints (2014) PHSO and Healthwatch

⁵ The NHS Constitution. The NHS Belongs to Us (2015)

- There is equality of access and standard of service for all complainants, with particular consideration for those people who may find it difficult to utilise the standard process e.g. people with disabilities, those whose first language is not English.
- That the outcomes from complaints, comments or concerns are used to improve services.

This policy outlines the CCG's commitment to ensuring that a patient centred and outcome focused response to complaints is maintained and to encourage staff and managers to contribute openly, honestly and fully with investigations into complaints, comments and concerns. CCG employees can be assured that the complaint resolution is not to apportion blame but to determine what happened and identify any subsequent actions that may be required to improve service delivery.

5.0 DEFINITIONS

5.1 Complaint

A complaint is a formal expression of dissatisfaction made verbally or in writing by a patient, and or their representative, regarding services provided or commissioned by NHS North Lincolnshire CCG.

5.2 Concern

A concern is an informal expression of dissatisfaction (written or verbal) that can be resolved without the need for formal investigation, or correspondence, which can usually be responded to within one to two working days of the issue being raised.

5.3 Comment

A comment can either be made verbally or in writing to any member of staff. These may be general comments or opinions regarding NHS services, or may be specific to a particular service or area of care. Comments may offer observations or suggestions regarding services. These do not require a formal response.

5.4 Compliment

Compliments (written or verbal) are an expression of satisfaction and are a valuable source of feedback. Positive feedback received regarding services can be an opportunity to acknowledge improvements, successes, recognise good practice and apply this to other areas.

5.5 Local Resolution

Local resolution refers to any action taken to resolve complaints or concerns, leading up to, but excluding a request for the Parliamentary Health Service Ombudsman to review a complaint. The aim of local resolution is to provide the opportunity for the investigation and resolution of a concern or complaint to be resolved as timely as possible by the CCG. The aim is to ensure a satisfactory outcome for the complainant whilst being fair to staff and ensuring lessons are learnt.

The purpose of investigating a complaint or concern is not to apportion blame but to enable an appropriate response to the complainant and provide the opportunity to identify any necessary improvements in service and to take the necessary action

6.0 ROLES/RESPONSIBILITIES/DUTIES

6.1 The Accountable Officer

Is responsible for ensuring NHS North Lincolnshire CCG has an agreed process in place for the management of patient complaints, in accordance with the regulations, relating to CCG functions. Additionally the Accountable Officer has overall responsibility and accountability for ensuring the complaints policy is enacted across the CCG.

6.2 The Chief Operating Officer

Is responsible for the approval of all Commissioning and Contracting responses, ensuring a thorough and robust investigation has been undertaken.

6.3 The Director of Nursing and Quality

Has delegated responsibility, from the Accountable Officer, for the CCG's complaints handling process and is responsible for the approval of all Nursing and Quality related responses ensuring a thorough and robust investigation has been undertaken. Additionally they also have overall responsibility for ensuring the development, implementation and periodic review of the local complaints policy and procedure and for compliance with regulations and ensuring lessons are learnt, cascaded and considered in all aspects of the CCG's functions.

6.4 Deputy Director of Nursing and Quality

Is responsible for the operational oversight and assurance of the complaints function and all responses, ensuring a thorough and robust investigation has been undertaken and that adequate staff are in place to deliver this function.

6.5 Patient Experience Team

Under the direction of the Deputy Director of Nursing and Quality, the team are responsible for the day to day management of the CCG's complaints handling process and effective management of all patient feedback.

6.6 Lead Investigators

Are responsible for investigating complaints or concerns about their services/areas of work; within an agreed timescale and for ensuring that staff actively engage in the complaints process and support complaint investigations as required.

6.7 All CCG staff

Must ensure that they are aware of the contents of this policy and cooperate fully with any investigation. Additionally CCG Heads of Service are responsible for investigating complaints about the services for which they have commissioning responsibility, within agreed timescales, ensuring that staff actively engage in the complaints process and support investigations as required.

6.8 Commissioned Services

All services commissioned by the CCG are required to have an established process in place for handling complaints, in line with the regulations.

The CCG will monitor complaints and concerns within its commissioned services. The CCG may consider that a complaint is indicative of a wider concern or trend which, through the contract management or quality review and assurance process may prompt an in-depth review of the service.

Patient complaints that are notified to the CCG that give rise to significant concerns will, with the consent of the patient, be reported to the relevant provider. Appropriate investigation, actions and learning will be expected by the provider and assurances gained via the relevant forum.

6.9 Non-Commissioned Services

This policy relates to services that are commissioned by the CCG. However, the CCG will also support complainants' queries or complaints relating to services that are not commissioned by the CCG, where it is appropriate or necessary to do so, in order to identify a suitable solution and to discharge the CCG's duty of care for the population of North Lincolnshire.

6.10 Duty of Care

The National Health Service Act 1977 charges the Secretary of State with a duty to provide healthcare to the public. Healthcare professionals, by virtue of their relationship with the patient and their employment within the NHS, owe a duty of care to the patient. A duty of care is expected of all practitioners and is both a professional and legal obligation.

7.0 MAKING A COMPLAINT

7.1 People who can make a complaint

Complaints can be made by any of the following;

- A current or previous patient or service user.
- In the case of a child, the representative must be a parent, guardian or other adult person who has care of the child. Where a child is in the care of local authority or voluntary organisation, the representative must be a person authorised by them to make the complaint in the child's best interest.
- Any person who is, or is likely to be, affected by the actions, decisions or omissions of the service that is the subject of a complaint.
- In situations where a patient or person affected has died, the complaint must be a suitable representative. Where possible authority to raise the complaint on the deceased's behalf will be sought from this representative, or appropriate other, on a case by case basis, dependent on the circumstances of each complaint.
- A person acting on behalf of a patient or service user's, including a Member of Parliament. In these circumstances the patient or service user must give consent to the representative acting for them.
- A representative acting on behalf of an individual who does not have the capacity to make the complaint, but the representative feels a complaint should be made on their behalf. In these situations the complaint will be dealt with under the Mental Capacity Act 2005.

The CCG have an agreed process and timescales in place for the management and monitoring of complaints, comments and concerns. These are outlined in appendix 1 and 2.

7.2 Consent

Where it is necessary to seek input from organisations external to the CCG;

- Written consent from the patient/service user must be obtained prior to contacting the provider concerned, the sharing of any information or commencing the investigation.
- Information will only be disclosed to those individuals who are investigating the complaint or have been asked to provide a statement directly in relation to the contents of the complaint.
- When a complaint is made by a representative of a deceased individual it may not be appropriate to share the full details of the investigation with the representative. Particular attention will be paid to the need to respect the confidentiality of the deceased, and to any known wishes expressed by the patient when they were alive that information should not be disclosed to third parties.
- In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the representative must be a relative or other person, who has sufficient interest in their welfare and is a suitable person to act as a representative. Every case should be considered on an individual basis before a response is provided, and where possible evidence, such as identification or legal documents, may be required

See appendix 1 which outlines the information required when a patient has given consent to a third party acting on their behalf.

It is recognised that there may be circumstances in which information disclosure is in the best interests for the patient, or the protection, safety or wellbeing of a child or an adult with care and support needs who may be suffering or at risk of neglect and abuse. In these circumstances any concerns will be escalated as necessary in line with safeguarding policies and procedures which can be found by visiting: <https://northlincolnshireccg.nhs.uk/wp-content/uploads/2019/02/updated-safeguarding-policy.pdf>

7.3 Confidentiality

Suitable arrangements must be in place for the handling of patient identifiable data, to meet compliance with the Data Protection Act, General Data Protection Regulation and other legal obligations such as the Human Right Act 1998, the common law duty of confidentiality and the Caldicott Principals.

The Caldicott Report (2013)⁶ set out a number of general principles that health and social care organisations should use when reviewing its use of patient or client information. These principles are that;

- Complaints will be handled in the strictest confidence at all times and in accordance with the CCG's information governance policies and the Caldicott Principals to ensure that information is only used and shared when appropriate to do so.

⁶ The Information Governance Review, Information to share or not to share (2013)

- Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it.
- There may be circumstances in which a safeguarding referral to adult social care or children's social care is considered. This may be in the best interests of the complainant, the complainant's child or for their protection, safety or wellbeing of a child or adult at risk. In these circumstances consultation with the designated professionals or named GPs for safeguarding children or adults must take place.
- Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the identifiable details of the complainants of the case. This includes ensuring that any reports presented to the CCG Committees are appropriately anonymised. Anyone disclosing such information to others who are not directly involved in the case will be dealt with under appropriate disciplinary procedures.
- The CCG will have in place, and work within, clear information sharing protocols, and contractual arrangements to ensure compliance with protocols, legal obligations and the penalties for non-compliance.

7.4 Monitoring and Audit

All information gathered as part of the CCG's complaints handling process is collated and recorded securely from which anonymised reports are produced for internal and external reporting.

The Patient Experience Team produce regular assurance reports for the Governing Body and Quality, Performance and Finance Committee. These reports highlight themes and trends throughout the reporting period and should provide evidence of any learning and improvements that are made as a result of patient feedback including that received via complaints, comments, concerns and compliments.

These reports will also triangulate patient feedback from other quality data such as incidents, serious incidents, patient surveys and provider patient experience data that is shared with the CCG as part of the formal contract monitoring arrangements.

The CCG will produce an Annual Complaints Report that will be presented to the CCG Governing Body and will be publicised on the CCG website.

7.5 Duty of Candour

The CCG is committed to improving communication with patients/service users and carers. When things go wrong, it is essential that the relevant parties are kept fully informed and feel supported.

The 'Being Open' process underpins the local resolution stage of the complaints process. The principles of the Being Open framework (2009)⁷ have been developed to promote a culture of openness and transparency across health and social care organisations. These principles have been integrated within this policy and underpin the CCG's complaints handling process.

Lead Commissioners, Professional Clinical Leads, Directors and the senior management team may also be required to be involved in supporting Commissioned Services or Independent Contractors in Being Open and Duty of Candour discussions and procedures, or monitoring that the commissioned services have appropriate processes in place.

⁷ Being Open Framework (2009)

7.6 Unreasonable or Persistent Contacts

The CCG recognises it is the right of every individual to pursue a complaint. However, from time to time there will be complainants who raise the same issues repeatedly, despite receiving a comprehensive response, or a complainant becomes unreasonable in their conduct or expectations around contact. Whilst every effort should be made to objectively address any concerns that are raised, the CCG must also seek to be proportionate and not to expose its staff to unreasonable behaviour.

The Procedure for the Management of Unreasonable or Persistent Contacts can be found in Appendix 3.

8.0 TIMESCALES

8.1 Completion of Investigation

Although timescales for investigation and responding to complaints or concerns will be agreed with the complainant, NHS North Lincolnshire CCG endeavours to complete the complaints the process as follows:

- Complaints received from the patient, or their representative (excluding MP's) will be responded to within 20 working days following receipt of their consent and agreement of the complaint responses required.
- The CCG aims to provide a response to any MP and/or Councillor enquiries within 10 working days.
- In complex cases it may not be possible to complete the investigation within this timeframe. Where the response cannot be provided within the original timeframe, this will be discussed with the complainant, as part of that discussion. The complainant will be given an explanation of the reason for the delay and a new date by which the response will be provided.
- Where it is necessary for provider organisations to investigate the complaint and provide a response to the CCG for sharing with the complainant, this will be completed in line with the providers Complaints Policy and associated timescales. When this is the case, this will be discussed with the complainant and timescales for expected response provided.
- Where the complainant has requested a meeting in order to address the concerns they have raised, it may not always be possible to provide this within the CCG's agreed timescales. In these circumstances discussions will be held with the complainant and timescales for the meeting agreed.

If a response to the complaint cannot be provided within 6 months of receipt of the complaint, the CCG will provide the complainant with a written explanation as to why the complaint has taken longer than 6 months to respond to and a full response to the complaint will be provided as soon as possible thereafter. In this situation, the Patient Experience Team will provide regular updates to the complainant regarding the progress of their complaint.

Following completion of the investigation, and within the timescale agreed with the complainant, the CCG will send a formal response in writing to the complainant which will be signed by the Accountable Officer or another Director of the CCG acting on their behalf.

The response letter will also advise of the option to ask the Parliamentary Health Services Ombudsman to consider the complaint in view of the delay in providing a response.

8.2 Time Limits for making a complaint

The NHS Complaints Guidance (2015)⁸ advises that complaints should be made within 12 months from the date on which the matter being complained about occurred, or 12 months from the date on which the complainant became aware that they have grounds for a complaint, whichever is the latter.

A complaint made outside of the time limit may be considered if the Director of Quality and Nursing determines there are good reasons for the complaint not to be made within the time limit and the complaint can still be properly investigated.

9.0 PARLIMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)

The Parliamentary and Health Service Ombudsman (PHSO) is the second stage for complaints about NHS services, including the actions of the CCG. The Ombudsman take an independent view of how the CCG has handled and responded to a complaint, and whether the CCG has provided sufficient redress where an injustice has taken place as a result of the matters being complained about.

The CCG will co-operate fully with the Ombudsman's office on any complaint that is referred to it and will take action on any findings that the Ombudsman makes as a result of a complaint.

It should be noted that the Ombudsman will be primarily concerned with identifying whether any maladministration has taken place in the matters raised in the complaint, or in the handling of the complaint, and whether the CCG has failed to provide a service that it is statutorily required to provide. The Ombudsman will not necessarily challenge a decision made by the CCG if it can be demonstrated that no maladministration or failing has taken place in the process by which the decision was made.

10.0 RECORD KEEPING AND RETENTION

The Patient Experience Team will keep an electronic record of each complaint, containing all reports, letters, records of meetings and any other relevant information.

An electronic log will be kept of all other feedback and compliments received and any action taken as a result.

Records will be maintained in the secure area of the CCG server, with access strictly limited to relevant staff only.

A complete complaint file is required should the complaint be referred to the Parliamentary and Health Service Ombudsman and its contents may be made available to the complainant or patient via a Subject Access Request. Complaint files are required to be kept for 10 years, after which time they will be destroyed.

11.0 ORGANISATIONAL LEARNING

⁸ NHS Complaints Guidance (2015) <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/how-do-i-give-feedback-or-make-a-complaint-about-an-nhs-service>

The CCG is committed to making sure any lessons learnt as a result of a complaint or other feedback becomes embedded.

11.1 Remedial Action

- Identifying remedial action is an integral part of the complaint management process and all complaints and concerns will be reviewed to ensure that lessons are learnt. This is ongoing from receipt of the complaint/concern as immediate action may be required.
- All complaints/concerns will be reviewed on completion of Local Resolution.
- Where remedial action is identified an action plan with recorded timescales will be prepared in draft for consideration of the service provider on closure of the complaint or concern and will be monitored regularly until fully implemented.
- Complaint information will be proactively considered as part of all service re-design projects to ensure patient feedback is routinely used to improve services and inform commissioning intentions.

11.2 Themes & Trends

- Any themes identified from complaints or concerns will be followed up through commissioning mechanisms with providers that the CCG has a contract with, for example through meetings with the provider or during site monitoring visits.
- Regular reporting of complaints themes and trends will be supplied to NHS North Lincolnshire CCG by each provider through the contract monitoring processes. This information will inform the CCG of the quality of services and where improvements are required which may be addressed through the commissioning process.

The same learning lessons review process will be followed further to any review carried out by the Parliamentary Health Service Ombudsman.

Provider complaints which give rise to serious concerns will be escalated to the Director of Nursing & Quality or their Deputy and will be immediately raised with the provider. Consideration will also be given to raising the complaint with the Care Quality Commission (CQC) as part of the strengthened CQC inspection process either through direct contact with the CQC or established quality processes.

A copy of the identification and monitoring of remedial actions document can be found in Appendix 4

11.3 Training and Awareness

This policy will be made available via the CCG's intranet. The CCG will ensure that staff members receive relevant training, relating to implementation of this policy, at the appropriate level, as required.

Where CCG staff members are the subject of a complaint from a member of the public/patient, the CCG will ensure that support is available to the individual through line management structures, Occupational Health, the Human Resource Team and where staff members of a trade union/organisation, staff side organisational support.

All feedback and lessons learnt from complaints will contribute to service improvement. The CCG will:

- Ensure that learning is identified (at organisational and service levels) through complaint investigations
- Actively capture learning from complaints from all commissioned services to gather themes and interpret the findings to monitor the quality of commissioned services and to inform contracting and commissioning decisions
- Ensure that learning is disseminated internally and externally

12.0 IMPACT ANALYSES

12.1 Equality

A key principle of this policy is to ensure that all complainants have equal opportunity to raise their concerns, and every effort will be made to ensure this policy is accessible for individuals regardless of any protected characteristics, stated in the Equality Act (2010).

In developing this policy, an assessment of the potential impact of the policy in relation to the protected characteristics of the Equality Act 2010 has been undertaken; please see Appendix 5 for details.

The CCG will also have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, offending background, trade union membership, or any other personal characteristic.

Anyone wishing to make a complaint to the CCG will be advised of the contact details of the Independent Complaints Advocacy Service, to assist individuals with making a complaint about NHS services and supporting them through the process.

The CCG is committed to ensuring that patients, whose first language is not English, or those with a sensory impairment, or learning disability, receive the information they need and are able to communicate appropriately with healthcare professionals. All information in relation to the complaints process is available in alternative languages and formats upon request. Additionally all reasonable adjustments will be considered and utilised throughout any processes to ensure equity of services to those who require additional support with any part of the process outlined within this policy.

12.2 Sustainability

In developing this policy, an assessment of the potential impact of the policy in relation to sustainability has been undertaken; please see Appendix 5 for details.

12.3 Quality

In developing this policy, an assessment of the potential impact of the policy in relation to quality has been undertaken; please see Appendix 5 for details.

12.4 General Data Protection Regulation (GDPR)

The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures.

If you are commissioning a project or undertaking work that requires the processing of personal data you must complete a Data Protection Impact Assessment. Please see the CCG's Data Protection Impact Assessment Procedure and Data Protection by Design & Default procedure available on the website for guidance.

12.5 Bribery Act 2010

The Bribery Act is relevant to the CCG's complaints handling process, although there are no specific requirements to the provisions of the Bribery Act 2010 within this policy.

Under the Bribery Act 2010, it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.
- Failure to prevent bribery; The Bribery Act also introduced a corporate offence for a relevant commercial organisation (the CCG) to bribe another person intending (1) to obtain or retain business, or (2) to obtain or retain an advantage in the conduct of business. The only defence available to the CCG against Bribery Act offences would be to prove that it had adequate procedures in place designed to prevent persons associated with it from undertaking any of the conduct outlined above.

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

13.0 POLICY REVIEW

This policy will be reviewed two years after the date of approval. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

This policy will be published on the CCG internet to be available to all staff and members of the public. All staff are required to familiarise themselves with CCG policies and line managers are responsible for briefing staff as new policies become available.

14.0 REFERENCES

1. The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009). Available from <https://www.legislation.gov.uk/uksi/2009/309/contents/made>
2. The NHS Constitution (*July 2015*). Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf
3. The Mid Staffordshire NHS Foundation Trust Public Inquiry: Chaired by Robert Francis QC (*February 2013*). Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf
4. My Expectations for Raising Concerns and Complaints (*November 2014*). Available from https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf
5. The Information Governance Review, To Share or Not To Share (2013).. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf
6. NHS Complaints Guidance (2015). Available from <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/how-do-i-give-feedback-or-make-a-complaint-about-an-nhs-service>
7. The Being Open Framework (2009). Available from <https://www.hsj.co.uk/download?ac=1293677#:~:text=What%20is%20the%20Being%20open,the%20confidence%20to%20act%20appropriately.>

15.0 APPENDICES

Appendix 1: Process for the management and monitoring of complaints

1.0 CCG procedure for the management of formal complaints (Local Resolution)

The CCG will investigate a complaint and endeavour to resolve it as efficiently as possible. To achieve this, the CCG will:

- Acknowledge all complaints within 3 working days, in writing where possible, where an offer will be made, as appropriate to discuss and agree the following:
 - The manner in which the complaint is to be handled
 - Areas which require investigation
 - The desired outcome and expectations for the complainant
 - The time period in which the investigation of the complaint is likely to be completed
 - Information in relation to independent advocacy services

The complainant can expect:

- To be kept up to date regarding the progress of their complaint at intervals and by means agreed mutually with the complainant and patient experience team.
- Their complaint will be investigated and they will receive a full response, detailing:
 - How the complaint has been investigated
 - The conclusions reached
 - Details of any remedial actions which are being/have been taken as a result of the complaint
 - What to do if the complainant remains dissatisfied
- Where the complaint requests a meeting in order to respond to the concerns they have raised. These may be undertaken either face to face or using web-based meeting software, a written account of the discussions held, or a recording of the discussions held, with consent of all attendees will be provided.

2.0 Consent

Where consent may be required in order to share the complaint with the relevant provider the following process will be follows:-

- The complainant will be asked to sign a consent form, allowing the CCG to contact the provider and share the relevant information. The investigation will be not commence until this has been received.
- If consent cannot be obtained, following three attempts, within a four week period, the complaint will be closed.
- Where the patient has given consent to a third party, this includes MP's acting on behalf of a constituent, we will request the following information:-
 - Name and address of the person making the complaint
 - Name and either date of birth or address of affected person, and, confirmation that they consent to the third party acting on their behalf. This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the affected person.
 - Where appropriate, evidence that the representative has delegated authority for example in the form of a Power of Attorney

3.0 Monitoring and Audit

The Patient Experience Manager maintains a record of all complaints, concerns, comments and compliments received. Complaints, concerns, comments and compliments about health services, or a specific services within the CCG, are shared with the relevant organisation, team or individual and are included in the quarterly patient experience report.

An electronic database is maintained, which can be analysed to identify trend and themes as required and a summary of the types of feedback received is reported in the quarterly patient experience report.

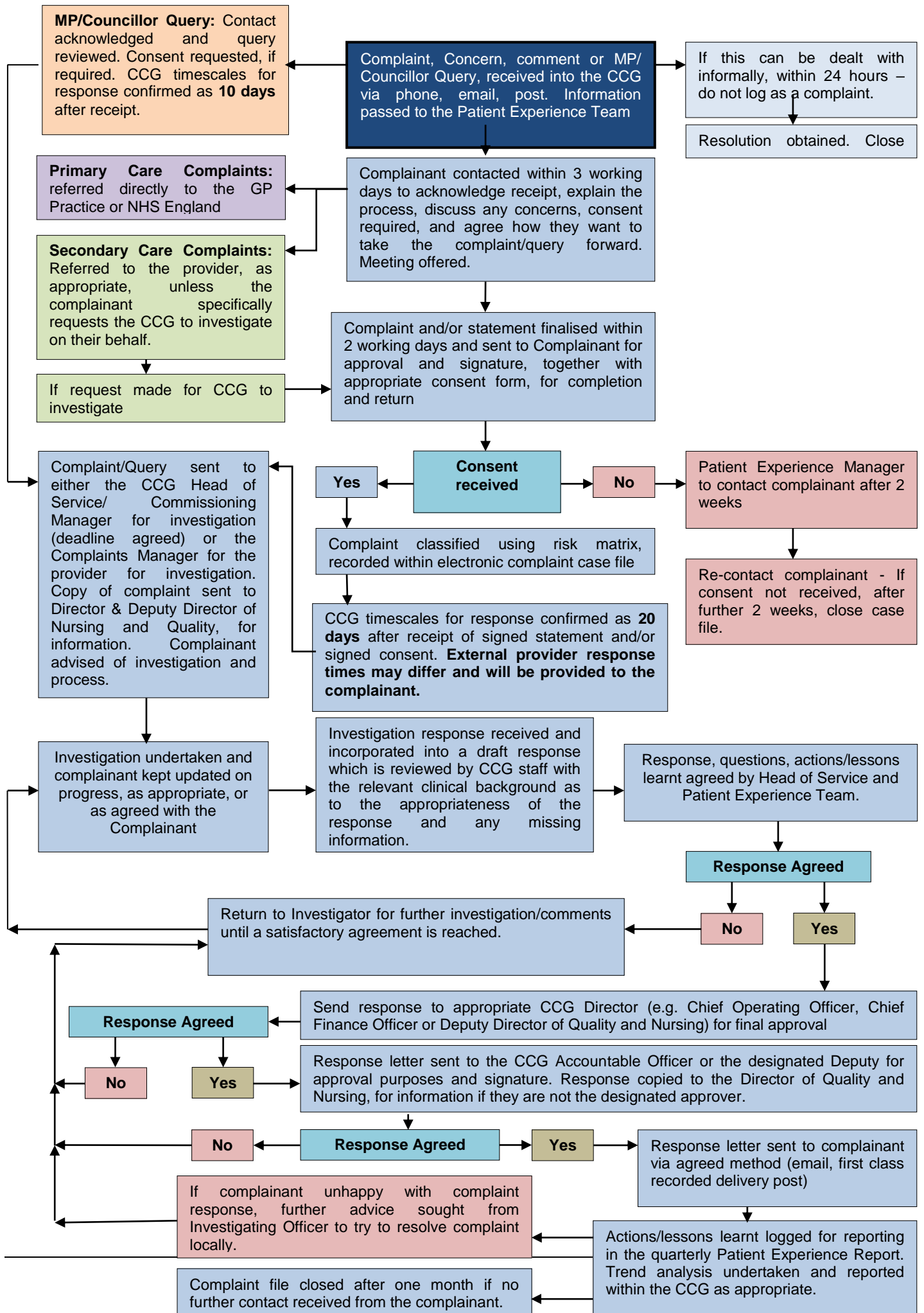
All information gathered as part of the CCG's complaints handling process is collated and recorded securely from which anonymised reports are produced for internal and external reporting.

The CCG will routinely receive update reports in relation to patient experience. These reports will include themes and trends identified in connection to contacts made to the Patient Experience Manager and will triangulate patient feedback with other quality data such as incidents, serious incidents, comments, compliments

The CCG will:

- Prepare anonymised Patient Experience Reports as requested
- Undertake complaints satisfaction audits and ensure that lessons learnt from this are used to inform future updates of this policy

Appendix 2 Flowchart for management of complaints and concerns



Appendix 3: Procedure for the Management of Unreasonable or Persistent Contacts

1.0 Purpose

The CCG has contact with a small number of individuals who absorb a disproportionate amount of NHS resources. The aim of the procedure for unreasonable, persistent contact is to identify situations where the contact might be considered to be unreasonable or persistent and to suggest ways of responding to these situations. In order to be defined as an unreasonable, persistent contact, the Parliamentary Health Service Ombudsman (PHSO) must have been engaged with and the CCGs response must be deemed satisfactory.

It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken by the CCG to try to resolve issues and complaints.

Judgement and discretion must be used in applying the criteria to identify potential unreasonable or persistent contacts and in deciding what action will be taken in specific cases.

This procedure should only be implemented following careful consideration by, and with the authorisation of, the Director of Nursing and Quality (as delegated authority by the Accountable Officer).

Where deputies are nominated, the reason for the non-availability of the Director of Nursing and Quality should be recorded in the case file.

2.0 Definition of an Unreasonable Persistent contact

Individuals (and/or anyone acting on their behalf) may be deemed to be an unreasonable persistent contact where previous or current contact with them shows that they meet two or more of the following criteria:

Where individuals:

- Persist in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted (e.g. where investigation has been denied as out of time).
- Change the substance of a complaint or concern, continually raise new issues or seek to prolong contact by continually raising further concerns upon receipt of a response, whilst the complaint or concern is being addressed (care must be taken not to discard new issues which are significantly different from the original contact. These might need to be addressed as separate concerns or complaints).
- Are unwilling to accept documented evidence of treatment given as being factual, such as drug records, General Practitioner manual or computer records, nursing records or deny receipt of an adequate response, in spite of correspondence specifically answering the complainant's questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of the CCG and the Patient Experience team or where appropriate, the Independent Complaints Advocacy Service supporting the complainant, or where the concerns identified are not within the remit of the CCG to investigate.
- Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what a trivial matter is can be subjective and careful judgment must be used in applying this criteria).

- Have threatened or used actual physical violence towards staff or their families or associates at any time - this will in itself cause personal contact with the individual and/or their representatives to be discontinued and the contact will, thereafter, only be pursued through written communication. (All such incidents should be documented and staff should refer to the CCG Violence and Aggression Policy regarding all instances).
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their concern or complaint, or their families or associates. (Staff must recognise that individuals may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. They should document all incidents of harassment).
- Have in the course of addressing a concern or formal complaint, an excessive number of contacts with the CCG/Patient Experience Team placing 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 judgment based on the specific circumstances of each individual case).
- Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.
- Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to contacts or enquiries being provided more urgently than is reasonable or normal recognised practice).

3.0 Options for Dealing with Unreasonable Persistent contacts

For individuals that the CCG has identified as unreasonable or persistent, in accordance with the above criteria, the Director of Nursing and Quality (with delegated authority from the Accountable Officer) will determine what action to take. The Director of Nursing and Quality will implement such action and will notify individuals in writing of the reasons why they have been classified as unreasonable persistent contacts and the action to be taken. This notification may be copied for the information of others already involved in the concern or complaint, e.g. Practitioners, Independent Complaints Advocacy (ICA), Members of Parliament.

A record must be kept for future reference of the reasons why an individual has been classified as unreasonable or persistent.

The Director of Nursing and Quality may decide to deal with individuals in one or more of the following ways:

- Try to resolve matters, before invoking this procedure, by drawing up a signed agreement with the individual, which sets out a code of behaviour for all those involved if the CCG is to continue processing the concern or complaint.
- If these terms are contravened by the individual, consideration would then be given to implementing other action, as indicated in this section.

Once it is clear that any individual meets any one of the criteria above, it may be appropriate to inform them in writing that they may be classified as an unreasonable or persistent contact, and provide a copy this procedure to them. It is important to advise them to take account of the criteria in any further dealings with the CCG. In some cases it may be appropriate, at this point, to copy notification to others involved in the concern or complaint and to suggest that individuals seek advice in processing their concern or complaint, e.g. through the Independent Complaints Advocacy (ICA).

Decline contact with the individual either in person, by telephone, fax, letter, email 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 the individual it may be helpful for them to have an agreed statement available to be used at such times).

Notify the individual in writing that the Director of Nursing and Quality has responded fully to the points raised and has tried to resolve the concern or complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose.

The individuals should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered. Inform the individual that in extreme circumstances the CCG reserves the right to pass unreasonable or persistent contacts on to their legal team and temporarily suspend all contact with the individual or investigation of a complaint whilst seeking legal advice or guidance from NHS England, or other relevant agencies.

4.0 Withdrawing Unreasonable Persistent Contact Status

Once individuals have been determined as unreasonable or persistent there needs to be a mechanism for withdrawing this status at a later date if, for example, they subsequently demonstrate a more reasonable approach or if they submit a further concern or complaint for which normal procedures would appear appropriate. Staff should previously have used discretion in recommending unreasonable or persistent status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate.

Where this appears to be the case, discussion will be held with the Director of Nursing and Quality, subject to their approval, normal contact with the individual will be resumed.

When an individual has been classified as an unreasonable persistent contact for one year, a review of the classification will be undertaken by the CCG/Patient Experience staff to see if the classification is still appropriate. The individual will be advised of the outcome of review and any change to their status. A further review will be held annually.

Appendix 4: Identification, Implementation and Monitoring of Remedial Action to be taken

Action Plan Date:		NLCGG Reference Number	
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Issue Identified	Action Required	Action Assigned to	Date Due For Completion	Action Completed Date:	Review Date

Appendix 5: Integrated Impact Assessment

INTEGRATED IMPACT ASSESSMENT							
Policy/project/function/service	Policy for the reporting and management of complaints, concerns, comments and compliments						
Date of analysis:	30-Nov-20						
Type of analysis completed	Quality	x					
	Equality	x					
	Sustainability	x					
What are the aims and intended effects of this policy/project or function?	The policy describes the systems in place to effectively manage complaints, concerns, comments and compliments in accordance with NHS regulations. It outlines the responsibilities and processes for receiving, handling, investigating and resolving them and how the organisation learns from them.						
Please list any other policies that are related to or referred to as part of this analysis	None						
Who does the policy, project, function or service affect?	Employees	x					
	Service users	x					
	Members of the public	x					
	Other (please list)						
QUALITY IMPACT							
	Please 'X' ONE for each Chance of Impact on Indicator			Brief description of potential impact	Mitigation strategy and monitoring arrangements	Risk 5 x 5 risk matrix)	
	Positive Impact	No Impact	Negative Impact			Likelihood	Consequence
	X	X	X				
PATIENT SAFETY							
Patient safety /adverse events	X			Where areas for improvement in patient safety, along with actions to address these have been identified as part of the investigations. Processes have been introduced to monitor these to ensure actions are completed to reduce the chance of recurrence.			

Mortality position		X					
Infection control MRSA/CDIFF		X					
CQC status		X					
NHSLA / CNST		X					
Mandatory/statutory training		X					
Workforce (vacancy turnover absence)		X					
Safe environment		X					
Standard & suitability of equipment		X					
NICE Guidance and National Quality Standards, eg VTE, Stroke, Dementia	X			Identification of themes and trends provides detailed information of where improvements in quality standards needs to be introduced.			
Patient related outcome measures		X					
External accreditation e.g. professional bodies ie RCN		X					
CQUIN achievement		X					
PATIENT EXPERIENCE							
Will there be an impact on patient experience if so how	X			Improved awareness of the process, along with clear expectations for timescales, outcomes and lessons learnt, should improve the experience of the complaints process. Introducing a more robust "closing the loop" process will ensure improvement in patient experiences following the identification of areas for improvement and the assurances that actions required are completed.			
Will it impact on carers if so how	X			As above			
INEQUALITIES OF CARE							
Will it create / reduce variation in care provision?		X					

STAFF EXPERIENCE							
What is the impact on workforce capability care and skills?	X			Clear guidance, direction and expectations are provided on how to manage complaints, thereby ensuring an improved understanding of the process.			
Will there be a change in working practice, if so, how?		X					
Will there be an impact on training		X					
TARGETS / PERFORMANCE							
Will it have an impact on performance, if so, how?		X					
Could it impact on the achievement of local, regional, national targets, if so, how?		X					
EQUALITY IMPACT							
Analysis Rating (see completion notes)	Red		Red/Amber		Amber		Green X
Approved by:	Commissioner Lead:				GP lead for E&D:		
	Date				Date		
Local Profile Data							
General	North Lincolnshire is predominantly a rural area and neighbours; North East Lincolnshire, West Lindsey, South Yorkshire, Nottinghamshire and the East Riding of Yorkshire. North Lincolnshire is geographically large, although the population is small in comparison with some neighbouring unitary authorities. The latest midyear population estimates for North Lincolnshire estimate that 172,292 people live in the local area (ONS, 2019). This represents more than a 3.5% growth in the resident population since 2010 and an annual growth of about 640 more residents a year. The GP registered population as at April 2020 is 181,658. Nearly half of North Lincolnshire's residents, 48%, live in rural market towns and villages, where much of the recent growth in its older population has occurred. North Lincolnshire is serviced by a medium sized Foundation Trust, NLaG, which operates from 3 sites, Grimsby, Scunthorpe and Goole. Scunthorpe General Hospital services the majority of the population providing a seven day scanning/diagnostic service and a busy emergency centre with around 60,000 attendances every year.						
Gender	North Lincolnshire has 50.6% female and 49.4% male population (North Lincolnshire Strategic Needs Assessment 2018, Fingertips Public Health						

	Data).
Race	<p>92.3% of the resident population of North Lincolnshire are “White British” and a further 3.2% are of other White origin (not including Irish and Gypsy Travellers).</p> <p>The proportion of ethnic minorities in North Lincolnshire (4.5%) is significantly lower than that seen in the Yorkshire and Humber region (14.2%) and in England as a whole (20.2%)</p> <p>The area has a relatively small Black and Black African population making up less than 1% of residents</p> <p>More than 53% of the BME communities live in the northern part of Scunthorpe.</p> <p>The largest concentration of BME children is in Scunthorpe North, where they represent more than a fifth of the primary school age population.</p> <p>In North Lincolnshire, unemployment amongst the BME community is more than twice that for the White UK population – 14.5% compared with 5.9% (Annual Population Census, 2012).</p> <p>In 2011, more than 8.1% of all school aged children were from Black and Asian communities, with at least half as many more BME children in reception classes as in Year 11. Adding ‘other, (Non UK) White’, to the BME total, (including White European) the proportion increases to more than 12%.</p> <p>95.5% of households all residents had English as their main language, compared to 93.4% in Yorkshire and the Humber and 90.9% nationally. More than 60 identifiable different languages are spoken across North Lincolnshire, the most common being Polish, Lithuanian, Bengali and Portuguese.</p> <p>Based on the latest ONS (2018) predictions, net migration in North Lincolnshire is thought to have been around 590 in 2010 and 712 in 2019. Net migration within North Lincolnshire was expected to increase gradually, averaging around 750 people per year over the next 24 years but may be affected substantially by the UK exit from Europe.</p>
Disability	<p>In the last census (2011) 19% of residents identified as having day to day activities being limited either a little or lot (due to impairment or health condition); with approximately 6% of residents being blue badge holders. The Life Opportunities Survey (2011), identified that nearly one third of adults aged 16 and over had at least one impairment and 26% of adults aged 16 and over in Great Britain would be covered by the rights under the provision of the Equality Act.</p> <ul style="list-style-type: none"> • 23.8% of the working population are EA core or registered as having a work-limiting disability (24,700). This is significantly higher than Yorkshire and the Humber (21.4%) and England (19.4%). • 26.7% of all households in North Lincolnshire have at least one person with a long-term health problem or disability (18,899). • 9.2% of the resident population (an estimated 15,333 residents) stated that their daily activities were significantly limited due to a health condition or disability. • 19.3% of the population had some form of day-today activity limiting disability, compared with 18.9% and 17.6% for Yorkshire and Humber and England respectively. • More women have a disability (24.7%) than men (23.0%). This is broadly significantly higher than national values and higher than Yorkshire and Humber comparator groups. • Figures for August 2017 show 5910 people claiming ESA or IB equivalent equates to 3.46% of the total population, which is lower than Yorkshire and Humber figures (3.65%), and higher than the national rate (3.22%). • In 2017, 3485 (14.3%) of school pupils were identified as having Special Education Needs - this was below the national average (14.4) and higher than Yorkshire and Humber (14.0%). Of the 3485 children receiving SEN support 755 had EHC or SEN plans.6 • According to the Census 2011, the number of residents of North Lincolnshire who stated that their 'Day-to-Day Activities were Limited a Lot' was 14,207, 8.6% of all household residents. This compares to 8.7% regionally and 7.9% nationally. However there is significant difference across the age bands, the older people become the higher the percentage of residents whose activities are limited.

Religion or Belief	<ul style="list-style-type: none"> • The 2011 census stated that 69% of North Lincolnshire residents identified as having a belief. 66% Christian, 2.6% Muslim and 1.8% other (Sikh, Hindu, Buddhist, Jewish or other). For Christianity, this is higher than the national average but lower for other religions. • 7.1.% of residents do not state their religion and 24% state they are of no religion
Sexual Orientation	<p>There are limited accurate statistics available regarding the profile of the lesbian, gay, bisexual and transgender (LGBT) population in North Lincolnshire, the region, or indeed, across England as a whole. Sexuality as a whole has historically not been included in censuses or most other official statistics. However, this continues to change and become integrated within demographic studies.</p> <p>The 2011 census estimated 185 persons in a registered same-sex civil partnership.</p> <p>In the Yorkshire and Humber region 94.4% of survey respondents aged 16 or over identified themselves as heterosexual/ straight.</p> <p>Percentages of people identifying as sexualities other than heterosexual/ straight are broadly similar for the Yorkshire and Humber and all England geographical regions with gay/lesbian being the highest percentage at 1%</p>
Pregnancy and Maternity	<p>Locally, according to the ONS in 2018 there were 1,673 live births registered within North Lincolnshire with 2 registered still births.</p> <p>On a National level, there were 657,076 live births recorded in 2018 compared with 679,106 in 2017. In 2018 339,267 of births were registered born within marriage and 317,809 were registered outside of marriage.</p> <p>Since 2009, there has been a National increase in the number of live births registered within a same sex couples. In 2017 1,137 live registered births were recorded within a same sex marriage, whilst 450 were registered outside of marriage.</p>
Gender Reassignment	<p>No local data available.</p> <p>The Home Office 'Report of the interdepartmental working group on transsexual people' based on research from the Netherlands and Scotland, estimates that there are between 1,300 and 2,000 male to female and between 250 and 400 female to male transsexual people in the UK. However, Press for Change estimate the figures at around 5,000 post-operative transsexual people. Further, GIRES (2008) claims there are 6,200 people who have transitioned to a new gender role via medical intervention and approximately 2,335 full Gender Recognition Certificates have been issued to February 2009.</p>
Marital Status	<p>No local data available.</p> <p>There were 239,020 marriages between opposite-sex couples in 2015, a decrease of 3.4% from 2014 when there 247,372 marriages, and 0.8% lower than in 2013.</p> <p>Marriage rates for opposite-sex couples in 2015 were the lowest on record, with 21.7 marriages per thousand unmarried men and 19.8 marriages per thousand unmarried women.</p> <p>Compared with 2005, marriage rates for opposite-sex couples marrying in 2015 were lower at all ages, except for men aged 65 and over and women aged 55 and over where marriage rates increased.</p> <p>In 2015 there were 6,493 marriages between same-sex couples, 56% were between female couples; a further 9,156 same-sex couples converted their civil partnership into a marriage.</p> <p>In 2015, civil ceremonies among opposite-sex couples decreased by 1.6%, while religious ceremonies decreased by 8.0% compared with 2014.</p> <p>Same-sex couples mostly solemnised their marriages in civil ceremonies; there were only 44 religious ceremonies accounting for 0.7% of all marriages of same-sex couples.</p> <p>In 2015, of all individuals marrying a same-sex partner, 85% were forming their first legally recognised partnership compared with 76% for opposite-sex couples.</p>

Age	<p>Based on 2019 estimates, North Lincolnshire's proportion of older people (pensionable age) represents a higher percentage of the total population (21.3%) than seen in Yorkshire and Humber (18.8%) and England (18.4%).</p> <p>The working age population is less (60.2%) than that estimated in the Yorkshire and Humber region (62.1%) or over England as a whole (62.4%).</p> <p>North Lincolnshire's proportion of children represents a lower percentage of the total population (18.5%) than seen in Yorkshire and Humber (19.1%) and England (19.2%).</p> <p>In 2016, the median age of North Lincolnshire residents was 43.8 years, compared with 40 years nationally. North Lincolnshire already has a larger than average population of people aged 65+, and between 2019 and 2043 the 65+ population is projected to grow by a further 37%.</p> <p>Overall, the latest (2018) projections indicate a rise of 3.3% over the next 24 years, from an estimated 172,607 in mid-2019 to 178,336 in mid-2043. The projected increase in population in North Lincolnshire is not consistent across the age bands: the population aged 0-14 is projected to decrease by 12.1% from 30,101 in 2019 to 26,456 in 2043; the working age population is projected to decrease by 4% from 105,855 to 101,786; the 65+ population is expected to increase by 37% from 36,651 to 50,095. This age profile, combined with outward migration of working age adults and rising life expectancy, means that the number of people aged 80+ who are most vulnerable to frailty in older age is increasing faster in North Lincolnshire than nationally.</p>
Equality Data	
Is any equality data available relating to the use or implementation of this policy, project or function?	As above.
List any consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function.	The policy has been produced in consultation with senior members of the North Lincolnshire CCG where themselves or their staff members would be involved in the complaints process.
Promoting inclusivity; How does the project, service or function contribute to our aims of eliminating discrimination and promoting equality and diversity?	No specific impact.

Equality Impact Risk Assessment test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Protected Characteristic:	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	X			
Race (All Racial Groups)	X			
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	X			Where requested the policy can be provided in an alternative formats to ensure accessibility, as well as ensuring reasonable adjustments are made to any of the processes defined within the policy.
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			
Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age	X			

Action Planning

As a result of performing this Equality Impact Analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by The Equality Act 2010?

Identified Risk:	Recommended Action:	Responsible Lead	Completion Date	Review Date

SUSTAINABILITY IMPACT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes.

	Positive Impact	Negative Impact	No Specific Impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			x	
Partnership working with local groups and organisations to support sustainable development.			x	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			x	